



Appendix A

Local Government Association
Association of Directors of Adult Social Services
18 Smith Square
London
SW1P 3HZ

6 November 2017

To all councils with adult social care responsibilities:
Lead members for adult social care
Chief executives
Directors of adult social services

Dear Colleague,

Update on BCF and iBCF developments and support offer

We, like councils across the country, remain committed to working with Government and the NHS to improve the health and wellbeing of all our citizens, to develop sustainable care and health systems and, most importantly, to ensure that no one remains in hospital longer than necessary. We are also acutely aware of the service and financial pressures across social care and health and widespread anxiety about how the NHS and social care market will stand up over winter.

The purpose of this letter is to let you know that we are continuing to make representations at the highest levels of Government and NHS England for a more balanced, supportive and pragmatic approach to ensuring that all local health and care systems have the resilience to withstand winter pressures, and to outline what action we are taking to support you.

The LGA and ADASS have been actively advocating for older and disabled people and their families, for the vital role of social care and for councils with regard to the recent developments on both the Better Care Fund (BCF) and improved Better

Care Fund (iBCF). Senior adult social care leaders have clearly and strongly voiced their serious concerns over the BCF and its increasing focus on delayed transfers of care (DTC), most recently at the National Children and Services Conference.

We have been deeply troubled to hear that effective local partnership working is being undermined by increasing national direction. We are clear that the national-level concentration on DTC – and specifically DTC attributable to social care – to the exclusion of other system-wide challenges will only partly address system-wide challenges. DTCs are a symptom of pressures across the whole of our care and health system, and our collective efforts should be directed towards tackling the causes of those pressures.

However, the Government has made clear that they will continue to focus sharply on each council's DTC performance as they see this as a key factor affecting the NHS's ability to cope with winter pressures. With that in mind, we are keen to ensure you have access to the best possible support, within the constraints you face. Annex A gives details of the action the LGA and ADASS has taken and the support available to councils. You can check your own DTC performance and benchmark against similar councils at this LG Inform [site](#).

We have secured some safeguards, such as ensuring there is no threat to iBCF funding for this year, as well as securing more reasonable responses from the Government and NHS England in the BCF escalation panels. But it is clear that these issues will remain a key focus of Government, and potentially media attention, over the coming months. The Government's review of 2018/19 iBCF allocations will be based on September DTC data which is due to be published on 9 November. CQC will also be publishing its interim report of the first areas to undergo a local system review and we expect a further eight areas for review will be announced.

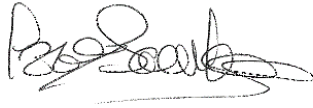
We will continue to convey your concerns in the strongest possible terms. Our conversations with council colleagues have been especially valuable in providing examples of the risks facing local areas if Government and NHS England continues with their approach. We encourage you to engage with the LGA, including in updates on engagement with local or national politicians. We are also keen to receive your specific concerns about the accuracy or use of data in relation to DTC, as evidence to support us in campaigning for NHS England and NHS Improvement to ensure that data is correct and used appropriately.

Equally, we would welcome your examples of where BCF and iBCF funding is making a positive difference in your communities and the impact on DTC and other performance measures.

If you have any questions or comments, or would like to provide insights and information on your local system's experience, please contact the Mark Lloyd, in the first instance: mark.lloyd@local.gov.uk, or ADASS: cathie.williams@adass.org.uk.

29 November 2017

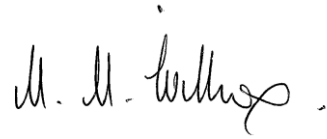
Yours sincerely,



Cllr Izzi Seccombe OBE
LGA Community Wellbeing Board Chair



Mark Lloyd
LGA Chief Executive



Margaret Willcox
ADASS President

Annex A

LGA and ADASS action and ongoing support

Funding for adult social care and securing a long-term, sustainable solution for the challenges we face are LGA priorities and central to ADASS's charitable objectives. LGA and ADASS have consistently ensured senior representation into Government and the national bodies on the BCF and DTOC agenda, supported by a wide number of staff across a range of specialisms, working at national, regional and local levels.

The LGA Care and Health Improvement Programme will be offering targeted and bespoke support to systems in addition to continuing to undertake activity in the following areas to support and represent the interests of local government.

Should you wish to know more on the LGA's bespoke support offer, please contact: avril.mayhew@local.gov.uk.

Support to councils

LGA and ADASS activity includes:

- Support to develop robust and achievable BCF plans
- Advocacy and advice throughout the BCF assurance process, including direct advocacy within escalation panels
- Help with practice and performance challenges, including DTOC
- National and regional workshops and regional networks of chairs and professionals
- Improvement support and involvement in multiagency support with the NHS, including the Better Care Support Team. And other forms of direct support to councils and local partners to ensure people are discharged quickly and safely, invest in services to keep people well, and to support them to maintain their independence.
- Data analysis and support on DTOC and other BCF performance measures through LG Inform, providing benchmarking and other information to support understanding at local, regional and national improvement, including challenging inaccurate data.
- Regular bulletins and communications, FAQs, toolkits and good practice examples

Going forward, priorities include campaigning for a sign-off process at local level, as well as the introduction of a 'right to reply' to correct data. The LGA also continues to provide data. It will also include further advice and support to ensure every local

system is doing all it can to improve performance, including taking 'quick win' actions in the run-up to Christmas.

Media, campaigning and parliamentary work

Since publicly withdrawing from the BCF Planning Requirements in July, the LGA has responded to and proactively commented in press releases, national and trade media and publications on BCF and DTOC and linked agendas such as fining. This includes comprehensive coverage in our recent 'state of the nation' annual report on adult social care funding. This report, alongside the LGA's submissions to fiscal events, and the major summer report, 'Growing Places', all make wider points on adult social care funding and system pressures, as well as calling for the BCF to be replaced. ADASS provided significant additional material through its autumn 'snap survey'. We continue to promote a focus on people, and real solutions, recognising that councils are part of the solution, not part of the problem.

The LGA has provided briefings to MPs and committees highlighting the sector's concerns with the current approach to BCF and iBCF and our calls for reform. We were referenced throughout the recent Opposition Day Debate on social care.

Work with Government and NHS

The LGA has lobbied at the highest levels of Government and the NHS for councils to be free to work with local health partners to design and deliver services that keep people well in their own homes and avoid unnecessary stays in hospital. This includes highlighting the positive impact of councils' work to reduce pressures on the NHS using iBCF funding.

We have vigorously argued against the imposition of DTOC national reduction targets and have highlighted the undeliverable nature of the targets for many areas. We have also highlighted the unhelpfulness of the punitive approach that is disproportionately focused on local government. An exclusive focus on numbers and plans, and compliance with imposed targets, detracts from preparing for winter, stabilising the care market and getting the best outcomes for older and disabled people.

Throughout these discussions we have sought to register our concerns, push back on encroaching central direction and to advocate for a way forward that works for all parts of the sector. This includes advocacy to change the process for reporting DTOC to include consistent sign-off by local government and a 'right to reply' to correct inaccurate data.

In rejecting the basis of the iBCF November review, we are also highlighting the narrow criteria, the lack of transparency on these criteria and, in some cases, the accuracy of the underpinning data. We are lobbying for disclosure of these, and for a right to appeal and any decisions that flow from the review.

We have secured the concession that all funding stays in local government. We will continue to lobby to minimise the impact of the review on councils' individual iBCF allocations and autonomy to invest it where it is most needed, free from central direction. This includes advocating that the three original grant purposes of the iBCF are maintained.