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GROUP ON ADULT
SOCIAL CARE

Maximising the impact of the Better Care Fund amid rising winter pressures

A roundtable discussion with Sojan Joseph MP,
Chair of the All-Party Parliamentary Group on Adult Social Care,
and key decision-makers presiding over the Better Care Fund in North London



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Sojan Joseph MP, Chair, APPG on Adult Social Care



Foreword

Having spent more than two decades working in the NHS, I know all too well the transformative impact that well-coordinated care can bring to patients and families. I have also seen, however, the very real pressures faced by hospitals, healthcare professionals and patients alike when the system does not join up around them. That is why the Better Care Fund matters.

It was a privilege to chair this roundtable, bringing together colleagues from Integrated Care Boards (ICBs), local government, and the independent care sector to ask the key question: how can the Better Care Fund be used to its fullest potential – delivering better outcomes for people while supporting a more sustainable health and care system?

The discussion made clear that at its best, the Better Care Fund is a powerful engine for integration – building trust between partners, enabling joint planning, helping people stay well, supporting timely hospital discharge, and promoting independence at home. Yet, as many around the table emphasised, short funding cycles, compressed planning timetables, and fragmented processes too often push services into reactive, winter-focused measures rather than enabling the sustained prevention and community support that deliver better outcomes.

I strongly support the NHS 10 Year Health Plan – the government’s blueprint to shift care from hospital to community, from analogue to digital, and from sickness to prevention. This reflects the priorities raised in our discussion: neighbourhood-level integrated teams, smarter use of data and digital tools, and a relentless focus on timely discharge and independence. The Better Care Fund is a core pillar of this approach.

From this discussion I will take three clear priorities back into my work with the APPG. First, the need for multi-year certainty so that BCF investment can be properly planned, sustained, and embedded in practice. Second, closer alignment with the ambitions of the 10 Year Health Plan, with outcomes measured in independence and dignity rather than activity alone. And third, stronger backing for innovation, giving space and resource to new approaches, such as *Home to Decide*, to improve care, offer greater patient choice, and deliver better value.

My thanks to every participant for their candour and practical ideas. Conversations like these are how we turn good practice into policy, and local experience into national action – in the interests of the health service, patients, and the wider public.

Sojan Joseph MP
Chair
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Attendees



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Introduction

About the Better Care Fund

The Better Care Fund (BCF) is the Government's primary vehicle for driving integration across health, social care and housing. Its purpose is to shift the focus from reactive, hospital-based treatment towards prevention, independence, and more joined-up care for people with complex needs.



Its core objectives are:

- To **support the shift from sickness to prevention**, including proactive and co-ordinated support for people with complex needs, better use of technology and home adaptations, and support for unpaid carers.
- To **enable people to live independently and support the shift from hospital to home**, preventing avoidable admissions, improving timely discharge, supporting recovery at home, and reducing long-term reliance on residential care.

The BCF combines mandatory contributions from Integrated Care Boards, the Local Authority Better Care Grant, and the Disabled Facilities Grant. In 2025-26, its minimum income stands at £8.97 billion. Additional contributions from ICBs and local authorities increase the budget by a significant percentage each year. In 2024/25, additional income totaled £2.7 billion.

