

Health and Wellbeing Board

16 July 2019

BETTER CARE FUND 2018/19 YEAR-END

1. Purpose

This report presents Year-end 2018/19 performance regarding Walsall Better Care Fund and Improved Better Care Fund.

2. Recommendations

- 2.1 That the Health and Wellbeing Board receives and approve the update, and has the opportunity to ask any questions that may arise.
- 2.2 That the Board receives and notes proposed recommendation for approval of the BCF 2019/20 plan.

3. Report detail

- 3.1 The table below highlights the key messages to note for the year-end update from Walsall Better Care Fund and Improved Better Care Fund. For information, Appendix 1 details the year-end financial position Walsall Better Care Fund.

Message to note	BCF 2018/19 YEAR-END
Metrics	<p>Non - Elective Admissions (NEA) – 18/19 year end data showed a reduction in the number of admissions overall, with small increases reported across quarters, however there is a reported increase for March 2019. To complement the small reduction seen over quarter 4, there are now a number of commissioned admission avoidance interventions in place.</p> <p>Residential Admissions – 18/19 showed consistent performance of this national metric for the borough and was in line with the target set within the 2017-19 BCF narrative plan.</p> <p>Re-ablement – Performance overall remained on track. During Quarter 3, further analysis was completed to ensure data was recorded in line with national guidance. As a result, despite a dip in the target during Quarter 3, performance remained on track and in line with the target set across 18/19. Quarter 2 in particular saw the target of 81% achieved, with 85% achieved for Quarter 4.</p> <p>Delayed Transfers of Care – Delays for 18/19 reported increased numbers across Dudley and Walsall MH Trust and Learning Disability Hospitals attributed to social care, as well as increased delays for equipment delays attributed to social care. As a result, further work is underway to meet with social care colleagues to understand the delays, with developments to design and implement a process with health colleagues for agreement and sign off for all delays.</p>

High Impact Change Model	<p>The 8 High Impact Change Models</p> <ol style="list-style-type: none"> 1. Early discharge planning 2. Systems to monitor flow 3. Multi-disciplinary discharge teams 4. Home first/discharge to assess 5. Seven day working 6. Trusted Assessor 7. Choice 8. Enhancing health in care homes <p>An additional model was introduced that of the 'Red Bag Scheme', taking the total to 9. The implementation of the models is assessed against 4 milestones:</p> <ul style="list-style-type: none"> • Plan in place • Established • Mature • Exemplary <p>7 schemes have recorded milestones as 'established' with 2 (home first/discharge to assess and enhancing health in care homes) as 'mature'.</p> <p>Throughout 18/19, project leads met to review all 9 schemes and measure their success in line with national guidance. An action plan is now in place to record progress of moving the remaining 7 schemes towards mature status from established. This ambition is in line with 19/20 planning guidance for new BCF plans.</p>
Income and Expenditure	<p>The draft pre-audit position across the overall BCF programme shows an under spend of (£1.087m) before the transfer to reserves for the improved Better Care Fund of £0.930m, leaving a net under spend of (£0.157m)</p> <p>The improved Better Care Fund will be spent in 2019/20 in line with the 3 year spending plan</p>
Improved Better Care Fund	<p>It is evident that the 2018/19 performance against the BCF measures has seen improvement and increased capacity through the additional investment. The additional investment has funded staffing and stability within the market, ensuring completion of timely assessments, timely discharges from the community to support flow and stability across the domiciliary care market. All of which supports the delivery of the BCF outcomes and integration.</p>
Performance	<p>Performance for 18/19 has been stable. The Intermediate Care Service is now established across the system, with support given to discharges for older people from Walsall Manor and out of borough hospitals for Walsall residents.</p> <p>Additional funding received through improved BCF has been utilised to fund staffing structures such as social workers, occupational therapists, the brokerage service and commissioners. All have contributed to improving performance and establishing the programme as a key driver for integration.</p> <p>There have been changes to strengthen governance across the BCF programme with the appointment of the BCF Manager and changes to governance processes. A notable change is the implementation of Walsall BCF integrated Group. The Group is responsible for reviewing spend,</p>

performance and commissioning activity for all services funded by BCF, and meet monthly in order to provide updates to Joint Commissioning Committee.

