Better Care Fund (BCF) Support and Resources Pack for Integrated Care

December 2013

Note: This is a ‘live document’ that will be updated as and when more information or resources are made available to support local commissioners with BCF planning

Publications Gateway Reference 00940
To improve outcomes for the public, provide better value for money, and be more sustainable, health and social care services must work together to meet individuals’ needs. The Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. The NHS will make available a further £200 million in 2014-15 to accelerate this transformation.

Spending Review 2013, HMT
The Better Care Fund (BCF)

- Announced at Spending Round 2013
- £200m for Local Authorities (LAs) in 2014/15 (Section 256 of the NHS Act 2006)
- £3.8bn pooled budget in 2015/16 (Section 75 of the NHS Act 2006) for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities
- £1bn of £3.8bn ‘payment by performance’ in 2015/16
- Signed off by Health and Wellbeing Boards (HWBs)

Plans must deliver on national conditions:
- Protecting social care services;
- 7-day services to support discharge;
- Data sharing and the use of the NHS number;
- Joint assessments and accountable lead professional

Pay for Performance based on:
- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service-user experience
- Local metric

Links to earlier letters:
- Joint letter & draft template (Oct 2013)
BCF and the wider context

BCF and NHS & local government planning

• The BCF is integral to the NHS Strategic & Operational Planning process and local government planning.
• NHS England launched a Call to Action in July this year, which outlines the key national challenges facing the NHS over the next 10 years.
• Clinical Commissioning Groups (CCGs) are required to submit 5-year strategic, operational & financial plans, with the first two years at an operational level of detail.
• Timing for the BCF is aligned with the CCG 2-year operational plans:
  • Draft BCF plan due by 14 February 2014
  • Final BCF plan due by 4 April 2014
• The BCF is required at Health and Wellbeing Board (HWB) level.

BCF and wider integrated care agenda

• In May 2013 the national collaborative for integrated care and support published Integrated Care and Support: Our Shared Commitment.
• 14 localities were announced as integration health and care pioneers in November 2013. The pioneers will test local and national barriers that need to be addressed and act as exemplars from which lessons and experiences may be drawn for rapid dissemination, promotion and uptake across the country.
• This pack has been co-produced between NHS England and the LGA. The following slides aim to provide information, links or signposting to existing or forthcoming support and resources to support developing BCF plans. The selected topics are based on feedback we have had from local areas on what would be most helpful in developing plans.

• We plan to offer webinars on the BCF in general, and on specific topics related to integrated care and the BCF that local areas have indicated they would like further support on – see topic slides and slides 16-20 for how to register for the webinars.

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NWL have developed a draft populated BCF plan. The below diagram sets out the steps they took to how they approached planning:

1. **Persona**
   - Who are we focusing on: name, age, personal circumstances, capabilities and needs

2. **Vision**
   - 5 year vision
   - 2 year vision
   - 1 year vision
   - What is the vision for how that individual and the community, acute, primary and social care services that support them will change over 5, 2, 1 years?

3. **Outcomes**
   - 5 year
   - 2 year
   - 1 year
   - When that vision is delivered, what are the likely outcomes and what is our ambition in terms of key performance measures?

4. **Schemes**
   - How do current approaches and proposed changes map against the vision and outcomes, and what if any are the gaps?

5. **National Conditions**
   - How will these changes affect the 4 national conditions. What are the risks involved and how will we manage these?

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**LGA Integrated Care Toolkit**

Please see the [LGA toolkit tools](#) which may help with developing your BCF plan*

*Note that further products will be added to this webpage in January
Building a shared vision

Things you might want to consider

- Put patients and service users at the heart of your plan, using the National Voices and Think Local Act Personal’s ‘Narrative for Integrated Care’, along with other local work with patients and service users, to define what better more coordinated care would look like locally.
- Use existing joint plans such as your Pioneer bid, Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and other local documents.
- Use the latest evidence of what will make the biggest improvements to care and support across the health and care system.
- Describe the pattern and configuration of the changes over at least a five year period, building on existing local successes e.g. risk stratification, joint commissioning arrangements, reablement services and innovative reward and contracting arrangements.
- Get sign off from your HWB.

