ALL PARTY PARLIAMENTARY GROUP ON ADULT SOCIAL CARE

Maximising the impact of the Better Care Fund

A roundtable discussion with Helen Maguire MP, Liberal Democrat Spokesperson for Primary Care and Cancer, and key decision-makers presiding over the Better Care Fund in Surrey, Sussex, and South London.

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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 increases the budget by a significant percentage each year. In 2024/25, additional income totaled £2.7 billion.

This year, the government's NHS 10 Year Health Plan pledged reform to the Better Care Fund, focused on "providing consistent, joint funding to those services which are essential to deliver in a fully integrated way, such as discharge, intermediate care, rehabilitation and reablement." The reformed Fund is set for implementation in the 2026-27 financial year.

Roundtable: Maximising the impact of the Better Care Fund in the South East

The Better Care Fund sits at the centre of the government's ambition to more effectively join up health and social care. But as pressures grow on urgent and emergency care and hospital discharge, as the NHS undergoes significant restructuring, and as the challenges of an ageing population loom large, the ability of the Fund to deliver on this ambition is coming under closer scrutiny.

In October 2025, Helen Maguire MP, Liberal Democrat Spokesperson for Primary Care and Cancer, convened a Parliamentary roundtable with senior leaders from Integrated Care Boards, local authorities, and independent providers across the South East of England, for a discussion focused on how the BCF can better deliver on its founding promise - to drive genuine integration and improve outcomes for people and communities.

Participants representing South London, Surrey, and Sussex praised the Fund's intent and the collaborative spirit it fosters. Yet there was a shared view that its potential is being constrained - by bureaucracy, short-term planning cycles, counter-intuitive metrics and frequent shifts in national guidance. The group explored whether the BCF, as currently structured, still provides the flexibility, clarity, and long-term vision needed to enable real transformation.

While participants expressed frustration at the challenges that BCF delivery faces, there was a shared conviction that its founding purpose - to enable genuine integration between health and social care - remains vital. The discussion pointed to a clear appetite for reform: longer-term planning, more meaningful metrics, and greater openness to local flexibility and innovation.

1. Reflections

The discussion opened with a shared concern that the Better Care Fund's original intent has become obscured. While participants valued its principles, many felt it had drifted from being an effective, agile vehicle for integration between health and social care toward a bureaucratic process, stuck in a rigid framework that limits innovation. The implications of this are becoming particularly apparent as pressures grow on primary and social care services due to demographic changes.

"At the moment, the BCF, while built on good intentions, often just becomes an envelope we continue to do the same things within. It doesn't give us that enabling, permissive environment to do something radical and local", one ICB representative told attendees, opening the discussion.

There was a collective feeling that the Better Care Fund had, for a variety of reasons, lost clarity of purpose. "Honestly, I'm not sure I could say, hand on heart, what the Better Care Fund is currently meant to achieve", said one attendee working across both local authorities and ICBs. "When it started, it had a clear focus. We need to go back to being really clear about what this policy is meant to achieve."

A lack of definition around the BCF's priorities was affirmed as causing some confusion as to its long-term aims. "Because it's so big, with multiple versions of what it should be, it needs clarifying," said one local authority figure. "If it shouldn't be used for certain purposes, fine - tell us - but where will that be funded from? And how do we move money into the right places?"

One attendee argued that - while top down dictation over the BCF's intentions was a reasonable expectation, its practical use on the ground had to be under the control of those on the frontlines. "You can give us the priorities - fine. But let us, the experts who have worked in this for a long time, build what meets the needs of our population."

Another added: "You have to take Better Care Fund decision-making out of the hands of people who don't know, and give it to the people who do."

In this context, Helen Maguire MP challenged attendees to consider whether the Fund, in its current form, was still fit for purpose - or whether it should be scrapped altogether and replaced by separate entities. Views were somewhat divided.