Year-end successes

BCF during 18/19 has been a significant enabler for integration across the health and social care system and has supported the development of the Walsall Together programme. The Intermediate Care Service also supports integration by ensuring professionals across health and social care work together to meet the needs of older people on discharge from hospital.

Leadership in Walsall is strong with clear governance and decision making across Joint Commissioning Committee, A&E Delivery Board and approval from Walsall Health and Wellbeing Board.

The programme has also been subject to internal audits from Walsall CCG and Adult Social Care with positive feedback from both.

Year-end challenges

Information sharing across the system with clear data sharing protocols is still a challenge across the system. There is a lack of measures such as dashboards in place to monitor and review performance across the system. As this has been a challenge for 18/19, the Integrated Group and sub groups of Walsall Together have begun to review this in order to implement a dashboard and review data sharing for 19/20.

4. BCF 2019/20 Plan

- 4.1. Local areas are required to submit new 2019/20 BCF plans. The plans will detail an updated narrative in regards to meeting priorities, local agreed targets to meet national metrics and assurance of the national conditions. The national conditions are similar to conditions detailed for 2017/19 and are as follows;

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- Agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
- Managing transfers of care

Metrics for reporting are detailed as those required for 2017/19 plans;

- Delayed Transfer of Care
- Non-Elective Admissions
- Admissions to residential and care homes
- Effectiveness of re-ablement

- 4.2. To support new plans, the draft 2019/20 Policy Framework for BCF was published on 10/04/2019. The full policy framework is now published, however, planning guidance and templates to support local areas when completing BCF plans, are still outstanding. As a result, deadlines have not been published.

Once published, local areas are expected to review the policy and planning guidance and complete new one-year BCF plans for submission within 6 weeks. All plans will require agreement from local Health and Well-being Boards before submission to the national BCF team.

- 4.3. As Council and CCG's are still awaiting the planning guidance and templates to complete BCF 19/20 plans and the deadline for submission is still unknown, Councils and CCG's have been encouraged to begin the necessary work to complete new 19/20 plans. This approach has had an impact on internal planning to ensure sign off and approval as dates for Commissioning Committee meetings and Health and Well-being Boards are planned and may fall out of sequence once the submission deadline is published.
- 4.4. To address this, agreement is being sought from members to agree to an additional board meeting to review and approve the BCF plan if the submission deadline falls outside planned board meeting dates.

Background papers

Appendix 1 BCF year-end 2018/2019 financial position
Appendix 2 BCF 2019/2020 Policy Framework

