Ministry of Housing, Communities & Local Government

Local Government Finance

Management Information Release

4 October 2019

Improved Better Care Fund (iBCF): Quarterly and year-end reporting 2018-19

At Spring Budget 2017, the Government provided local government with an additional £2 billion of funding for adult social care, to be spent through the Improved Better Care Fund (iBCF) over the period 2017-18 to 2019-20. This publication reports on data collected from Health and Wellbeing Boards[a] outlining how the £674 million allocated for 2018-19 has been used.

- At the end of the year, Health and Wellbeing Boards reported that they had, on average, assigned 39.8% of their additional 2018-19 iBCF funding to meeting adult social care needs, 32.3% to reducing pressures on the NHS and 27.7% to ensuring the social care market was supported.[b]
- Feedback indicates that the additional iBCF has enabled fee uplifts. Over 90% of Health and Wellbeing Boards stated (in their Quarter 2 returns) that they would be increasing the fees they pay to external providers for home care, residential care and nursing care. On average, Health and Wellbeing Boards reported that home care fee rates would increase by 4.7% while residential and nursing home fee rates would rise by 4.0% and 4.1% respectively when compared to 2017-18.[c]
- At Quarter 4, 63% of Health and Wellbeing Boards stated that they had increased the number of home care packages provided over the course of the year as a result of the additional funding, and 56% reported that their provision of care home placements had increased (compared with only 41% in 2017-18).[c] The funding was reported to have paid for almost 75,000 extra home care packages (providing almost 13 million additional hours of home care); and over 15,500 additional care home placements.
- Health and Wellbeing Boards provided details of 768 projects that had been supported by the additional funding over the course of the reporting year. Reflecting the purpose of the iBCF, the leading project themes related to reducing delayed transfers of care, increasing capacity, stabilising the care market, and prevention.
- The narrative and quantitative feedback received shows that the additional funding has been valuable in delivering impact in areas of interest to both local and central government. By Quarter 4, Health and Wellbeing Boards reported that over half (61%) of the metrics they had identified as being used to monitor progress had shown improvement over the course of the reporting year; just 7% were reported to have deteriorated.

Management information release enquiries:
CareandReform2@communities.gov.uk

Media Enquiries:
0303 444 1209
newsdesk@communities.gov.uk

Next publication:
Improved Better Care Fund: Quarter 2 Reporting 2019-20 - Provider Fees

[a] For 2018-19, collection of iBCF reporting data has been combined with the wider Better Care Fund reporting process. Therefore this year's report uses Health and Wellbeing (HWB) geographies, and reporting data is provided by HWBs and not local authorities (as was the case in 2017-18). These are broadly comparable to local authorities responsible for adult social services (although the merging of Bournemouth and Poole, and Cornwall with the Isles of Scilly, means there are 150 HWB's as opposed to 152 local authorities).

[b] Percentages represent the unweighted arithmetic mean of HWB responses and not overall proportions of the total additional iBCF funding for 2018-19.

[c] Findings should be treated as indicative.

Introduction

Adult social care provides support for older people and working age adults with personal and practical care needs, as well as support for their carers. In England, adults may be cared for informally by family, friends and neighbours, or formally through services they or their local authority pay for. Publicly funded adult social care is means-tested and primarily funded through local government; those with eligible needs, assets of less than £23,250 and low incomes can receive help towards their care and support costs.

Adult social care currently constitutes the largest area of discretionary expenditure for local authorities. To help address the pressures of an ageing population with increasingly complex care needs, as well as rising care costs, £10bn of dedicated funding for adult social care has been made available to local authorities over the three years to 2019-20. In 2018-19 this funding has comprised: the Adult Social Care Support Grant; investment to ease NHS winter pressures; the Adult Social Care Precept (flexibility to raise council tax) and; the Improved Better Care Fund (iBCF)[1].

This Management Information release relates to the £2bn additional iBCF funding announced at Spring Budget 2017, and specifically reports on data collected from Health and Wellbeing Boards detailing how they have used the £674 million of additional funding they were allocated for 2018-19. Data collection for the iBCF is now incorporated into wider Better Care Fund reporting arrangements; and therefore, reporting is now provided by Health and Wellbeing Boards (whereas previously, it was the local authority).

Background to the iBCF

The "original" iBCF was created in Spending Review 2015 and provided local government with new funding for adult social care.

> *From 2017 the Spending Review makes available social care funds for local government, rising to £1.5 billion by 2019-20, to be included in an improved Better Care Fund.*[2]

At Spring Budget 2017, an "additional" £2 billion was announced for adult social care.

> *The Government will provide an additional £2 billion to councils in England over the next 3 years to spend on adult social care services.*[3]

The £2 billion "additional" iBCF funding, was added to the "original" iBCF and, as with the original funding, was required to be pooled into the Better Care Fund[4]. The combined funding profile for the iBCF is shown in Table 1.

[1] As well as the additional funding for the iBCF local authorities were also given £240m in 2018-19 to help local authorities alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England.
[2] HM Treasury (2015) Spending Review and Autumn Statement 2015
[3] HM Treasury (2017) Spring Budget 2017
[4] The Better Care Fund (BCF) is a national programme which requires local health bodies and local authorities to pool funding and produce joint plans for the delivery of integrated health and care services.

Table 1: iBCF funding profile, England 2017-18 to 2019-20				
£ millions	**2017-18**	**2018-19**	**2019-20**	**Total 2017-20**
Spending Review 2015: Original iBCF	105	825	1,500	2,425
Spring Budget 2017: Additional iBCF	1,010	674	337	2,026
Total iBCF	**1,115**	**1,499**	**1,837**	**4,451**

Purpose of the iBCF

The iBCF is passed to local authorities with social care responsibilities as a Section 31[5] grant, with conditions. The grant determination required the money 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 social care provider market is supported.

In addition, conditions were placed that a recipient local authority must:

- Pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;
- Work with the relevant Clinical Commissioning Group (CCG) and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
- Provide quarterly reports as required by the Secretary of State.

Allocation of the iBCF

At Spending Review 2015, the Government also gave local authorities with social care responsibilities the flexibility to raise council tax in their area by up to 2% above the referendum threshold for each year between 2016-17 and 2019-20, to fund adult social care services.[6] In combination, the Adult Social Care Precept and iBCF were designed to provide resources to help local authorities address the demographic pressures facing the social care system. Details of the methodology for allocating the iBCF to local authorities are contained in Annex A.

Quarterly reporting

In setting the requirements for local areas to report quarterly on how the money was being spent, the Government determined this was only necessary for the additional iBCF funding; that is, the £2 billion funding announced at Spring Budget 2017.