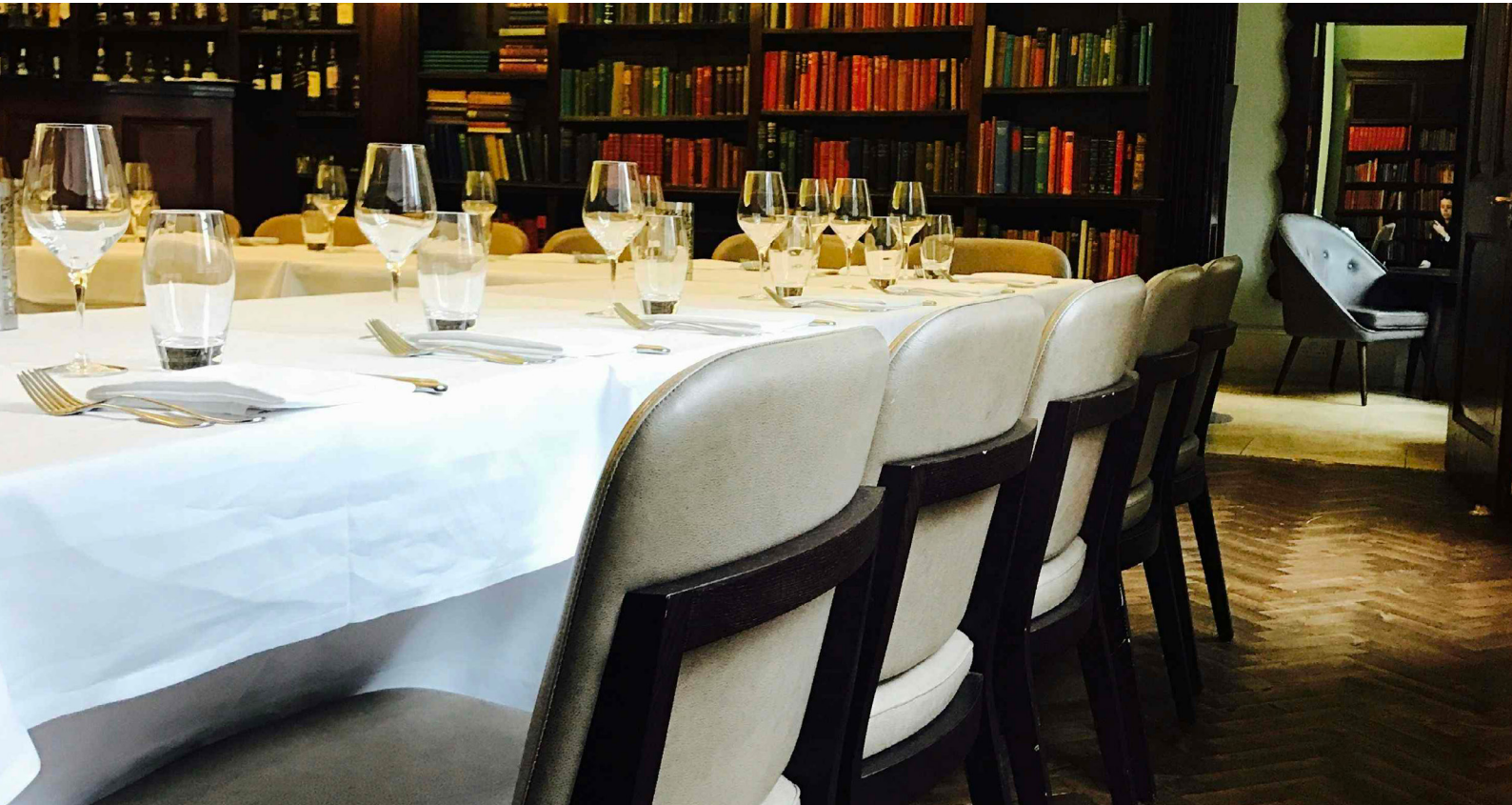
Roundtable: Maximising the impact of the Better Care Fund amid rising winter pressures

Sojan Joseph MP, in his capacity as Chair of the APPG on Adult Social Care, this month hosted a Westminster roundtable that convened senior leaders from local authorities, Integrated Care Boards, and independent providers, to discuss how to **maximise the impact of the Better Care Fund amid rising winter pressures on the NHS and social care.**

The event provided a valuable forum to examine shared challenges, and showcase forward-thinking solutions, to enhance the delivery of the Better Care Fund – particularly in the context of pressures across the NHS, the complexity of hospital discharge pathways, and growing demands on the wider care sector.