> **"You have to take the Better Care Fund out of the hands of people that don't know, and put it in the hands of people that do."**
>
> **- Local Authority Representative**

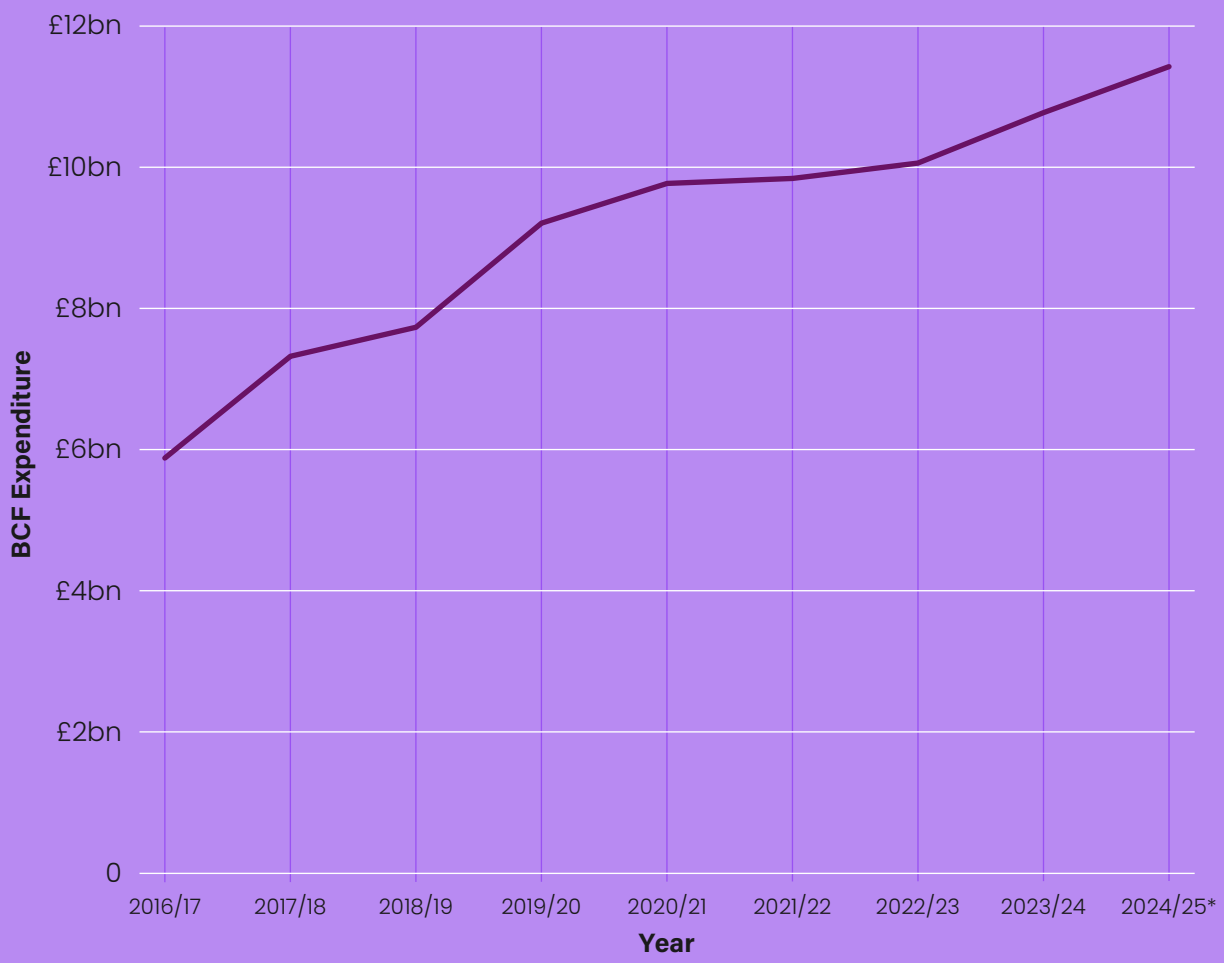
Some believed the BCF's founding principle remained vital, even if its mechanisms have faltered. "I think the principle of finding a way to integrate health and social care budgets is really important — but I don't think the Better Care Fund has done that," said one attendee.