[5] Section 31 of the 2003 Local Government Act gives ministers powers to make direct grants to local authorities.
[6] The adult social care precept allowed local authorities to raise funds for adult social care through an additional 2% on council tax above a threshold of 1.99% (above which a referendum is required to approve higher increases). The 2017-18 Local Government Finance Settlement subsequently allowed local authorities to levy up to 3% in 2017-18 and 2018-19, provided their increases do not exceed 6% in total over the three-year period to 2019-20.

Both central and local government were keen to understand whether and how the additional funding was making an impact, and what it meant local authorities could deliver over and above the services they had already planned for - particularly in relation to the number of care packages and hours of care provided, and the fees paid to providers. In addition, the reporting covered the types of projects which were being funded through the additional money and the metrics which local areas were using to assess their own progress. The questions took a lead from the three purposes of the grant and comprised both open questions seeking narrative responses and closed questions.

Details of the methodology for data collection and approach to data analysis are presented in Annex B. The questionnaires used for each quarter of 2018-19 are published at: https://www.gov.uk/government/publications/improved-better-care-fund-2018-19-quarterly-and-year-end-reporting

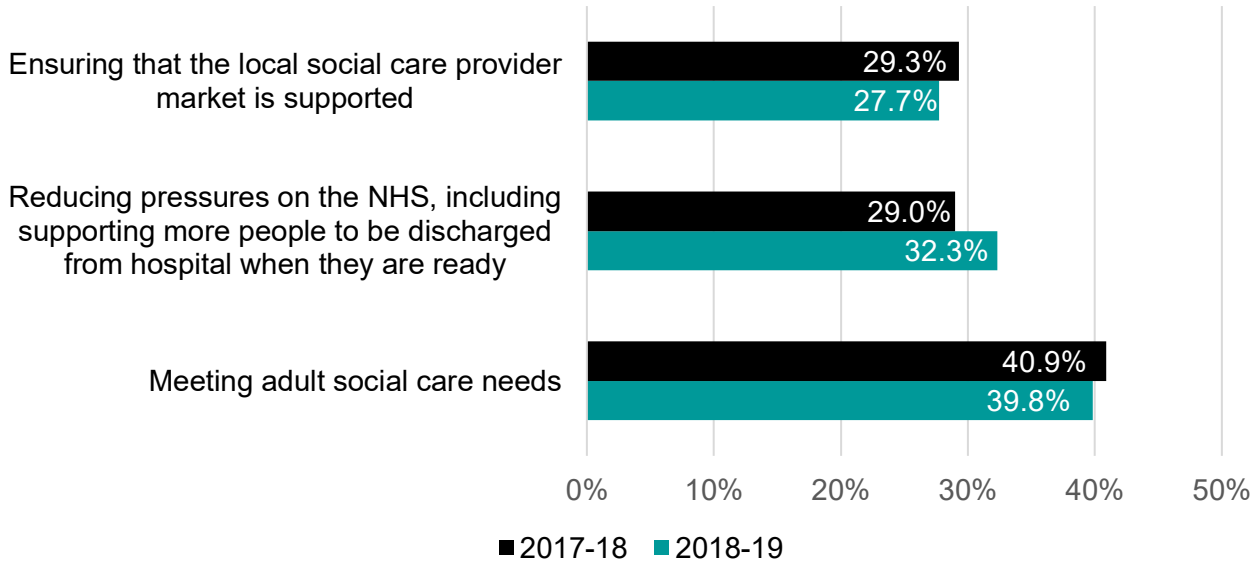
Key Findings

Distribution of funding by purpose

Local authorities were given flexibility as to how to spend their iBCF allocation within the overarching purposes of the grant. At Quarter 4, Health and Wellbeing Boards (HWBs) were asked to show how they had distributed their additional funding for 2018-19, specifically the amount they had designated for each purpose as a percentage of their additional iBCF allocation for the year.[7] They were given the option of amending the proportions they had provided at Quarter 1, which 36 of the 150 did. 149 of the 150 responses received provided percentage figures which summed to 99% or more. On average[8], HWBs reported that they had assigned 39.8% of their funding to meeting adult social care needs, 32.3% to reducing pressures on the NHS and 27.7% to ensuring the social care market was supported (see Figure 1). These proportions are similar to 2017-18, but they show a slight increase in the proportion spent on reducing pressures on the NHS and a slight decrease in the proportion spent on the other two purposes (see Figure 1).

[7] Health and Wellbeing Boards were asked to categorise their funding by its primary purpose if it covered more than one purpose.
[8] Average = unweighted mean

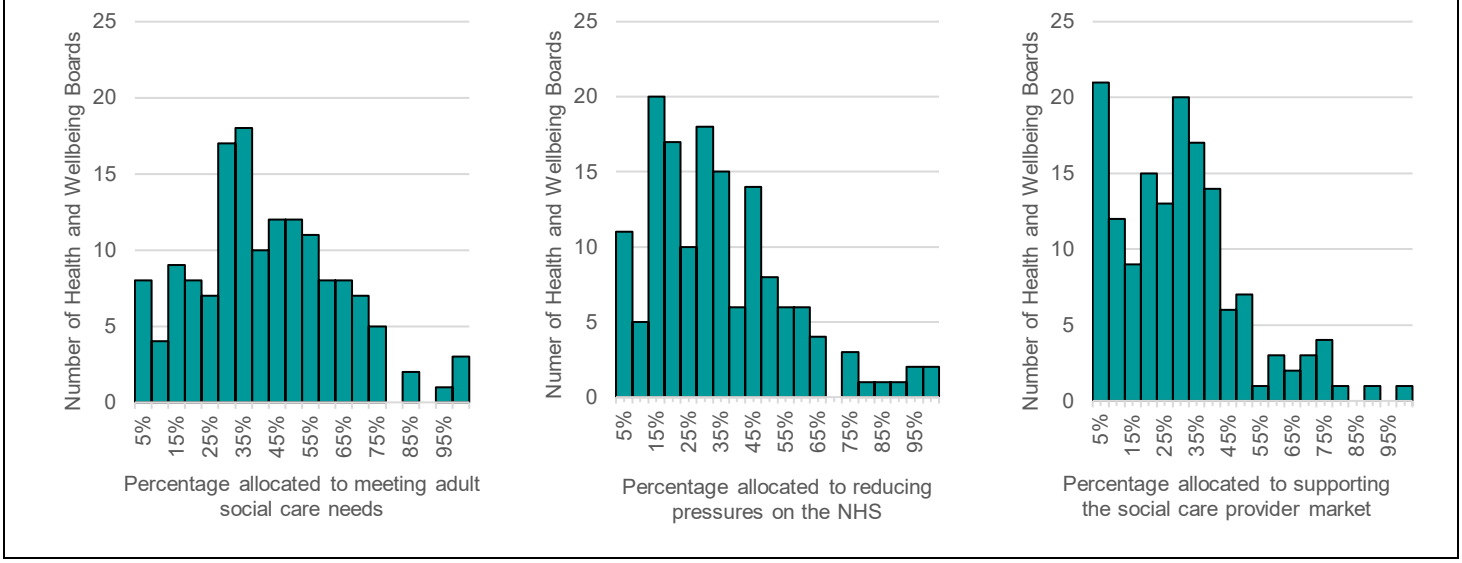
Figure 1: Average (unweighted mean) of reported proportions of iBCF funding allocated to each of the three purposes for which it was intended, as reported at Q4 2018-19 (2018-19 response rate: 100%, 2017-18 response rate: 99%)



In explaining the allocations, the distribution of HWB responses was explored as illustrated in Figure 2. While the majority split their funding across all three purposes, a handful of HWBs chose to concentrate all their funding in one or two areas. For example, fifteen HWBs, reported no funding allocation to supporting the social care market. In contrast, three reported designating 100% of their allocation to meeting adult social care needs.