Across the table there was clear positivity towards the BCF. Participants praised it as an “amazing vehicle for integration”, an “invaluable mechanism” for building trust and partnerships, a “powerful framework” with “real potential”, and a programme that has already “transformed how local authorities and the NHS work together towards a common goal”.

At the same time, though, participants were clear that there is room for improvement. The most frequently-discussed concerns related to the structure and planning of the BCF – particularly the challenges created by one-year funding and commissioning cycles. Attendees also raised challenges with cross-system collaboration, opportunities for innovation and preventative investment, and the need to ensure that patient experience remains at the heart of decision-making.



Challenges

Funding and Budget Cycles

The Better Care Fund's reliance on one-year funding cycles was repeatedly identified by attendees as a barrier to improvement. Several were clear that these short-term settlements made it "very difficult to plan effectively."

Though a two-year cycle was operated between 2023 and 2025 – which was deemed "welcome" and a "step in the right direction" by attendees, the Better Care Fund has since returned to a one-year arrangement for 2025/26, reintroduced uncertainty.

One ICB representative said the difficulties with BCF budgeting reflected a "generic issue" across the health service, where there is a "tendency to plan on an annual basis." Challenges around planning effectively in the short term are then "exacerbated", they continued, by the delayed publication of BCF policy and planning guidance for ICBs and local authorities to follow.

Uncertainty around the longevity of funding – and delayed delivery of guidance – "undermines" the delivery and opportunity of the Better Care Fund, one attendee added, particularly because its current operating model "doesn't align to either local authority or NHS broader planning processes."

The consequences are particularly acute during winter – when demand on health services significantly increases. As one ICB lead told us, as a result of the delay in guidance and funding, the "bulk of the [BCF] money ends up being spent temporarily in winter, because you can't set everything up in advance." While meeting immediate needs, this structure "doesn't help with long-term sustainability".

Given the short lead time to submit and approve BCF plans after the policy and planning frameworks are published, funding often is provided just a short time before delivery.

"Funding arrives so close to the time you need it that you're just keeping a lid on service provision", one local authority BCF lead said. Worse still, this funding often fails to account for additional cost pressures over time, for example increased provider wage costs, which start to take increasingly "bigger chunks out of the budget." With shrinking breathing room, one attendee warned, "you just maintain the status quo and begin to lose capacity and innovation. You have to cut back somewhere, and that creates problems."

Several local authority representatives agreed that when budgetary pressures come, prevention investment is often first to suffer. "That makes it really difficult", one added, "because instead of tackling the underlying causes we end up being very reactive. We pay a premium to set something up short-term, but we're not addressing what's driving the demand in the first place."

One ICB representative told the roundtable that, while the BCF has done a lot to "give the capacity needed to support discharge and help people move out of hospital", it has done less to "drive real transformation". That failure is in part a result, they argue, of the annual funding cycle, which restricts future-oriented investment.

"[While] the BCF has done a lot to give the capacity needed to support discharge and help people move out of hospital, [it has done less to] drive real transformation."