Others warned that abolishing it could unravel hard-won collaboration. "There's something essential about making sure significant money is invested in a joint space - health and care. If we removed that, I worry many councils and ICBs would divorce."

One local authority director cautioned against losing what protection the Fund offers. "Having a ring-fenced pot for social care via the NHS helps - it means it can't be used for something else", they explained. "That protects social care and the resource for hospital discharge and integrated neighbourhoods. So don't scrap everything."

"[The Better Care Fund] should be an enabler, not an end in itself," added a local authority representative.

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



*Planned expenditure

2. Planning and Guidance

Few topics generated as much frustration as the planning and guidance that underpin the funding and delivery of the Better Care Fund. Attendees pointed to short-term funding cycles, narrow planning windows, shifting guidance, and cumbersome bureaucracy as major barriers to effective use and delivery - hindering both immediate responsiveness and long-term transformation.

"The BCF is quite broken when it comes to helping us adapt quickly or plan effectively", one attendee said, while another said the bureaucracy around the BCF - though "sometimes an enabler" - was "very frequently a barrier" to effective delivery.

Participants lamented a planning process that felt rushed and disconnected from the realities on the ground. One local authority attendee laid bare the challenge: "Our planning for this winter, which takes 100-150 hours, began when we received the Better Care Fund guidance in late January or early February. We had six weeks to complete all our planning - and now we're expected to plan for next winter based on incomplete or changing guidance."

"That doesn't make for good planning, good conversations, or healthy local partnerships", they added. "Trying to commission something properly in six weeks is usually a recipe for commissioning bad things."

These timelines have particular limitations for investing in transformative services, participants argued. "Having annual budgets and yearly allocations makes long-term planning almost impossible," argued a participant. "We want to invest in prevention and shift services upstream, but we can't do that on a one-year allocation."

Others said the Better Care Fund's structure forces local areas into investment that is "reactive rather than proactive." While "the activity we want to do is long-term, the structure pushes us into short-term firefighting."

A range of attendees agreed that the timetables have significant implications for commissioning services. "The short-termism really affects services we contract through the BCF", said one local authority lead. "I've already had emails this year about 2026-27, because voluntary sector schemes are starting to lose staff - because they don't know whether they'll have jobs in a few months or if their scheme will continue."

An independent provider at the table attested to the same - from the other side of the equation. "Being told in October to deliver in January, and then stop in March, is horrendous", they said. "It cannot work. Some of the innovations that deliver value-for-money solutions simply can't be delivered without a longer conversation than six weeks."

> **"Trying to commission something properly in six weeks is usually a recipe for commissioning bad things."**
>
> **- Local Authority Representative**

Short-term funding also drives a “terrible culture of pilots”, said one local authority representative, explaining that limited planning and funding prevents the commissioning of long-term services - replaced instead by services commissioned on a short-term basis using small pockets of available cash. “All this does, though,” they argued, “is create more fragmentation, duplication and things that aren’t built upon.”

“A one-year pilot is meaningless”, one participant said. “You can’t show value for money or cost avoidance in that time.”

“We know what works”, said another. ‘What we need is a longer-term framework and a shared commitment to do it together.”

Criticism of the short-term funding cycles was unanimous. And yet attendees also revealed that change has not been forthcoming. “We gave them that feedback last year, and in response they said: “Fine, you can have a two year plan.” But then they added a massive review in the middle of it - so it's basically the same workload again!”. The Better Care Fund planning timetable returned to one-year in 2025-26.

The actual structures of the planning system also came under fire. “I don’t get why we are writing a BCF narrative plan about integrated health and care services, then a separate neighbourhood plan, a separate integrated care plan, and others.”