Individual HWB responses can be found in Table A of the workbook accompanying this report.

Figure 2: Distribution of additional 2018-19 iBCF funding allocated to each of the purposes for which it was intended, as at Q4 2018-19 (response rate: 100%)



Fees paid to external care providers

Questions on provider fees were included to ascertain whether or not the additional iBCF funding was having an impact in helping local care markets through fee uplifts. Fees questions were posed at Quarter 2. A report of the fees data was published here.

As presented in Table 2, the returns showed that, on average, local authorities were increasing the average hourly fees paid to external providers of home care to £16.41 per contact hour (a 4.7% increase on the previous year). With respect to residential care without nursing, the average fee is £586 per client per week (a 4.0% increase), and for residential care with nursing, the average fee is £633 per client per week excluding NHS Funded Nursing Care (a 4.1% increase). This compares with a 4.4% April 2018 increase in the National Living Wage from £7.50 to £7.83 per hour[9], and 2.2% CPIH inflation in the 12 months to September 2018 (the time of data collection)[10]. Whilst wages are the largest cost for care providers, general inflation will affect their non-wage costs. Maps illustrating the range of local authority responses are shown in Figure 3.

For the small number of cases where unit costs were reported to be falling and additional commentary was provided, one of the explanations included having fewer high cost packages of care in 2018-19.

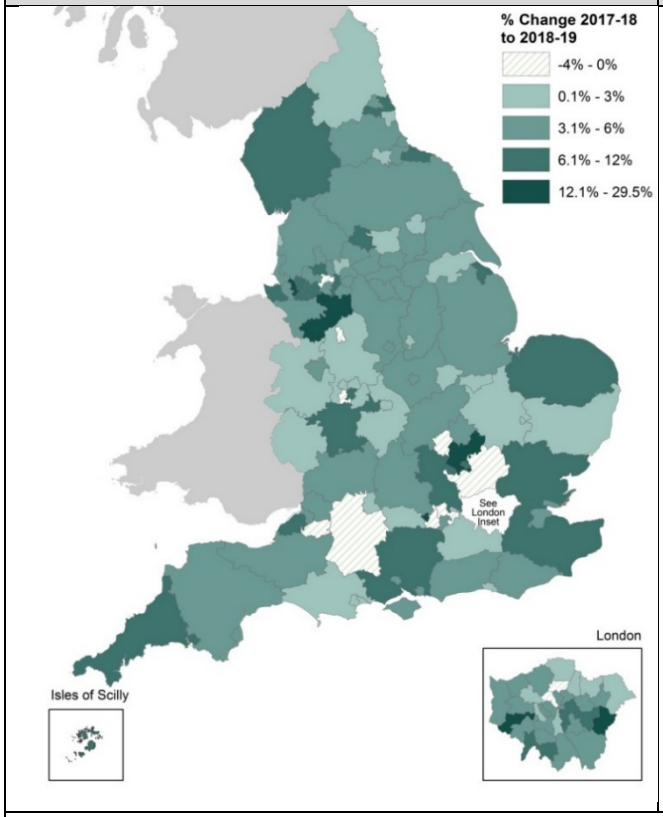
Full details of the fees data provided can also be found in Table B of the workbook accompanying this report.

[9] National Minimum Wage and National Living Wage rates

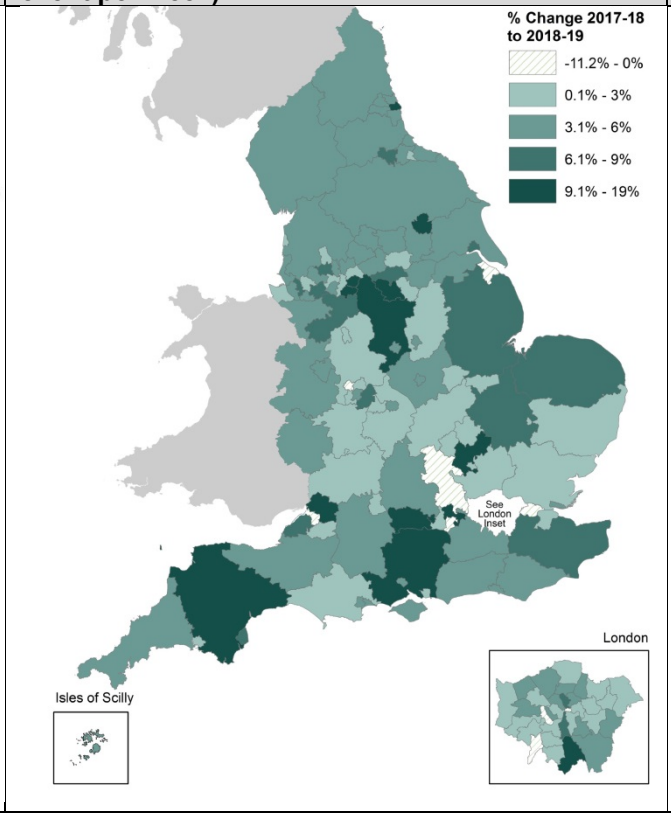
[10] ONS CPIH Annual rate 00: All Items 2015=100

Figure 3: Percentage change in average fees paid by local authorities to external care providers, 2017-18 to 2018-19

