

partners understand and address the blocks and drivers to integration. There has also been a focus on redesigning systems and services to invest more to prevent or intervene before health and social care needs escalate. The CHIP provides a suite of diagnosis, guidance, tools, and resources and stresses the importance of leadership. It is recognised that integration presents particularly difficult challenges of accountability, integrated commissioning, and shifting investment on to preventative and community-based provision (Local Government Association, 2015, p. 6). The LGA states it will work with new care pilots and test integrated models and share lessons. During 2015–16 LGA advisers engaged directly with over 70 per cent of councils (Local Government Association, 2016d).

Better Care Fund

The government commitment to developing integration in England as a priority did require financial support and upfront investment. The Better Care Fund (BCF) was created in the 2013 Spending Round, described as an integration transformation fund (Bennett and Humphries, 2014). The fund of £3.8 billion was a single pooled budget for health and social care to work more closely together. This pooling did not draw on new or additional money, but half came from CCG allocations in addition to funds from NHS money transferred to social care, plus carers' breaks funds, reablement funds and capital grant funds. It was clear that the introduction of the BCF meant a substantial shift of activity and resources from hospitals to the community (Bennett and Humphries, 2014, p. 1). It was the government's aim that the BCF would be an enduring part of the health and care system. Taking money for the BCF from NHS services was seen widely as putting additional pressures on health provision even though overall financial savings were envisaged. An original intention was that the budget would be used to support adult social care services that have a health benefit. The implementation of the BCF would bring together health and social care and would be a locally led initiative but with national oversight by departments (National Audit Office, 2014).

The BCF was to be spent on a plan agreed between the local authorities and the CCGs, signed off by both parties and the local HWBs. Guidance was given on the details required including: data sharing between health and social care; joint approaches to assessments and care planning, public and user involvement, and agreement on the impact on acute services (Bennett and Humphries, 2014, p. 2). Also prescribed were indicators for measuring performance and an incentive pay-for-performance part of the BCF was introduced. The BCF was to commence in 2015 and all 151 HWBs submitted valid plans. Some local councils and CCGs chose to commit an extra £1.7 billion of their planned spending on adult social care and out-of-hospital services to the pooled fund. Operating in a still challenging financial environment in May 2014 NHS England concluded that the estimate of gains was over-optimistic and would not make the expected £1 billion savings for the NHS (NAO, 2014, p. 8). The National Audit Office also concluded that the quality of the early planning and preparations did not appear to match the scale of ambition. Alterations to the scheme followed, and