“There should just be one plan for how we’re going to do things - written with enough clarity and heart that our populations might actually pick it up and understand what we are trying to do.”

Beyond the timing and planning systems, there was a broader call for realism about funding levels and ambition. “If both health and social care funding is reducing, it doesn’t matter how well integrated we are — it’s still a shrinking system,” said an ICB representative in attendance. “If we really want to do something transformational, we need to think five to ten years ahead.”

Another warned that a failure to allow for flexibility and innovation with budgets risked making the crisis in health and social care worse. “Right now, the system is completely overwhelmed… and yet we are asked to deliver incremental change with one of the biggest budgets we manage. It’s incredibly restrictive.”

“We need flexibility”, said one ICB representative.

> **“The activity we want to do is long-term, but the structure of the Better Care Fund pushes us into short-term firefighting.”**
>
> **- Local Authority + ICB Participant**

3. Metrics and Evaluation

If funding is the source of most frustration, metrics were the source of most cynicism among participants. Across the discussion, decision-makers argued that the current data reporting framework has become too narrow in focus and bureaucratic - at the expense of understanding what really matters: outcomes, prevention, and long-term, tailored population health planning. The hefty focus on discharge targets, they said, is preventing a truly holistic approach to health and care integration at a local level.

One ICB representative said: "We're fixated on small, tactical discharge metrics when we should be thinking about transformative change."

Others agreed that the BCF's performance metrics and feedback absorb an enormous amount of effort without producing insight that helps to improve service. One local authority representative said: "The metrics we're required to deliver take up a huge amount of time but aren't longitudinal enough to show real transformation. It's all focused on discharge."

This disproportionate focus on hospital discharge was seen as emblematic of a system that values what can be easily counted, rather than what counts. Participants noted that while vast data is collected on acute activity, there is little understanding of how health interventions shape social care outcomes or community wellbeing. "We know everything about ophthalmology or dialysis, but so little about the impact of health on social care in the community," one attendee said. "We don't value it, code it, count it, or evaluate it."

One participant argued that BCF data should be used more holistically to evidence the benefits of various health approaches beyond discharge. "Right now, the data flows to DHSC and into all sorts of places. What we haven't done is use it to describe our populations holistically - to say in local authorities, this neighbourhood needs *this* response - and this needs a different one."

"The data exists, but what we lack is a capacity and capability to do that work."

A local authority and ICB lead said not doing so was a "missed opportunity". "Because we don't have that, we struggle to evidence why we'd spend the BCF in the areas we believe in."

Without a smart system of neighbourhood health data, another participant argued that the system continues to apply a "one-size-fits-all" approach that "doesn't move us forward."

"There are real-world advantages to getting this right - it's actionable, not just "nice to know", said another.

> **"We know everything about ophthalmology or dialysis, but so little about the impact of health on social care in the community"**
>
> **- ICB Representative**

"It comes back to the structures we have, and how they enable - or disable - good behaviour."

The consensus was clear: too much measurement, not enough meaning. "We're looking at A&E numbers instead of who those people actually are," said one. "The Better Care Fund is a brilliant policy about integration, but we're told to measure discharge."

The actual process of recording and reporting this data also arose as a useful anecdote of the bureaucracy around the BCF - and the wider disconnect between local BCF management and national oversight. "Those discharge metrics are a perfect example," said one local authority attendee.

"We have to supply demand and capacity information that's already available - data that's often sent to us by the same national teams we then have to send it back to. It's a huge amount of repetitive work at a time when we're losing back office staff."

"All of this distracts from delivering actual useful outcomes for patients", one attendee said. Another described the ever-changing analysis metrics as "confusing and frustrating".