– ICB Representative

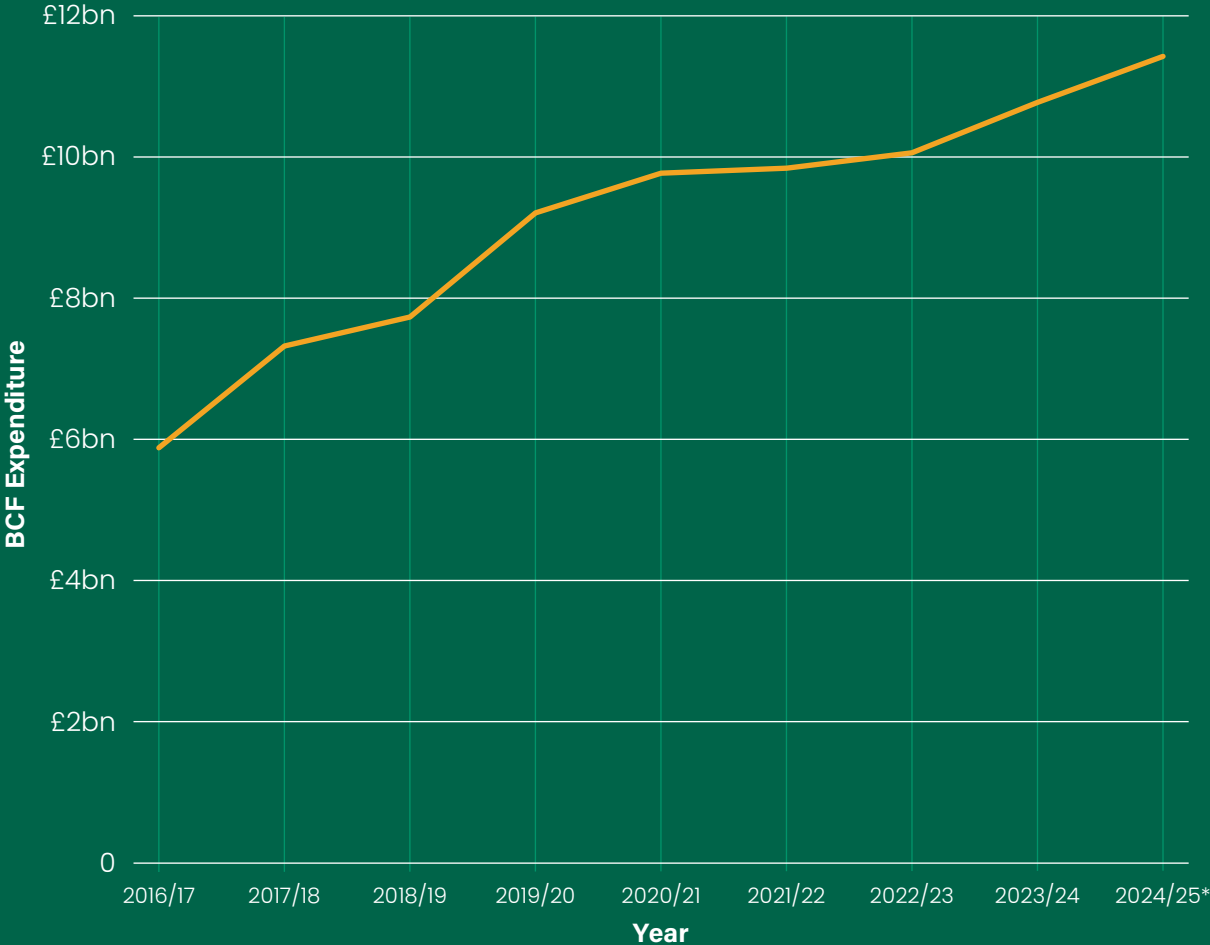
The challenges facing the Better Care Fund’s budgeting are also having implications for independent providers from which local authorities commission services. One representative at the table was candid about its impact.

“Providers are ready to deliver creative solutions. But if they don’t know how much funding they’ll have, or how long they are able to provide services for, they can only act in short periods - maybe three months - which isn’t sustainable.”

This uncertainty, they argued, meant opportunities for better value and better services are lost. “If there was a longer-term, better-planned collaboration between the independent and public sectors, we’d get better value for money. Right now, the uncertainty makes planning difficult.”

Better Care Fund Total Expenditure – 2016/17 – 2024/25

Source: NHS



*Planned expenditure

ICB and Local Authority Collaboration

Part of the challenge for independent providers is, as one attendee put it, not having a comprehensive picture of how integration between local authorities and ICBs work at a practical level when it comes to BCF delivery.

Attendees from both bodies said that there were some positives and negatives.