Author

Charlene Thompson – Walsall Better Care Fund Manager

☎ 01922 653007

✉ Charlene.thompson@walsall.gov.uk

Walsall Healthy Partnerships Workstreams	Source of Funding	2018/19 Budget	2018/19 Budget adj	2018/19 Revised Budget	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Draft Actual	Total Pre-Audit Outturn	Variance before Transfer to Reserve	Transfer to Reserve	Variance after Transfer to Reserve
		£	£	£	£	£	£	£	£	£	£	£
Access to Services	CCG minimum - CCG	233,420	-	233,420	58,355	58,355	58,355	58,355	233,420	-	-	-
Subtotal Access to Services		233,420	-	233,420	58,355	58,355	58,355	58,355	233,420	-	-	-
Intermediate Care	CCG minimum - CCG	8,564,216	- 89,000	8,475,216	2,011,247	2,009,838	2,090,329	1,912,262	8,023,675	- 451,541	-	- 451,541
Intermediate Care	CCG minimum - LA	4,080,810	- 762,716	3,318,094	1,248,035	948,692	1,284,999	130,168	3,611,894	293,800	-	293,800
Intermediate Care	CCG additional	1,726,957	-	1,726,957	686,177	762,588	206,802	182,271	1,837,838	110,881	-	110,881
Intermediate Care	iBCF2	200,000	87,000	287,000	72,325	72,327	72,327	55,021	272,000	- 15,000	15,000	-
Subtotal Intermediate Care		14,571,983	- 764,716	13,807,267	4,017,783	3,793,445	3,654,457	2,279,722	13,745,407	- 61,860	15,000	- 46,860
Locality Working	CCG minimum - CCG	762,600	-	762,600	190,650	187,778	192,958	187,519	758,905	- 3,695	-	- 3,695
Locality Working	CCG minimum - LA	3,380,419	851,716	4,232,135	831,929	852,058	848,219	1,694,444	4,226,650	- 5,485	-	- 5,485
Locality Working	iBCF1	5,953,516	-	5,953,516	1,488,379	1,488,379	1,488,379	1,488,379	5,953,516	-	-	-
Locality Working	iBCF2	885,000	463,835	1,348,835	195,515	250,621	287,341	3,221	736,698	- 612,137	612,137	-
Subtotal Locality Working		10,981,535	1,315,551	12,297,086	2,706,473	2,778,836	2,816,897	3,373,562	11,675,768	- 621,318	612,137	- 9,180
Other	CCG minimum - CCG	1,107,550	-	1,107,550	276,888	280,610	275,027	282,476	1,115,000	7,450	-	7,450
Subtotal Other		1,107,550	-	1,107,550	276,888	280,610	275,027	282,476	1,115,000	7,450	-	7,450
Resilient Communities	CCG minimum - CCG	1,320,093	-	1,320,093	327,773	327,773	327,773	375,930	1,359,250	39,157	-	39,157
Resilient Communities	CCG minimum - LA	598,000	-	598,000	119,676	172,041	131,955	27,247	450,918	- 147,082	-	- 147,082
Resilient Communities	iBCF2	2,418,132	29,819	2,447,951	672,724	631,731	605,654	234,964	2,145,074	- 302,877	302,877	-
Resilient Communities	LA	3,432,630	-	3,432,630	452,924	1,073,068	866,487	1,040,151	3,432,630	-	-	-
Subtotal Resilient Communities		7,768,855	29,819	7,798,674	1,573,097	2,204,613	1,931,870	1,678,291	7,387,871	- 410,803	302,877	- 107,926
Total BCF, iBCF1 & iBCF2		34,663,343	580,654	35,243,997	8,632,596	9,115,858	8,736,605	7,672,407	34,157,466	- 1,086,531	930,015	- 156,516

CCG	-	356,567	-	-	356,567
LA	-	729,964	930,015		200,051
Total	-	1,086,531	930,015	-	156,516



2019-20 Better Care Fund: Policy Framework

**Department of Health and Social Care and the Ministry
of Housing, Communities and Local Government**

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1. Introduction

Person-centred Integrated Care

- 1.1 The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care, and avoid unnecessary hospital admissions. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.

Progress on the Better Care Fund and Integration

- 1.2 Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives. The plans produced are owned by Health and Wellbeing Boards, representing a single, local plan for the integration of health and social care in all parts of the country.
- 1.3 In every year of its operation, most local areas have agreed that the BCF has improved joint working and had a positive impact on integration. In [2017-18](#), for example, 93% of local areas agreed that delivery of the BCF had improved joint working between health and social care in their locality, whilst 91% agreed that delivery of BCF plans had a positive impact on the integration of health and social care. Additionally, since its inception, local areas have voluntarily pooled at least £1.5 billion above the minimum required, in each year, with approximately £2.1 billion planned in voluntary pooled funding in 2018-19.
- 1.4 There are signs of real progress in joining up care and wider integration:
- (a) The **New Care Model Vanguard**s have provided valuable lessons for Sustainability and Transformation Partnerships, which are now being taken to the next stage by the emerging Integrated Care Systems. The Vanguards have seen a positive impact on emergency admissions, with community models demonstrating the benefits of a more proactive approach that helps