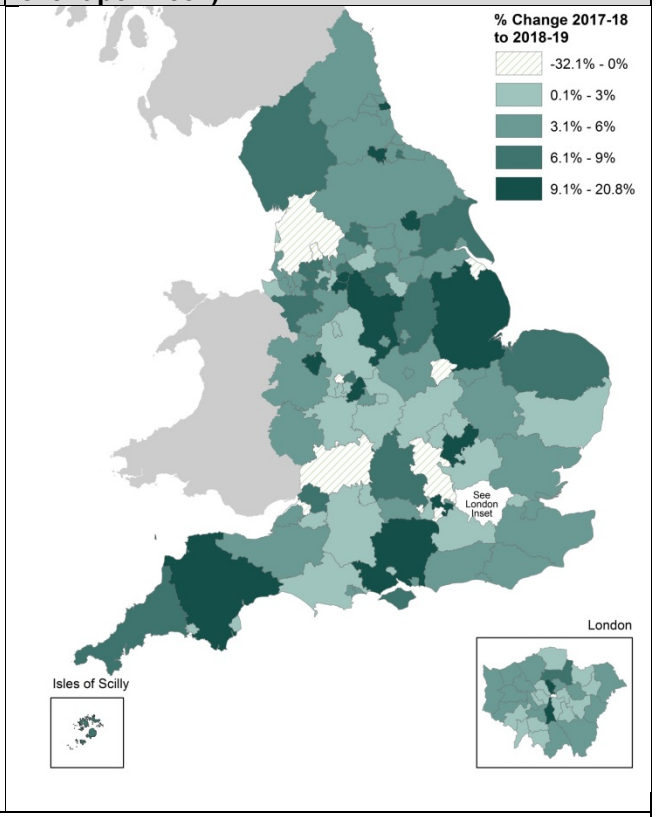
Average amount paid to external providers for home care (£ per contact hour)



Average amount paid for external provider care homes without nursing for clients aged 65+ (£ per client per week)



Average amount paid for external provider care homes with nursing for clients aged 65+ (£ per client per week)



Data sources: OS Boundary Line and iBCF reporting data at Quarter 2 2018-19

Table 2: Change in average fees paid to external care providers as at Quarter 2 2018-19						
	Average amount paid to external providers for home care		Average amount paid for external provider care homes without nursing for clients aged 65+		Average amount paid for external provider care homes with nursing for clients aged 65+ (Excludes NHS Funded Nursing Care)	
	2018-19 £ per contact hour	% change since 2017-18	2018-19 £ per client per week	% change since 2017-18	2018-19 £ per client per week	% change since 2017-18
Local authority average	£16.41	4.7%	£586	4.0%	£633	4.1%
Number and percentage of local authorities						
Increase (uplift)	139	92.7%	141	94.0%	139	92.7%
No change	7	4.7%	0	0.0%	1	0.7%
Decrease	4	2.7%	9	6.0%	10	6.7%

Impact on home care packages, care home placements and hours

At Quarter 4, HWBs were asked by how much the additional funding had increased the number of home care packages, hours of home care and number of care home placements provided over the course of the preceding year. As shown in Table 3, the returns indicate that, as a result of the additional funding, HWBs increased their provision of home care packages by almost 75,000, hours of home care by 13,000,000, and the number of care home placements by 15,500. Around two-thirds of HWBs planned to increase the number of home care packages and hours of home care they would be providing over the course of the year as a result of the additional money, a similar proportion to 2017-18. In contrast, 56% stated that they would increase the number of care home packages, up from 41% in 2017-18.

Table 3: Reported change in home care and care home provision in 2018-19 as a result of additional iBCF funding, as reported at Quarter 4 2018-19			
	Number of home care packages provided	Hours of home care provided*	Number of care home placements provided
Total reported increase	**74,951**	**12,906,380**	**15,514**
Number of HWBs increasing	95	96	84
Number of HWBs not increasing	55	53	66
Average increase of those increasing	789	134,441	185
Average increase of all HWBs	500	86,620	103

*One missing value due to LA technical difficulties

As shown in Table 3, the number of HWBs not reporting an increase in each of the individual measures ranged from 53 (hours of home care) to 66 (number of care home placements). A total of 44 of these reported no increase in *any* of the three, and were then given the option to indicate a different area that they had spent the additional funding on. The responses to this are shown in Table 4.

Table 4: Main areas of spending indicated by Health and Wellbeing Boards reporting no increase in home care or care home provision	
	Number of HWBs
Other	12
Stabilising social care provider market – fees uplift	12
Expenditure to improve efficiency in process or delivery	5
HIC: High Impact Change	5
Partnership working with other organisations / voluntary sector	3
Workforce – recruitment – LA staff / social workers	3
Integration with health	2
Prevention	2
Total	**44**

Of the 12 Health and Wellbeing Boards responding 'Other', three mentioned DTOC, two mentioned reablement and two mentioned market stability in the open comments field. Complete HWB responses can be found in Table C of the accompanying workbook.

Project Themes

At Quarter 1, Health and Wellbeing Boards were asked to report projects that the additional iBCF funding would be used to support, and to categorise them by a primary theme[11]. These are not necessarily projects which are entirely funded by the additional iBCF funding, but those that are at least partially supported. In total, 768 projects were reported and categorised. Reflecting the key purposes for which the funding had been provided, the leading project themes were: DTOC: reducing delayed transfers of care; Capacity: increasing capacity; Stabilising social care provider market - fees uplift; and Prevention. Combined, these themes accounted for just under half of all projects (see Table 5). The split of projects across the categories is similar to 2017-18, which might be expected as many projects are likely to have continued from the previous year.

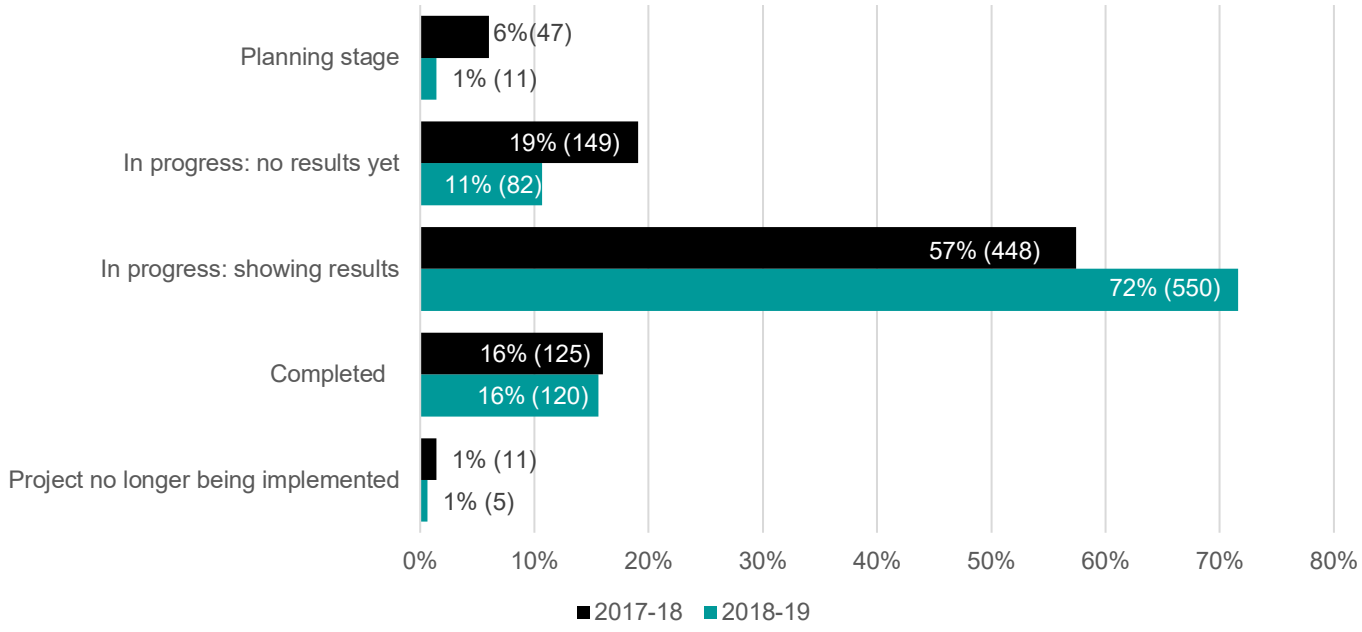
[11] The list of pre-coded themes was compiled by the Department of Health and Social Care (DHSC) and MHCLG, building on project information provided in 2017-18 other policy research.