One local authority Better Care Fund lead said that while “some aspects of integration had worked really well”, there are other areas in which it “feels like the ICB is marking our homework with a different agenda that we don’t understand”. This lack of understanding has negative ramifications for communication between both.

Patient Experience

There were some questions as to whether the BCF system’s focus on reporting and metrics were taking appropriate consideration of individual patient experience. “Are we focusing only on budgets or KPIs, or are we making sure the patient journey is actually at the centre?”, one local authority attendee asked.

Another felt frustrated that much of the reporting is about numbers, “How many people did you put in?” There was, they felt, a lack of emphasis laid on patient satisfaction. Another agreed – suggesting that more should be asked about whether or not a certain avenue was the “right thing” for individual patients.

“What matters most is the patient journey. Are we ensuring people are cared for in the right place at the right time, with dignity? That should be at the heart of the system”, one attendee argued – to wide agreement.

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– Local Authority Representative



Improvement

Planning and Funding

Despite its challenges, attendees were clear that the Better Care Fund is an “amazing vehicle for integration”, and had a “huge opportunity” to drive long term improvements in patient outcomes.

Naturally, extending the length of the BCF’s planning cycles emerged as a priority solution. One attendee said this would be “critical” in maximising the Fund’s impact in practice, with ring-fencing funding for at least two or three years seen as the most practical option. Longer horizons would allow for more considered commissioning, securing better value and more sustainable services, while also reducing the tendency to spend reactively in winter and protecting the preventative investment that is usually the first to be cut under annual budget pressures.

To address rising costs, another participant suggested that a guaranteed uplift to the BCF’s budget annually - of around five per cent - would make a big difference. This, they argued, would create the “breathing room to innovate”, and ensure that improvements to service provision could be “carried forward” over time.

Independent providers also emphasised that longer planning horizons would allow them to deliver higher-quality services and better value for money.

Several argued for carving out protected space within the BCF specifically for innovation, so that new approaches could be developed and embedded rather than lost when short-term funding expires.

“A five per cent annual funding uplift would create breathing room to innovate... [allowing improvements] to be carried forward over time.”

- Local Authority Representative



Investing in Prevention

Participants were clear that there was space for the Better Care Fund to align more clearly with the key priorities of the NHS' 10 Year Plan – shifting from the hospital to the community, and from sickness to prevention. Sojan Joseph MP reinforced this point, stressing that a key part of the government's agenda for NHS reform is to challenge the traditional mindset that "everything happens in the hospital".

One local authority lead was clear that more emphasis should be placed on prevention. With the launch of the 10 Year Plan, they argued, "There's now a real opportunity to revisit the BCF, and have it focus on admission avoidance and prevention. It shouldn't just be seen as a way to manage persistent problems, but also as a means of investment that supports the shift from sickness to prevention."

They pointed to practical examples, such as using the BCF to invest in services and equipment that help people remain at home rather than entering hospital, alongside opportunities to fund new digital care solutions.

A senior ICB representative concurred, and widened the argument. "It's not necessarily just about the BCF finding new things it can do to keep people out of hospitals – it's about aligning its ambition with the wider strategic direction of the 10 Year Plan." They offered neighbourhood working as one example: "If neighborhood working is the driver for integrated care at the local population level to help people stay well and out of hospital, how can the Better Care Fund support and enable that?"

Another participant argued for protecting the investment needed to make this shift sustainable. They noted that much preventative work is currently funded through the public health grant, but warned that increasing pressure on local authority budgets risks diverting this money into immediate statutory demands.

Unless there's a clear ringfence, prevention spending will always be eroded by short-term pressures," they cautioned. Without safeguarding these resources, they added, the BCF's ambition to move from sickness to prevention will struggle to be realised in practice.

"The Better Care Fund shouldn't just be seen as a way to manage persistent problems, but also as a means of investment that supports the shift from sickness to prevention."