Narrative tools

1. National Voices and TLAP’s Narrative for Integrated Care
2. The LGA and NHS England Value Cases for integrated care
3. North West London example BCF plan and guide to completing the ITE
4. NWL ICP documents
5. PHE public health integration narrative

Analytical tools

1. Commissioning for Value Data Packs
2. The LGA Integrated Care Modelling tool
3. Outcomes benchmarking support packs: LA level
4. Any town health system (this will be available on the NHS England website in January)

Further Resources

1. POPPI
2. PANSI

Interactive Support

1. Webinar - We plan to run a webinar on this topic. See slide 20 for instructions on how to register your interest.
Patient, service user, and public engagement

Information gathering
- Data from current local/national survey programmes
- PALS/complaints and compliments
- NHS choices, Patient Opinion, Care Opinion, etc.
- Crowd sourcing activities, online surveys, etc.

Consultation and participation
- Develop systems/processes that allow communities to engage in accessible ways, for example: existing patient support and user forums, use of social media, press releases, community support/social groups, faith settings
- Clearly communicate opportunities to engage and how systems work
- Support the process with ‘fit for purpose’ information on process and how to comment on developments
- Provide appropriate developmental and administrative support to enable communities to be involved effectively in the whole process
- Plan for on-going meetings/activities to shape/assure the design/delivery plans
- Agreed feedback method for participants

Things you might want to consider

Interactive Support
1. Webinar - We plan to run a webinar on this topic. See slide 20 for instructions on how to register your interest.
2. Contact – For further information or if you have any queries, please contact jennifer.kenward@nhs.net / dawn.stobbs@nhs.net or Tom.Shakespeare@local.gov.uk

Case Studies
1. Dorset CCG, ‘My care, my way’
2. Cardiff Council joint commissioning strategy
3. Whitstable Medical Practice, community integrated healthcare

Examples and Tools
- Think Local Act Personal (TLAP), Making it Real, marking progress towards personalised, community based support
- NHS England, Transforming participation in health and care
- NHS Institute (resources now within NHS IQ website) Experience Based Design: using patient and staff experience to design better healthcare services
- National Voices and TLAP narrative on person-centred care and support
- King's Fund Experience Based Co-Design Toolkit
- Integrating personal budgets – myths and misconceptions
Implications on the acute sector and reconfiguration

Things you might want to consider

✓ The potential implications of better care fund plan and investments on shifts in activity and services in the acute sector.
✓ Have you made use of the most up-to-date evidence and information, locally and nationally, to model the savings and reinvestments for providers within your local health and care system?
✓ Have you engaged providers on the potential impact and the approaches and solutions to maximise the benefits and opportunities from improved integration? This could include both incumbent providers and potential entrants to the market.
✓ Where you are considering major service changes as a result of five year strategy plans and the better care fund, have you considered how you will build alignment and evidence across the local health system on the benefits of change – and align plans with the Government’s ‘four tests’?

Case Studies

1. Lincolnshire Sustainable Services Review
2. Mid-Nottinghamshire integrated Care Transformation Programme
3. Calderdale & Huddersfield Health and Social Care Strategic Review

Examples and Tools

- Shaping a Healthier Future
- The LGA Integrated Care Modelling tool
- Commissioning for Value datapacks
- Any town health system (due for publication in January)

Interactive Support

1. Webinar - We plan to run a webinar on this topic. See slide 20 for instructions on how to register your interest.
2. Contact – For further information or if you have any queries, please contact: ashley.moore1@nhs.net or tom.shakespeare@local.gov.uk or integration@monitor.gov.uk
Impact of the Care Bill

Summary

✓ The Bill contains provisions covering adult social care reform, care standards (and the government’s response to the Francis Inquiry), and health education and research.
✓ The June Spending Round announced £335 million for local authorities in 2015 to support this reform. The funding is to help councils can prepare for reforms to the system of social care funding, including the introduction of a cap on people’s care costs from April 2016, and a universal offer of deferred payment agreements from April 2015. This will mean that no-one will be forced to sell their home in their lifetime to pay for residential care.
✓ The £335 million covers:
  • £145 million for early assessments and reviews.
  • £110 million for deferred payment (cost of administering the loans and the loans themselves).
  • £20 million for capacity building including recruitment and training of staff.
  • £10 million for an information campaign.
  • £50 million for capital investment, including IT systems (which sits in the Better Care Fund).
✓ The Department for Health has also identified £130 million of other costs for 2015/16 relating to issues such as: putting carers on a par with users for assessment; implementing statutory Safeguarding Adults Boards; and setting national eligibility. The Department’s position is that the Spending Round allocated funding to cover these costs as part of the Better Care Fund.