Table 5: Projects supported by iBCF funding in 2018-19, broken down by project category, as at Q1 2018-19		
Project category	**Number of projects**	**Percentage of projects**
DTOC: Reducing delayed transfers of care	122	16%
Capacity: Increasing capacity	95	12%
Stabilising social care provider market - fees uplift	83	11%
Prevention	61	8%
Managing Demand	60	8%
HIC: High Impact Change	50	7%
NHS: Reducing pressure on the NHS	49	6%
Expenditure to improve efficiency in process or delivery	39	5%
Integration	34	4%
Reablement	30	4%
Other	30	4%
Homecare	29	4%
Stabilising social care provider market - other support (e.g. training, property maintenance)	24	3%
Protection	22	3%
Technology	19	2%
Workforce: Stabilising workforce	11	1%
Leadership	6	1%
Carers	4	1%
Total	**768**	**100%**

At Quarter 4, Health and Wellbeing Boards were asked to report on the progress of the projects they had reported in Q1[12]. Figure 4 shows the number and percentage of projects reported as being at each stage of progress, with a comparison to Quarter 4 2017-18. The main development is a shift from projects being at the 'Planning' or 'In progress: no results yet' stage (down from 25% to 12%) to the 'In progress: showing results' stage (up from 57% to 72%). This also might be expected, as any continuing projects have now been running for longer. Overall, 87% of projects were either completed or in progress and showing results.

[12] This stage of progress is entirely self-assessed and not verified centrally.

Figure 4: Of projects supported by additional 2018-19 iBCF funding, the number and proportion in each stage of progress (2018-19 response rate: 100%, 2017-18 response rate: 99%)



The total number of projects categorised in 2017-18 was 780 and in 2018-19 was 768.

A breakdown by theme and stage of progress of the 768 categorised projects as reported at Quarter 4 is shown in Table 6. For all categories, at least 50% of projects were in the 'In progress: showing results' stage.

Table 6: Breakdown of projects by category and stage of progress, as at Q4 2018-19						
Project category		**Percentage of projects in each stage of progress (by category)**				
	Number of projects within category	**Planning stage**	**In progress: no results yet**	**In progress: showing results**	**Completed**	**Project no longer being implemented**
DTOC: Reducing delayed transfers of care	122	0%	8%	78%	13%	1%
Capacity: Increasing capacity	95	2%	9%	74%	15%	0%
Stabilising social care provider market - fees uplift	83	0%	6%	67%	27%	0%
Prevention	61	2%	16%	67%	13%	2%
Managing Demand	60	2%	22%	63%	13%	0%
HIC: High Impact Change	50	4%	6%	76%	12%	2%
NHS: Reducing pressure on the NHS	49	0%	4%	78%	16%	2%
Expenditure to improve efficiency in process or delivery	39	3%	8%	74%	15%	0%
Integration	34	3%	9%	71%	18%	0%
Reablement	30	0%	17%	67%	17%	0%
Other	30	3%	20%	67%	10%	0%
Homecare	29	0%	7%	66%	28%	0%
Stabilising social care provider market - other support (e.g. training, property maintenance)	24	0%	25%	71%	4%	0%
Protection	22	0%	5%	82%	9%	5%
Technology	19	5%	11%	74%	11%	0%
Workforce: Stabilising workforce	11	9%	9%	64%	18%	0%
Leadership	6	0%	17%	67%	17%	0%
Carers	4	0%	0%	50%	50%	0%

Key:

0%	<25%	<50%	<75%	75%+

Health and Wellbeing Boards chose to use their additional iBCF resources in a variety of ways. The following extracts provide some illustrations of the types of projects undertaken during 2018-19. These illustrative examples are taken from the individual returns provided by Health and Wellbeing Boards at Quarter 4.[13]

Somerset: *Increasing care provider fee levels and coverage in hard to reach areas.*

All providers received a significant uplift in 2018-19 utilising iBCF and ASC precept monies.

Bedford: *Trusted Assessor.*

Trusted Assessor roles funded though iBCF have made a huge impact to tackling capacity within the local care market … Trusted Assessor roles have been very effective in Bedford. The post holders have been excellent at building relationships across organisations, therefore building trust.

[13] Impacts and figures are based on self-reported returns and have not been verified independently.

Bexley: *Learning Disability Transformation.*

This has supported the co-production of an improved local community-based offer for people with a learning disability, increasing the menu of day opportunities available and giving genuine choice.

Rochdale: *Stabilising social care provider market – other support (e.g. training, property maintenance).*

We have been able to offer our providers higher rates than would have been possible, as well as additional support such as training/apprentices.

Locally used metrics

At Quarter 1, Health and Wellbeing Boards were asked to provide up to five metrics they were using locally to assess progress. This was monitored in order to provide a view of what impact HWBs thought that the projects and additional iBCF funding would have. At Quarter 4 HWBs were then given the opportunity to include further metrics if they had provided fewer than five, up to a maximum of five in total.

