

## Overview

The [Better Care Fund](#) is a pooled fund for integrated services, including significant transfers from the NHS to social care, designed to encourage improvement in the delivery of joined-up services, in line with local priorities. Since the scheme was revised in July 2014, the emphasis on the programme has been placed squarely on reducing A&E admissions and delivering savings to the NHS.

## Why tackling loneliness should be part of Better Care Plans

**Areas that incorporate action to prevent and reduce loneliness and isolation into their plans under the [Better Care Fund](#) are likely to reap rewards across a range of key metrics, including reduced A&E admissions:**

- Given the strong evidence from the UK and overseas linking loneliness and isolation to increased admissions to A&E<sup>1</sup>, local areas should ensure that their Better Care Plans drive forward work to address loneliness and isolation.
- Tackling loneliness has been endorsed as a key form of primary prevention, and was recognised by the Kings Fund as a way of making best use of the Better Care Fund.<sup>2</sup>
- The Campaign's recent publication [Promising Approaches](#) demonstrates clearly how work on loneliness and isolation can be combined with the delivery of integrated services to address health and care targets.<sup>3</sup>

## Appropriate services might include:

- social-prescribing schemes
- home-from-hospital schemes which include support for social connection
- use of risk-stratification tools to identify individuals who may benefit from holistic support, including help with developing/maintaining social connections
- specific schemes targeting "at-risk" populations including older people in care homes, people with dementia, etc

## Background

### The Better Care Fund

The Better Care Fund is a £3.8 billion fund to help health and social care services work more closely together in local areas. The fund is made up of four existing grants to local authorities (for Carers Breaks, Reablement, Capital Grant Funding, and the Disabled Facilities Grant), some money that had already been earmarked to move from Health to Social Care, and a new contribution from Clinical Commissioning Groups.

Every local area has now submitted Better Care Plans to access the fund, and these have been approved. Together the plans set out proposals to share some £5.3bn across health and care services, with savings of around £500 million projected.

<sup>1</sup>Molloy, G. J., McGee, H. M., O'Neill, D. and Conroy, R. M. (2010), Loneliness and Emergency and Planned Hospitalizations in a Community Sample of Older Adults. *Journal of the American Geriatrics Society*, 58: 1538–1541.

And

Geller, J; Janson, P; McGovern, E; Valdini, A (1999); Loneliness as a predictor of hospital emergency department use. *The Journal of Family Practice*, Vol 48(10), Oct 1999, 801-804.

<sup>2</sup> Bennett, L. and Humphries, R. 2014. Making best use of the Better Care Fund: Spending to save? Kings Fund: London <http://www.kingsfund.org.uk/publications/making-best-use-better-care-fund>

<sup>3</sup><http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf> In particular case studies number 3,4,5,10 and 14

## Key metrics

The original plans for the Better Care Fund saw performance payments linked to improvements across a range of indicators including:

- avoidable emergency hospital admissions
- admissions to residential and care homes
- effectiveness of reablement
- delayed transfers of care
- a patient / service user experience metric
- a locally defined metric

However, following changes to the Fund in July 2014, £1bn of the fund is now allocated on a pay-for-performance basis, linked to achieving an agreed reduction in emergency hospital admissions only (with a nationally mandated minimum reduction of 3.5%). To have full discretion over deployment of funding, local areas will need to meet their planned outcomes. Where emergency admissions are reduced by less than 3.5% localities must allocate the balance of the £1bn to the local NHS (the acute trusts), to deal with the costs of hospital admissions.

Performance against the other metrics is no longer linked to payment, however approved plans include clear ambitions for improvement against these metrics.

In selecting a local metric areas were asked to choose measures which linked to priorities identified through the Joint Strategic Needs Assessment, and in local Health and Wellbeing Strategies. The guidance flags a number of currently available measures which could be selected as local metrics, including the shared measure from the public health and adult social care

outcomes framework on the proportion of adult social care users who have as much social contact as they would like. Therefore, where areas have selected tackling loneliness and isolation as a priority, we may see this measure being used as part of Better Care Fund monitoring.

## Other requirements

As well as setting out ambitions for improvement across a range of metrics, all Better Care Plans were required to:

- be jointly agreed (with the Health and Wellbeing Board leading coordination)
- offer protection for social care services (not spending)
- lead to 7-day working in health and social care, to support patients being discharged and prevent unnecessary admissions at weekends, aligned to
- better data-sharing between health and social care, using individual's NHS numbers
- ensure a joint approach to assessments and care planning
- ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- include risk-sharing principles and contingency plans if targets are not met, including redeployment of the funding if local agreement is not reached
- agreement on the consequential impact of changes in the acute sector

## Better Care Plans

Better Care Plans are now being implemented across all local areas, and an implementation support programme is underway to help areas as they take their plans forward. The [NHS Five-Year Forward View](#) makes clear that the future of the Fund will be subject to evaluation of the current phase.

## Tackling loneliness

Local authorities are encouraged to ensure that their Better Care Fund plans include action to address loneliness and isolation, given the very clear links between loneliness and social isolation and A&E admission<sup>4</sup>, and the role that addressing loneliness and isolation can play as a form of “primary prevention” (as noted in a recent [Kings Fund](#) report looking at how to make the most of the Better Care Fund).<sup>5</sup>

Even where areas have not already prioritised reducing loneliness and social isolation, there is potential for an understanding of these issues to be built into the delivery of other programmes. The [Promising Approaches](#) report includes a range of examples of integrated care, and other health-related programmes, delivering savings to the NHS in reduced A&E visits, and also delivering improvements in quality of life for older people through improvements in social connections.

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<sup>4</sup>Molloy, G. J., McGee, H. M., O’Neill, D. and Conroy, R. M. (2010), Loneliness and Emergency and Planned Hospitalizations in a Community Sample of Older Adults. *Journal of the American Geriatrics Society*, 58: 1538–1541.

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<sup>5</sup>Bennett, L. and Humphries, R. 2014. Making best use of the Better Care Fund: Spending to save? Kings Fund: London <http://www.kingsfund.org.uk/publications/making-best-use-better-care-fund>