Interactive Support

Contact – For further information or if you have any queries, please contact Matthew.Hibberd@local.gov.uk

Examples and Tools

1. Care and Support Reform – Implementation toolkit
2. Summary of the Care Bill
Data-sharing for integrated care

Things you might want to consider

**Information governance**
- Suitable controls in all systems to ensure access is controlled and privacy maintained
- Identified strategy to capture consent for data sharing
- Established data sharing agreements outlining purpose and controls for sharing

**NHS Number**
- All services able to use the NHS Number as a primary identifier
- Demographics maintained and synchronised with national demographics service

**Open APIs and Open Standards**
- Allow information to be exchanged between systems through open standard interfaces (supported by open APIs where appropriate)
- National standards and services used wherever possible
- Regional agreements in place to define the approach for locating information and managing changes to ensure it is kept up-to-date

- Single ICT platform
- Online, remote access
- Clinical / non-clinical access
- ‘Master’ health record
- Real-time data updates
- Risk stratification approach
- Encourage patient ownership of data as well as partners
- Build in time for bedding in new data sharing

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**Case Studies**

- **Isle of Wight**: Uses web based portal to facilitate delivery of integrated care virtually, and trialling a handheld “Patient Passport” data card.
- **Northamptonshire**: GP-Acute integrated system acting as master medical record for frail elderly patients, with input from other health and social care partners.
- **North West London**: Single IT platform linking and sharing provider information, allowing visibility of key integrated data sets for consenting patients.

**Interactive Support**

1. **Webinar** - We plan to run a webinar on this topic. See slide 20 for instructions on how to register your interest.
2. **Contact** – For further information or if you have any queries, please contact: England.Information-Governance@nhs.net

**Further Resources**

- Monitor’s FAQs on integrated care
- Integrating personal budgets – myths and misconceptions (in particular see pages 34-37)
- NHS England IG Bulletin
- Go with the flow (improving flow of patient data)
- Costs and benefits of health information technology: an updated systematic review
- IT systems – an overlooked cog in the integration machine?
Joint Financing Arrangements (1)

What is a S75 pooled budget?

- **Section 75 of the NHS Act 2006** allows partners (NHS bodies – commissioners and providers (with commissioner consent) – and councils) to make contributions to a common fund to be spent on pooled functions or agreed NHS or health-related council services, managed by a host partner – either the council or CCG.
- S75 also allows for lead commissioning and integrated management/provision (any of the 3 flexibilities can be combined)
- Pooled funds enable flexibility because expenditure is based on users’ needs rather than the contributions of individual partners
- Delegated functions, as set out in the Act, are the statutory powers/duties of one partner that can be delivered by another (subject to agreed terms of delegation) to better meet shared objectives, e.g. NHS bodies providing residential care and welfare services for those with disabilities.
- While some partners see them as too technical & burdensome, others are in favour of the transparency & legitimacy they offer.

What do partners need to do to make pooled budgets work effectively?

- Partners must sign a joint funding agreement before starting the pool
- One agreement can cover multiple pools, but commissioners and providers should sign separate agreements where S75 agreements contain commissioning and providing arrangements
- Pooled budgets must be soundly based and follow the appropriate accounting arrangements, complying with up to date guidance, such as the Manual for Accounts 2013-14 (para 4.66 & Annex 1) and the CIPFA accounting code. IAS 31 Interests in Joint Ventures remains valid for 2013/14 and will be replaced by IFRS 11 Joint Arrangements from 2014/15:
  - Accounting and audit – the host partner is responsible for the accounts, although pooled budget notes to the annual accounts, and the audit requirement, are no longer mandatory (consider materiality)
  - Partnerships can not be designed to avoid tax – the host partner’s VAT regime applies; VAT recovery is not permitted when a council delegates its functions and budgets to an NHS body; councils can recoup all VAT payments incurred in undertaking an NHS body’s functions and budgets

What is a S256 payment transfer?