keep people independent for longer. Vanguard made progress in reducing the pressure on A&E. Emergency admissions in Vanguard on average grew by 0.9% in Multispecialty Community Providers and 2.6% in Primary and Acute Care Systems compared with 6.9% in the rest of the NHS. For Enhanced Health in Care Home Vanguard, emergency admissions from care residents flatlined compared with an increase of 9% for care homes that were not part of a Vanguard.

- (b) The **Integration Accelerator Sites**, building on the work previously conducted through the Integrated Personalised Commissioning programme, continue to make encouraging progress in empowering people to manage their healthcare, and the better integration of services across health, social care and the voluntary and community sector. Integrated personal budgets are one way of delivering more integrated and personalised care. Covering both health and social care, they have been developed based on the lessons learned through personal budgets, personal health budgets, and direct payments. NHS England has now published Universal Personalised Care: Implementing the Comprehensive Model - co-produced with partners in social care - which sets out the road map to deliver the Long Term Plan's objective to deliver the Comprehensive Model for Personalised Care to 2.5 million people by 2023-24.
- (c) We are committed to creating a technology infrastructure that allows systems to communicate securely, using open standards for data and interoperability. This will enable health and care professionals to have access to the information they need to provide care. We are encouraging local areas to ensure data is collected consistently and made available to support joined-up and safer patient care by investing in the development of [Local Health and Care Record Exemplars](#). This will enable data to be accessed as patients move between different parts of the NHS and social care. The first five Exemplars cover 23.5 million people and will each receive up to a total of £7.5 million over two years.
- (d) Both the NHS and social care have been working hard to **reduce delays and free up beds**. Since February 2017, more than 2,280 beds per day have been freed up nationally by reducing NHS and social care delays. This has been supported by the Better Care Fund and targeted funding from Government through the improved Better Care Fund (iBCF).

- 1.5 The [Shifting the Centre of Gravity](#) report on making person-centred, place-based integrated care a reality was published in October 2018, and produced by the Association of Directors of Adult Social Services, Association of Directors of Public Health NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association. The report noted that there are now many more

examples of joined-up working across the country than there were at the time of the previous report, [Stepping up to the Place](#), in June 2016.

- 1.6 The NHS Long Term Plan outlines objectives for joined-up care across the system with commitments to increased investment in primary medical and community health services to support new service models including an urgent response standard for urgent community support; integrated multi-disciplinary teams; NHS support to people living in care homes; the NHS Personalised Care model; an integration index; reducing Delayed Transfers of Care; and supporting local approaches to blend health and social care budgets, amongst other initiatives.
- 1.7 The forthcoming Adult Social Care Green Paper will also build on the approach to joined-up, person-centred integrated care.

2. The Better Care Fund in 2019-20

What the BCF will look like in 2019-20

- 2.1 The BCF in 2019-20 will retain the same National Conditions as in 2017-19. Areas will be required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards. The Government will continue to require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. The Government will also require local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.
- 2.2 2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.
- 2.3 Further information on how this will work in practice will be set out in the Planning Requirements.

Funding and conditions of access for 2019-20

- 2.4 This Policy Framework covers 2019-20.
- 2.5 The mandate to NHS England and the annual remit for NHS Improvement for 2019-20 will include an expectation of a minimum CCG contribution of £3.84 billion to establish the BCF in 2019-20. The amended NHS Act 2006 gives NHS England the powers to attach conditions to the amount that is part of Clinical Commissioning Group allocations. NHS England will look to include conditions that allow the recovery of funding, in consultation with the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, where the National Conditions are not met. These powers do not apply to the amounts paid directly from Government to local authorities. The expectation remains that in any decisions around BCF Plans and funding, Ministers from both aforementioned departments will be consulted.
- 2.6 Allocations of improved Better Care Fund, Winter Pressures funding and Disabled Facilities Grant will be paid directly from Government to local authorities. Any future year's allocations will be decided through the 2019 Spending Review.