– Local Authority Representative



Digital Opportunities

The opportunities offered by technology were also discussed. Several attendees agreed that there was much “untapped” potential in the space – including Sojan Joseph MP, who said that maximising the use of digitalisation in shifting care into the community will be a key driver of achieving better outcomes for patients – both in prevention and in treatment.

“In my local hospitals in Ashford”, he continued, “the number of virtual wards are growing – and are proving highly effective in keeping people safe in their own homes.”

A local authority representative described piloting non-intrusive monitoring equipment that tracks daily patterns, such as when a kettle is used or sleep activity, and shares the data with families and care staff. This technology – and others similar – “provides assurance to families,” they explained, “and builds confidence that patients can live independently”, particularly when there is debate between families and clinicians as to whether a patient can return home safely.

Independent provider voices shared similar stories of the simple but effective means by which to employ digital and technology – but that can have a real difference for individuals. “Simple solutions like lights that activate when someone gets out of bed can have a huge impact,” one attendee said. In a home care model, they continued, these things “help people regain independence, restore confidence, and reduce reliance on care homes.”

“Everyday consumer tech is underused in care”, one local authority representative argued. “Things like Ring doorbells, or smartwatches that prompt movement, are low-cost, familiar tools that really help people remain independent.” Incorporating these more widely into health planning and investment, they continued, would have “huge benefits” for individuals.

Another local authority representative offered up digital access systems, like one-time entry codes for carers, as an important and accessible means of providing reassurance for families and accountability in care visits. “It’s about using technology to improve transparency and trust in care delivery.”

“Everyday technology is underused in care... but can have huge benefits for individuals.”

– Local Authority Representative



Innovative Approaches

Attendees also shared personal anecdotes of their own initiatives that are attempting to drive up standards and improve the practical delivery of the Better Care Fund.

An attendee from one local authority revealed that they had implemented new “seasonal summits”, in which – on a quarterly basis – representatives from all branches of the local integrated care system (ICS) gather to discuss challenges, share best practice, and review outcomes collectively. It’s used as a forum to plan collectively and build accountability across the system.

“It’s a very strong, open, transparent conversation”, they added. “Of course – the challenges remain, but we are now more aware of each other’s challenges, and can collectively work towards solutions. It’s getting better each year.”

“Having that platform for planning conversation is a really good idea”, a fellow local authority participant added.

One home care provider in attendance also shared their own novel approach to tackling costly hospital delays and rushed care decisions. This model is called Home to Decide. Instead of discharging elderly patients straight into residential care from hospitals, the service offers up to 14 days of intensive support at home, beginning with 24/7 care and gradually stepping down as needs are assessed. By day five, a full review is completed, giving individuals, families and professionals the chance to properly consider the best long-term option.

In one local authority partnership, they explained, 65 per cent of people were able to remain at home, while in an NHS Trust pilot, every patient on the pathway was deemed safe to stay at home. Crucially, the model matches the cost of a hospital bed for the length of service.

“We want the system to give people time and space to make the right decision – not just the fastest one”, the participant explained. “Innovation in care can deliver better outcomes – and without added cost. That’s what we want to encourage.”

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**– Ann Taylor,
Hilton Nursing Partners**



Conclusion

The roundtable reinforced that the Better Care Fund is widely regarded as a powerful enabler of integration across health and social care. Participants were clear, however, that there are opportunities to build on this foundation and enhance its impact.

Extending the planning cycle would allow systems to plan more effectively, sustain innovation, and invest more confidently in prevention. Ensuring guidance and policy are delivered promptly ahead of time would do the same. Protecting resources for preventative work, and aligning the Fund more closely with the ambitions of the NHS 10 Year Plan, would help shift the balance of care from hospital to community. Expanding the use of digital solutions was also highlighted as a practical way to improve independence, transparency, and patient outcomes.

Taken together, these insights point towards a Better Care Fund that not only responds to seasonal pressures, but supports longer-term transformation - delivering more joined-up, preventative and person-centred care.





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