4. Integration and Collaboration

Naturally the roundtable also turned to the question of integration - how well health and social care, at both local and national levels, are working together through the Better Care Fund. Participants spoke candidly about the promise and the difficulty of that ambition: genuine, innovative collaboration remains the Fund's greatest goal, but also its hardest achievement. While local teams continue to build partnerships across ICBs, councils and providers, the wider system's divides, and a lack of sustained national engagement, still make integration feel fragile.

"We have a nationally funded health service, free at the point of delivery, and a locally funded, means-tested social care system," said an ICB participant. "The effort to get those two - oil and water - to merge at a local level is huge."

The Better Care Fund, originally intended as a bridge between sectors, can sometimes become a fault line, participants revealed. "The Better Care Fund has, in some cases, become a battleground between health and social care," warned one local authority attendee. "Ring-fencing and rigidity have actually caused disputes between organisations."

Others stressed that these tensions mirror the wider system. "The BCF isn't necessarily the problem - it's a symptom," one said. "The disconnection between health and care systems is the real challenge." Another agreed, adding that "all of this is a huge distraction from doing better things for our residents."

One ICB lead called for a more concerted attempt to "align on what success looks like" in practice. "Right now, different partners have different views. One can say: 'this is working well', while another challenges that it isn't working for them - because they're looking for different outcomes."

One attendee who works across both ICBs and local authorities said she has felt that tension. "When I work with colleagues on one side, they're completely aligned and very explicit. Then I work with the other side, and there's just this gap. When you're so ingrained in your own policy you don't see that cross-working."

For others, the challenge - and opportunity - was to collaborate differently, especially in a constrained financial environment. An independent provider captured this sense of urgency and pragmatism: "We need to do something different together. If there's no more money, we need to work smarter, collaborate more, and plan sustainably for the people we serve. There's an opportunity in this crisis."

> **"The BCF isn't necessarily the problem - it's a symptom. The disconnection between health and care systems is the real challenge."**
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> **- Local Authority Representative**

Services

Several participants stressed that housing needs to be woven more effectively into Better Care Fund planning from the outset. One ICB lead in attendance recalled an important phrase: 'No health without housing'. "You can't be healthy without housing", they added, noting that timely home adaptations can prevent hospital admission and reduce the need for long-term care.

The Disabled Facilities Grant (DFG) was raised by attendees - though with different perspectives. One local authority participant felt that DFG was a mechanism that could enable innovation, but too often felt constrained by process. "It's so restrictive on what you can spend it on and how you can use it," they said. "It stops us locally from saying, 'Here's how we can use this to support people'. Innovation gets limited by the rules."

Another attendee, however, revealed that there was some opportunity within the DFG framework to implement a local plan that offers more flexibility. "If you implement your own local policy, keeping within the overall conditions of the grant, you can exercise more discretion."

"The housing element of hospital discharge is something we don't focus on enough", they added. "Perhaps more investment into the Disabled Facilities Grant - or a funding stream that supports housing - would help" to manage discharge whilst also tackling avoidable admission more widely.

National Engagement

Many participants expressed frustration at what they saw as a lack of meaningful engagement between local systems and national policymakers around the Better Care Fund. "We get zero engagement nationally," said one. "We send them all this data and never see anything back."

One attendee recalled a Department of Health and Social Care (DHSC) visit to explore their local BCF work: "They met staff, clinicians, service users, and the voluntary sector. There was no follow-up."

At this visit, they explained, were several writers of the BCF policy themselves. "Our biggest concern was what they were going to write next." When new guidance arrived, the participant added, its contents simply re-emphasised the "real gap between what they see and what they write."

This raised a deeper question about trust and confidence between national and local levels. "Is there a government problem here - by which I mean DHSC?", asked one ICB attendee. "Is there a lack of trust and confidence in us as system officers, which is why we have all this bureaucracy? It feels like that."

Helen Maguire MP pressed further: "When they're drafting policy, do they ever take anything from those visits?"