- 2.7 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. Funding previously earmarked for reablement (£300 million) and for the provision of carers' breaks (£130 million) also remains in the NHS contribution.
- 2.8 The local flexibility to pool more than the mandatory amount will remain.
- 2.9 Further details of the financial breakdown are set out in Table 1.

Table 1 – BCF funding contributions in 2019-20

BCF funding contribution	2019-20
Minimum NHS (Clinical Commissioning Groups) contribution	£3.840bn
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.505bn
Grant allocation for adult social care (improved Better Care Fund). Combined amounts were announced at Spending Review 2015 and Spring Budget 2017.	£1.837bn
Winter Pressures grant funding	£0.240bn
Total	£6.422bn

Disabled Facilities Grant (DFG)

- 2.10 Funding for the DFG in 2019-20 will be £505 million. This will be paid to local government via a section 31 grant. The DFG capital grant must be spent in accordance with an approved joint BCF plan, developed in keeping with this Policy Framework and Planning Requirements that will follow.
- 2.11 In two-tier areas, decisions around the use of the DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions. Full details will be set out in the DFG Grant Determination Letter.

Winter Pressures funding

- 2.12 This money will be paid to local government, via [a Local Government Act 2003 section 31 grant](#). Government will attach a set of conditions, requiring the funding to be used to alleviate pressures on the NHS over winter, and to ensure it is pooled into the BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care. The Grant

Determination will be issued in April 2019. Reporting in relation to this funding will be managed through wider BCF reporting. Health and Wellbeing Boards will be required to confirm plans for the use of this funding in their BCF plans.

Improved Better Care Fund (iBCF) Funding

- 2.13 The iBCF grant will again be paid to local government, via a section 31 grant. The total allocation of the iBCF in 2019-20 will be £1.837 billion. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.
- 2.14 The Government will attach a set of conditions to the section 31 grant to ensure it is pooled in the BCF at local level and spent on adult social care. The final conditions will be issued in April 2019. As part of our ambition to maintain continuity in 2019-20, the iBCF will not have any additional conditions of usage above what has previously been set out. The grant is to be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

National Conditions & Metrics for 2019-20

- 2.15 For 2019-20, there continue to be four National Conditions, in line with our vision for integrated care:
- (i) Plans to be jointly agreed**
 - (ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution**
 - (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care**
 - (iv) Managing Transfers of Care:** A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.
- 2.16 Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance (for example by agreeing ambitious expectations across the metrics

with plans setting out how the ambitions will be met) in the following four BCF 2019-20 metrics: **Delayed Transfers of Care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.**

- 2.17 Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The BCF should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition.
- 2.18 Across the country, areas have made strong progress in reducing Delayed Transfers of Care. From February 2017 to January 2019, there have been more than 2,280 fewer people delayed in an NHS bed per day. We believe that no-one should stay in a hospital bed longer than necessary as it removes people's dignity and can lead to poorer health and care outcomes. We want to continue to drive down Delayed Transfers of Care and for 2019-20 the national ambition will remain for no more than 4,000 delayed days per day (reported as 'DTC beds').