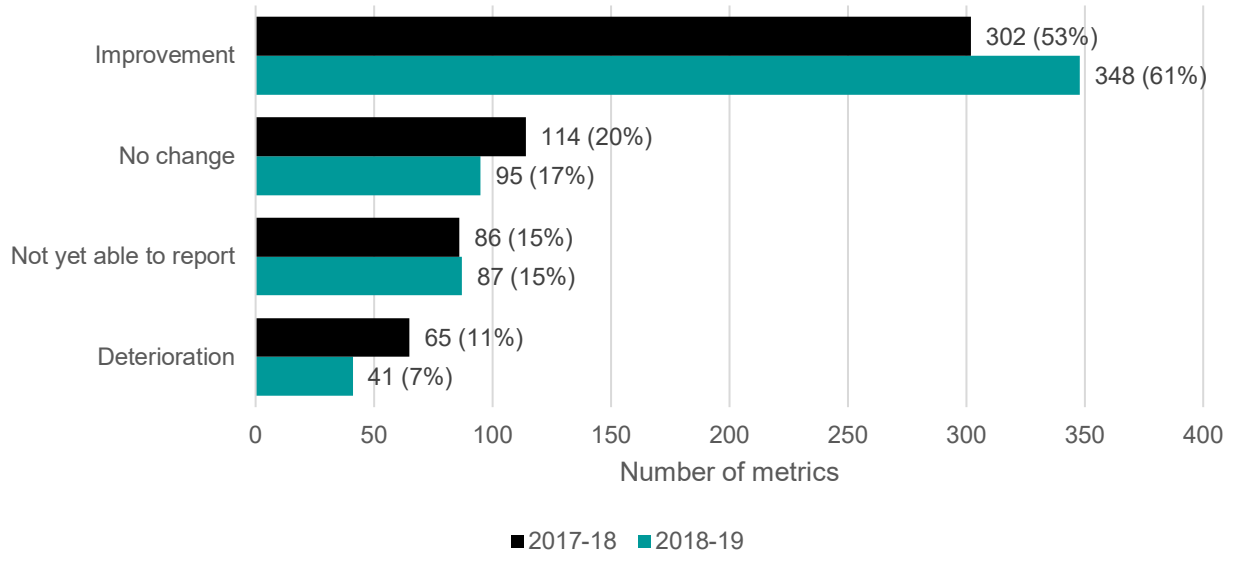
At Quarter 4, HWBs had cumulatively provided details of 571 metrics, an average of 3.8 per HWB (571 was the total number of metrics reported – no attempt was made to identify how many unique metrics this represents). Six boards failed to provide details of any metrics at all, reduced from thirty in 2017-18. Health and Wellbeing Boards were also asked to categorise their metrics by theme into pre-defined categories. Table 7 shows the number and percentage of metrics assigned to each category. Delayed transfers of care (DTOC) was by far the most frequently selected category, accounting for a quarter of all metrics identified. Reablement & rehabilitation was the next most frequently selected. These match the top two metric categories from 2017-18 (although in 2017-18 the metrics were categorised centrally, not by the HWBs themselves), and are also two of the four national performance metrics for the Better Care Fund for 2017-19.[14]

[14] BCF metrics: Non-elective admissions; Admissions to residential and care homes; Effectiveness of reablement; and Delayed transfers of care.

Table 7: Number of metrics locally identified to assess the impact of additional 2018-19 iBCF funding, by category, as at Q4 2018-19		
Metric category	**Number of metrics**	**Percentage of metrics**
DTOC/Discharge	147	26%
Reablement & Rehabilitation	93	16%
Capacity - Domiciliary	46	8%
Reducing NHS Pressures	40	7%
Residential/Nursing Care Admissions	39	7%
Capacity - Residential & Nursing Care	34	6%
Assessment & Reviews	32	6%
Other	32	6%
Prevention/Early intervention/Signposting	21	4%
Performance (including CQC ratings)	20	4%
Capacity - Activity	12	2%
Housing & Supported Living	10	2%
Market Support	8	1%
User Satisfaction/Outcomes	8	1%
Direct payments/Personalisation	7	1%
Technology/Telecare	7	1%
Carers	4	1%
Integration	4	1%
workforce	4	1%
Market failure	3	1%
Grand Total	**571**	**100%**

At Quarter 4 Health and Wellbeing Boards also provided details on the overall direction of travel over the course of the year for their metrics. As shown in Figure 5, 348 metrics (61%) were reported as showing improvement. In contrast, just 41 (7%) were said to have deteriorated. This represents an improvement on 2017-18, when 302 metrics (53%) showed improvement, and 65 (11%) deteriorated. It should be noted that these figures are based solely on self-reported returns which have not been subject to additional validation. It is also not possible to be clear about causality, in that changes in metrics may not be due (entirely) to the interventions themselves. Official and National Statistics relating to the metrics provided may be available elsewhere.

Figure 5: Locally identified metrics by direction of travel during 2018-19, as at Q4 2018-19 (2018-19 response rate: 100%, 2017-18 response rate: 99%)



A further breakdown by theme and direction of travel is shown in Table 8. This breakdown shows that for the leading themes, the majority of metrics were reported to be showing improvement. The exception to this was “reducing NHS pressures”, for which 45% of metrics showed improvement. This metric category was one of the poorest performing in 2017-18, when 35% reported a deterioration. This has reduced to 13% this year, but with a significant proportion (25%) reporting no change (up from 15% in 2017-18).

Full details of the metrics can be found in Table E of the workbook accompanying this report.

Table 8: Breakdown of locally identified metrics by category and direction of travel during 2018-19, as at Q4 2018-19					
Metric category	**Number of metrics**	**Percentage breakdown of direction of travel by metric category**			
		Improvement	**Deterioration**	**No change**	**Not yet able to report**
DTOC/Discharge	**147**	71%	10%	12%	7%
Reablement & Rehabilitation	**93**	62%	4%	16%	17%
Capacity - Domiciliary	**46**	57%	0%	35%	9%
Reducing NHS Pressures	**40**	45%	13%	25%	18%
Residential/Nursing Care Admissions	**39**	62%	13%	13%	13%
Capacity - Residential & Nursing Care	**34**	62%	9%	18%	12%
Other	**32**	13%	0%	28%	59%
Assessment & Reviews	**32**	69%	3%	13%	16%
Prevention/Early intervention/Signposting	**21**	71%	5%	14%	10%
Performance (including CQC ratings)	**20**	65%	10%	5%	20%
Capacity - Activity	**12**	75%	17%	0%	8%
Housing & Supported Living	**10**	70%	0%	10%	20%
Market Support	**8**	75%	0%	13%	13%
User Satisfaction/Outcomes	**8**	25%	0%	38%	38%
Direct payments/Personalisation	**7**	57%	14%	14%	14%
Technology/Telecare	**7**	71%	0%	0%	29%
Carers	**4**	75%	0%	0%	25%
workforce	**4**	75%	0%	25%	0%
Integration	**4**	50%	25%	25%	0%
Market failure	**3**	67%	33%	0%	0%

Key:

0%	<25%	<50%	<75%	75%+

Key successes and challenges

Health and Wellbeing Boards were asked about the key successes and challenges they experienced related to the additional iBCF funding they received for 2018-19. To note, as the narrative requirements for 2018-19 reporting have changed (now optional and shorter), in some cases returns (where provided) were less granular compared to 2017-18.