- Under **Section 256 of the NHS Act 2006**, CCGs can make payments (service revenue or capital contributions) to the LA to support specific additional LA services, e.g. where older people require a greater level of care in the community.
- Table 1 in Clarifying joint financing arrangements contains further information about how this can and cannot be used, including key criteria, e.g. it does not constitute a delegation of health functions to the LA and must show a more efficient use of resources.
- **S76** is the equivalent for LA transfers to health bodies
### Joint Financing Arrangements (2)

### Things you might want to consider

- Is the right joint financing arrangement in place for the service’s needs?
- Is a signed, robust joint funding agreement in place?
- Have outcomes been agreed, and arrangements put in place to regularly measure and monitor them?
- Has the S75 agreement been reviewed/evaluated by the partners within the time set in the agreement?
- Have the accounting/audit arrangements been followed according to the available guidance?

### Case Studies

- Pooled budgets and integrated teams for Swindon’s children’s services
- *Means to an end*

### Examples and Tools

- Commissioning Support Programme guidance* on drafting S75 agreements (also see Table 1 on page 28 for the areas that should be included and why)

### Further Resources

1. [NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000](#)
2. [Clarifying joint financing arrangements](#), Audit Commission, 2008*
3. [Pooled Budgets: A Practical Guide for Councils and the National Health Service](#), CIPFA, 2009*

*While previous reports refer to PCTs, the lessons learned remain relevant for CCGs*
Contracting and Procurement

We know that many local commissioners are exploring the use of innovative contracting models, such as prime provider, integrated pathway hubs & alliance contracting. The NHS Standard Contract for 2014/15 will enable commissioners to make use of some of these models:

- Both the prime provider and the IPH models can be used with the NHS Standard Contract, and we have specifically strengthened the provisions in the Contract around sub-contracting for 2014/15, so that they better support these models.
- Some forms of alliance contract are not currently compatible with the NHS Standard Contract, specifically where multiple providers are signatories to the same contract with the commissioner(s).
- We will continue to review whether there is a case for changing the Standard Contract to enable use for multi-provider contracts of this kind.

Interactive Support

1. **Contact** - Any commissioners who are keen to discuss an alliance contracting approach, or other forms of innovative contracting, are encouraged to contact the NHS Standard Contract Team for a discussion, via nhscb.contractshelp@nhs.net

2. **Contact** – for any queries relating to procurement, and choice & competition, and application of the regulations contact cooperationandcompetition@monitor.gov.uk

Further Resources

- Monitor’s guidance on the Procurement, Patient Choice and Competition Regulations
Pricing and Incentives

The 2014/15 National Tariff Payment System gives commissioners and providers greater freedom to experiment with payment approaches to support new models of care. In particular, local variations can be used to agree adjustments to national currencies or prices as long as three principles are adhered to:

1. Local payment approaches must be in patients’ best interests
2. They must be transparent; and
3. Providers and commissioners must engage constructively with each other when trying to agree local payment approaches.

Newly introduced flexibility in the application of CQUIN and contract sanctions as well as flexibility regarding contract durations will also support the delivery of integrated care.

Interactive Support

1. **Webinar** - We plan to run a webinar on this topic on. See slide 20 for instructions on how to register your interest.
2. **Contact** – For further information or if you have any queries, please contact
   - Bruno.Desormiere@Monitor.gov.uk
   - david.wilcox@nhs.net

Further Resources

- [2014/15 National Tariff Payment System](#)
- [Monitor’s pricing section on website](#)
- [Enabling Integrated Care](#)
- [Integrated Care FAQs](#)
- [2014/15 CQUIN guidance - Dec. 2013](#)
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<th>Time</th>
<th>Lead by</th>
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| 6th January| 11:15-12:15| Andrew Webster (LGA) & Anthony Kealy (NHS England) | Meeting Number: 847 878 923  
Meeting Password: 1000  
To join the online meeting (Now from mobile devices!)  
1. Go to https://n3-nhsengland.webex.com/n3-nhsengland/j.php?ED=235972562&UID=1653311832&PW=NNWZkNDFjNWNk&RT=MiMyMA%3D%3D  
2. If requested, enter your name and email address.  
3. If a password is required, enter the meeting password: 1000  
4. Click "Join".  
5. Follow the instructions that appear on your screen.  
To join the teleconference only  
Call-in toll-free number: +44-800-9171950 (United Kingdom)  
Attendee access code: 724 819 02  
For assistance  
1. Go to https://n3-nhsengland.webex.com/n3-nhsengland/mc  
2. On the left navigation bar, click "Support". |
BCF planning webinar 2 (6 January PM)