The assurance and approval of local Better Care Fund plans for 2019-20

- 2.19 Plans will be developed locally in each Health and Wellbeing Board area by the relevant local authority and CCG(s). In order to reduce planning burdens we will collect narrative elements and confirmation of agreements through a set template, rather than freeform narrative. Areas should look to align with, and not duplicate, other strategic documents such as plans set out for local Strategic Transformation Partnerships/Integrated Care Systems. BCF plans will need to set out priorities for embedding implementation of the High Impact Change Model (National Condition four), and update their local visions and approaches to integration - see paragraph 3.1. Areas will need to submit full planning templates, confirming that the HWB has signed them off, in order for the National Conditions to be assured. Plans will be assured and moderated regionally in line with the operational planning assurance process set out in the Better Care Fund Planning Requirements. As in 2017-19, there will be one round of assurance, after which plans deemed compliant by assurers at regional level will be put forward for approval.
- 2.20 Final decisions on plan approval and permission to spend from the CCG ringfenced contribution will be made by NHS England (as the Accountable Body

for the BCF) having consulted the respective Secretaries of State for Health and Social Care, and Housing, Communities and Local Government.

- 2.21 The NHS Act 2006 allows NHS England to direct the use of the CCG elements of the fund where an area fails to meet one (or more) of the BCF conditions. This includes the requirement to develop an approved plan. If a local plan cannot be agreed or other National Conditions are not met, any proposal to direct use of the CCG elements of the Fund will be discussed and agreed with Ministers.
- 2.22 Local authorities are legally obliged to comply with section 31 grant conditions.

3. The Better Care Fund, Housing and Wider Integration Initiatives

- 3.1 The BCF offers a good opportunity to support the delivery of wider objectives and strategies around health and social care. In particular, every health and care system in England has agreed a Sustainability and Transformation Plan (STP) and formed a delivery partnership, providing the system-level framework within which organisations in local health and care economies can plan effectively and deliver a sustainable, transformed and integrated health and care service. Local areas should ensure the financial planning and overall approach to integrated care within BCF plans and local STP plans are fully aligned.
- 3.2 The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, along with NHS England, the Local Government Association, and the Association of Directors of Adult Social Services are currently reviewing the BCF beyond 2020. We intend to provide an update on the future of the BCF shortly.
- 3.3 STPs and Integrated Care Systems (ICSs) will be required to agree new plans during the first half of 2019-20. We expect every STP and ICS plan to cover their work on Integrated Care; and for Health & Wellbeing Boards, and STP/ICS colleagues to engage proactively in producing this. Where these collaborative strategies exist, we will allow them to form the basis of integration narratives in planning for the BCF (or alternative programme, depending on the review of the BCF) for the following years. Graduation as previously set out has not been possible to date. As part of our review, Government will consider the use of graduation.
- 3.4 The Long Term Plan also sets out proposals on integration including investing in models of care that strengthen links between primary care networks and local care homes, such as the roll-out of Enhanced Health in Care Homes. The Government will encourage and support the NHS to use this as an opportunity to involve local government in the implementation of the Long Term Plan.
- 3.5 Building on previous work, [a refreshed memorandum of understanding \(MoU\) 'Improving health and care through the home'](#) was published by Public Health England in March 2018. This MoU, signed by over 25 stakeholders, emphasises the importance of housing in supporting people's health and sets out a shared commitment to joint action across Government and health, social care, and housing sectors in England.

- 3.6 There is an increasing range of material available to support local systems with the practical development of joint integration strategies and integrated services. The NHS England Integrating Better project recently produced a practical guide based on learning from 16 areas, which is available to health and care practitioners as part of the [STP/ICS library of good practice \(access requires a login\)](#). The Local Government Association also provide a range of support, tools and case studies, such as through a recently published [evidence review and case studies of integrated care](#) or the support provided through its [Care and Health Improvement Programme](#).
- 3.7 Although the Disabled Facilities Grant (DFG) has been part of the BCF since 2015, it was last reviewed in 2008. Following calls from the sector and local authorities to ensure that it continues to provide help and meet users' needs as effectively as possible, the Government commissioned an independent review in February 2018. This was conducted by the University of the West of England in conjunction with several other partners, and both the main report and executive summary were [published](#) in December 2018. There are 45 recommendations and Government is carefully considering the detailed findings and will issue a response in due course.

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