In their Quarter 4 returns, Health and Wellbeing Boards reported a broad array of successes and challenges (Tables 9 and 10). Additional iBCF Funds have helped local authorities to provide sufficient care capacity, support their local care market, and drive through further integration to improve support for those who need it. However, some report that the funds have not been able to address persistent and widespread workforce issues, in both recruiting sufficient staff and long-term retention of key workers. In addition, some reports challenged the rationale for ad-hoc and short-term funding structures, as this does not facilitate long term planning and value for money.

Health and Wellbeing Boards were each able to select three successes and three challenges faced in relation to the additional iBCF funding they had been given for 2018-19 from a pre-populated list of categories. They were also given the opportunity to provide some commentary on

their successes and challenges. This section provides a summary of the responses (Tables 9 and 10) and a few examples of commentary provided.

The collection of this section differs from 2017-18, when successes and challenges were identified centrally using keyword analysis on free-text responses from local authorities, so the results presented here are not necessarily directly comparable to those from 2017-18.

Successes

Table 9: Number and percentage of Health and Wellbeing Boards identifying each success category

Success category	Number of HWBs reporting success category	% of HWBs reporting success category
Reducing DTOC	86	57.3%
Stabilising the local care market	71	47.3%
Tackling capacity within the local care market	38	25.3%
Improving the local financial position for ASC	36	24.0%
Partnership working with the NHS	35	23.3%
Reablement	34	22.7%
Reducing pressure on the NHS (non-DTOC)	34	22.7%
Health and social care integration	29	19.3%
Reducing demand	27	18.0%
Prevention	21	14.0%
Other	13	8.7%
Partnership working with other organisations / voluntary sector	12	8.0%
Workforce – recruitment	11	7.3%
Workforce – retention	3	2.0%

The following extracts provide some illustrations of the details provided by the HWBs of their reported successes. These have been selected after closer reading of a sample of the Quarter 4 returns.

Several IT projects are enabling data sharing, shared record viewing, system integration and data analytics across health and social care.

Nottinghamshire

Due to the iBCF the council was able to implement reasonable rate increases to support the local care market to manage pressures, including the National Living Wage.

Solihull

Integrated falls prevention pathway. The programme comprises of multi-factorial risk assessment, strength and balance exercise, county wide fracture liaison service and social marketing.

Cambridgeshire

Challenges

As well as being identified as leading themes in the success narratives, DTOCs and "stabilising the local care market" also featured prominently in the identification of challenges (Table 10).

Table 10: Number and percentage of Health and Wellbeing Boards identifying each challenge category

Challenge category	Number of HWBs reporting challenge category	% of HWBs reporting challenge category
Managing demand	79	52.7%
Financial pressure	78	52.0%
Workforce – recruitment	68	45.3%
Tackling capacity within the local care market	67	44.7%
Stabilising the local care market	43	28.7%
Tackling DTOC	42	28.0%
Workforce – retention	18	12.0%
Prevention	15	10.0%
Health and social care integration	11	7.3%
Other	11	7.3%
Reablement	11	7.3%
Partnership working with other organisations / voluntary sector	5	3.3%
Partnership working with the NHS	2	1.3%

The following extracts provide some illustrations of the details provided by the HWBs of their reported challenges. These have been selected after closer reading of a sample of the Quarter 4 returns. Complete HWB responses on the successes and challenges reported at Quarter 4 are presented in Table F of the workbook accompanying this report.

There is a better understanding of demand, however the multiple and confusing number of access points to social care make it difficult to manage. Pressure on the NHS also translates to pressure on ASC.

Doncaster

With BCF funding being year on year, it is difficult to retain levels of staff required to support pathways long term for long term integration planning.

Walsall

Conclusion and next steps

It is clear that the additional iBCF funding provided at Spring Budget 2017 has been valuable to Health and Wellbeing Boards in delivering impact in the areas of interest to the Government during 2018-19; the returns indicate that, as a result of the additional funding, HWBs increased their 2018-19 provision of home care packages by almost 75,000, hours of home care by almost 13,000,000, and the number of care home placements by 15,500.

Over half of HWBs identified "reducing DTOC" as an area of success in relation to the additional funding, and just under half identified "stabilising the local care market". The funding helped to support a total of 768 projects, and most metrics identified to measure the success of the funding were reported to have improved.

The information received from HWBs supports the national understanding about the state of the care market. Notably, the feedback indicates that the additional iBCF has again enabled fee uplifts across home care, nursing and care home provision, despite concerns about the non-recurrent nature of the funding.[15] However while the additional iBCF funding has gone some way to addressing these issues, HWBs still report challenges surrounding the social care workforce, including recruitment and retention.

In 2019-20, data will be collected from Health and Wellbeing Boards for just Q2 and Q4. The aim for 2019-20 is to reduce the reporting burden, and the narrative information collected.

A short report will be published following the 2019-20 Quarter 2 collection in order to present the fees information collated. An end-of-year report following the Quarter 4 2019-20 collection will then be published during 2020.

Acknowledgements

The Ministry of Housing, Communities and Local Government (MHCLG) would like to thank all 150 Health and Wellbeing Boards for providing the wealth of material which has been drawn on for this report. The iBCF quarterly data collection was managed by the Ministry of Housing, Communities and Local Government working in conjunction with the Department of Health and Social Care and the Better Care Support Team (a joint team between NHS England, the Department for Health and Social Care, the Ministry of Housing, Communities and Local Government and the Local Government Association).

[15] Spending Round 2019 has since confirmed that existing social care grants will be maintained in 2020-21 alongside £1 billion of additional social care grant funding.

Annex A: Allocation methodology for the iBCF

The Government set out its proposed approach to allocating the original iBCF alongside the provisional Local Government Finance Settlement 2016-17[1] and confirmed this approach as part of the final Settlement in 2017-18. The approach recognised that local authorities have varying capacity to raise council tax, and therefore used a methodology which, relative to need, provided more funding to those authorities that benefit less from the adult social care council tax precept.

The methodology was based on the following steps:

1. Calculating the dedicated funding available to spend on adult social care at a national level by combining the council tax flexibility for adult social care and the original iBCF.

2. Calculating the share of that national amount each authority with responsibility for social care would receive if it were distributed according to the 2013-14 adult social care relative needs formula (RNF)[2].

3. Calculating how much each authority with responsibility for social care could raise from the additional council tax flexibility for adult social care.

4. Allocating the original iBCF in such a way that, when combined with the money which could be raised from the council tax flexibility, each authority would receive its share of the combined national amount as calculated by the adult social care RNF.

5. These allocations are then adjusted so that, where an authority could receive more from the additional council tax flexibility for social care than its share of the national amount calculated in step 2, its allocation for the improved Better Care Fund is set to zero rather than a notional negative figure.

6. The remainder of the allocations are then reduced proportionately, so that the combined totals sum to the national total for additional funding available to spend on adult social care, as calculated in step 1.