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Meeting Password: 1000  
To join the online meeting (Now from mobile devices!)  
1. Go to https://n3-nhsengland.webex.com/n3-nhsengland/j.php?ED=236150942&UID=1654020562&PW=NMTYxYzAwY2I5&RT=MiMyMA%3D%3D  
2. If requested, enter your name and email address.  
3. If a password is required, enter the meeting password: 1000  
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To join the teleconference only  
Call-in toll-free number: +44-800-9171950 (United Kingdom)  
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| 9th January| 15:00-16:00| Andrew Webster (LGA) & Ivan Ellul / Anthony Kealy (NHS England) | Meeting Number: 849 234 470  
Meeting Password: 1000  
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1. Go to [https://n3-nhsengland.webex.com/n3-nhsengland/j.php?ED=236151067&UID=1654021992&PW=NNmM1ZTNlYjA4&RT=MlMyMA%3D%3D](https://n3-nhsengland.webex.com/n3-nhsengland/j.php?ED=236151067&UID=1654021992&PW=NNmM1ZTNlYjA4&RT=MlMyMA%3D%3D)  
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| 17th January | 15:00-16:00 | Andrew Webster (LGA) & Ivan Ellul / Anthony Kealy (NHS England) | Meeting Number: 849 567 616  
Meeting Password: 1000  
To join the online meeting (Now from mobile devices!)  
1. Go to [https://n3-nhsengland.webex.com/n3-nhsengland/j.php?ED=236151567&UID=1654023727&PW=NZTYwNWM3ZjIx&RT=MlMxMA%3D%3D](https://n3-nhsengland.webex.com/n3-nhsengland/j.php?ED=236151567&UID=1654023727&PW=NZTYwNWM3ZjIx&RT=MlMxMA%3D%3D)  
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2. On the left navigation bar, click "Support". |
Please register your interest for specific webinar topics

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<td>How to complete BCF planning template – ask NWL</td>
<td>LGA, NHS England and NWL</td>
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<td>LGA and NHS England</td>
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If you would like to register your interest for any of the above webinars, please email england.nhsevents@nhs.net
### General integrated care resources

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<th>Short description</th>
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<tbody>
<tr>
<td>NHS Institute integration portal</td>
<td>Resources around supporting integrated care and integrated commissioning – although the NHS Institute has been closed down there are still valuable resources on this portal.</td>
</tr>
<tr>
<td>King’s Fund integration portal</td>
<td>Portal of resources on the widespread adoption of integrated care to meet the needs of frail older people and others with complex health and social care needs.</td>
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<tr>
<td>ICASE</td>
<td>Integrated Care and Support Exchange (ICASE) is a national resource bringing together practical expertise from national partners, pioneers and the wider health and care system in order to spread and disseminate learning so that integrated care and support becomes the norm rather than the exception.</td>
</tr>
<tr>
<td>LGA Integrated Care: support page</td>
<td>This webpage contains information and links to specific tools and resources as part of the Integrated Care Value Case Toolkit.</td>
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<tr>
<td>NHS Change Model</td>
<td>The NHS Change Model has been created to support the NHS to adopt a shared approach to leading change and transformation. This portal brings together all resources associated with that model.</td>
</tr>
<tr>
<td>Personal health budgets across health and care</td>
<td>This website provides information and news about the personal health budgets policy being rolled out nationally in the NHS; and is home to a learning network for NHS and social care professionals involved in personal health budgets.</td>
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<tr>
<td>Care and support reform implementation</td>
<td>The LGA are working with partners to support local areas in implementation of the care and support reforms in the context of the other changes and challenges for local health and care systems, including the BCF. This webpage contains information and resources to support this.</td>
</tr>
<tr>
<td>Monitor’s Integrated Care FAQs</td>
<td>FAQs to assist commissioners, providers and health and wellbeing boards to comply with their obligations relating to integrated care and to explain the relationship between these obligations and the other rules that Monitor enforces.</td>
</tr>
</tbody>
</table>
Key contacts

If you have any further queries you can get in touch via the below methods:

1. NHS England: Anthony.Kealy@nhs.net or LGA: Tom.Shakespeare@local.gov.uk
2. Post a question to the NHS England BCF planning page

Please also feel free to post questions and share learning at a local level on ICASE