In distributing the additional iBCF from Spring Budget 2017, 10% of the funding in each year was allocated using the 2013-14 adult social care RNF. This was done in recognition that all 152 responsible local authorities were facing pressures on the provision of adult social care. The remaining 90% of the funding in each year was allocated using the original iBCF distribution methodology. Allocations for the additional iBCF from 2017-18 to 2019-20 for all local authorities with social care responsibilities were published in March 2017.[3]

[1] DCLG (2015) The provisional Local Government Finance Settlement 2016-17 and an offer to councils for future years Consultation
[2] DCLG (2013) Methodology Guide for Adults' Personal Social Services Relative Needs Formulae 2013/14
[3] DCLG (2017) The allocations of the additional funding for adult social care

Annex B: Data collection, quality and analysis

Collection

Quarterly reporting data was collected using Excel-based templates from all areas in receipt of additional iBCF funding. The reporting process was aligned to the Better Care Fund (BCF) quarterly reporting collection mechanism and timeframes. Reporting templates were made available for download via the Better Care Fund Exchange collaboration platform accessible by all Health and Wellbeing Boards. Completed templates were collected via email for each quarter. The timetable for collection is shown in Table B1 below.

Table B1: 2018-19 iBCF quarterly reporting timetable

Quarter (2018-19)	Main collection period	Form return response rate
Quarter 1	08 June - 20 July 2018	100%
Quarter 2	07 September to 19 October 2018	100%
Quarter 3	Not collected	N/A
Quarter 4	07 March to 18 April 2019	100%

The questionnaires used for each quarter of 2018-19 are published at: https://www.gov.uk/government/publications/improved-better-care-fund-2018-19-quarterly-and-year-end-reporting

Data quality

The status of the data was assessed prior to publication. The information was based wholly on self-reported Health and Wellbeing Board returns, and the data collected changed quarterly meaning that there was limited scope to publish a consistent time series. Taking these factors into consideration, the decision was taken to release the reporting data as Management Information. Further information about the basis of this decision, and the ways in which the data was judged to be Management Information is contained in Annex C.

Data analysis

The analysis was undertaken by the Department of Health and Social Care (DHSC) with input from the Ministry of Housing, Communities and Local Government (MHCLG). Once the data had been collated for each quarter, it underwent a series of basic validation checks to exclude any invalid returns. Health and Wellbeing Board level datasets are published at https://www.gov.uk/government/publications/improved-better-care-fund-2018-19-quarterly-and-year-end-reporting

Manual reading

Manual reading of the narrative returns from Quarter 4 was undertaken to identify some common themes around the successes, challenges and project detail. In each case, returns from a sample of 126 Health and Wellbeing Boards were reviewed in closer detail. The outputs from this exercise should not be viewed as representative of the whole dataset, but as illustrative examples. It should also be taken into consideration that the resultant topics and themes may be subject to potential confirmation bias.

Annex C: Voluntary compliance with the Code of Practice for Statistics

The Code of Practice for Statistics was published in February 2018 to set standards for organisations in producing and publishing official statistics and ensure that statistics serve the public good.

The Improved Better Care Fund (iBCF) quarterly and year-end reporting release is a Management Information release rather than an Official Statistics publication. This is primarily due to the irregularity of the data collection (as the data collected changed from quarter to quarter), as well as some limitations in the quality assurance process. Nonetheless, where possible, attempts to adhere the Code of Practice have been made.

Trustworthiness: trusted people, processes and analysis	**Honesty and integrity** (T1): The iBCF quarterly and year-end reporting data release is managed by analysts and policy officials in MHCLG, working together with officials from the Department of Health and Social Care (DHSC) and the Better Care Support Team (BCST). This involves the design of data collection tools and analysis. **Independent decision making and leadership** (T2): The work is jointly governed by the Local Government Finance and Analysis and Data Directorates in MHCLG, with input from DHSC. It is accountable to MHCLG's Chief Analyst and Head of Profession for Statistics. DHSC's Head of Profession for Statistics is also consulted on the publication process. **Orderly release** (T3): Access to the data before public release is limited to MHCLG, DHSC and BCST staff involved in the production and the preparation of the release. **Transparent processes and management** (T4): MHCLG have robust, transparent, data-management processes. All data are provided by Health and Wellbeing Boards (HWBs) who received notification that the data would be published. **Professional capability** (T5) Analytical work is managed by professionally qualified and experienced analysts - professional members of the Government Economic Service, Government Statistical Service and the Government Social Research profession. **Data Governance** (T6): MHCLG uses robust data collection and release processes to ensure data confidentiality.
High quality: robust data, methods and processes	**Suitable data sources** (Q1): Data originates from all HWBs in England, with this collection achieving a 100% response rate. The HWBs are ultimately responsible for the quality of their data. However, where the quality of data is unclear, the issues are clearly highlighted. National and Official Statistics are signposted where relevant. **Sound methods** (Q2): Data collection tools and processes are robustly designed and tested prior to use. The guidance, validations and questionnaire for the data collection have been refined over time. **Assured Quality** (Q3): While the data has been checked for errors, further validation and triangulation with additional data sources has not taken place. As such, the release clearly states that the data are self-reported and highlights any limitations.
Public value: supporting society's need for information and accessible to all	**Relevance to users** (V1): Understanding how the additional iBCF funding is being used is of significance to central government, local authorities and their partners, as well as in the public interest. **Accessibility** (V2): Officials have had access to the data prior to publication to monitor progress and the impact of the iBCF. The data may therefore be used for operational purposes before publication in this data release. **Clarity and Insight** (V3): Data are clearly presented and explained, with suitable visualisations and underlying HWB level datasets made available. **Innovation and improvement** (V4): This data collection series started in Spring 2017 and has been progressively refined. **Efficiency and proportionality** (V5): Burdens on data providers have been considered. MHCLG has worked to streamline the collection process by combining with the Better Care Fund performance reporting process for 2018-19.

Accompanying tables

Accompanying tables and copies of questionnaires are available to download alongside this release. These are:

Improved Better Care Fund (iBCF): Quarterly and year-end reporting 2018-19 Health and Wellbeing data tables

Improved Better Care Fund (iBCF): Quarterly and year-end reporting 2018-19 Quarterly reporting forms

These files can be accessed at: https://www.gov.uk/government/publications/improved-better-care-fund-2018-19-quarterly-and-year-end-reporting

Enquiries

Media enquiries:
0303 444 1209
Email: newsdesk@communities.gov.uk

Public
Email: CareandReform2@communities.gov.uk

This document/publication is also available on our website at www.gov.uk/mhclg

If you have any enquiries regarding this document/publication, email contactus@communities.gov.uk or write to us at:

Ministry of Housing, Communities and Local Government
Fry Building
2 Marsham Street
London
SW1P 4DF
Telephone: 030 3444 0000

October 2019

For all our latest news and updates follow us on Twitter: https://twitter.com/mhclg