> **"We get zero engagement nationally... we send them all this data and never see anything back."**
>
> **- Local Authority Representative**

The response was telling. “We get given a new tool, tell them why it doesn’t work, and then get given another new tool,” said one participant. Another described the same cycle of giving feedback that rarely leads to tangible change: “In 2024, we did a full year’s BCF planning in just six weeks, from January to February. We said it wasn’t enough time. They said, ‘We hear you,’ but nothing changed.”

Participants described the process as transactional rather than collaborative, with little evidence that feedback ever shaped national decisions. “We send all this data. Apart from our regional team - who are great - what does it achieve?” said one. “They’ll say, ‘Your target’s too low.’ We’ll say, ‘It’s reasonable.’ The national team will say, ‘Make it a stretch target.’ So we write a target we’ll never reach just to appease them. It never leads to anything. We send all this data, and we never see anything back.”

5. Innovation and the Future

The roundtable ended on a note of cautious optimism. Despite its frustrations, participants agreed the Better Care Fund still has the potential to evolve - not as another layer of bureaucracy, but as a platform for renewal. Many argued that linking it more closely with the emerging neighbourhood health and care agenda could unlock that potential and reconnect the Fund to its original purpose: enabling and backing local innovation to improve integration and outcomes.

"Where we've had frontline teams with the space and trust to test ideas, even small amounts of investment through the BCF have created fantastic results."

- Local Authority Attendee

A renewed opportunity

One attendee working at an ICB reflected that, from an acute care perspective, the BCF has long felt distant and abstract - "a black box" that frontline staff rarely see the value of. Yet, she said, the growing emphasis on neighbourhood health and care offers a genuine opportunity to change that. "If we can align how we measure success and link the BCF to neighbourhood health and care, it could become an important enabling tool. We're not there yet - we've got a long way to go - but there's potential."

Others echoed the need to shift from process to purpose. "To make neighbourhood health and care work, the focus shouldn't be on redesigning another 27-page BCF template," said one integration lead at a local authority. "It should be on creating a framework with long-term commitment, clear vision, ambition, and local flexibility to do what works for residents and actually makes a difference."

Participants described the neighbourhood model as a practical route toward integration - a way of aligning services around local needs rather than organisational boundaries.

For one attendee working across both local authorities and ICBs, neighbourhood approaches could help tackle some of the system's biggest challenges. "For us, frailty is the biggest issue - we're overwhelmed by it and need to think radically. Population health gives you that: integrated neighbourhood teams driven by a population-health approach."

This opportunity was also highlighted by another attendee. "There's infrastructure and policy change coming that we can really try and get behind - rather than sit alongside and not quite connect."

A local authority lead said the most inspiring innovation already happens at the grassroots. "Where we've had frontline teams with the space and trust to test ideas, even small amounts of investment through the BCF have created fantastic results."

For many, this innovation requires first challenging long-standing assumptions about how investment and services are organised and commissioned through the Better Care Fund. “Lots of funding is tied up in services that have ‘always’ been there,” said one participant. “We don’t review them - we just spread a tiny pot ten ways.”

“We still tend to offer the same type of service despite knowing what people actually value,” she said. “We love straight lines - four calls, two calls, zero calls. But we need individual planning - conversations about what people want their future to look like.”

Another participant agreed that true innovation happens at the level where people actually live - driven by acting on local priorities rather than instigated from the top down. “Neighbourhood teams help you see duplication and waste. When you’re walking down that street, you see it - the district nurse has been in, the therapist does a fall screen, that’s where you start to align care.”

An independent provider representative in attendance said that social care must sit at the heart of this model. “Social care is key to neighbourhood services because local staff know those community connections that reduce isolation. In some pilot meetings, it feels dictated from above - that can’t work. It needs to come from the ground up.”

Looking ahead

For an ICB representative in attendance, the future of innovation depends on trust and shared accountability. “We’ve haemorrhaged money as a system, and some outputs haven’t been great. Maybe we need to ask ourselves: how do we earn the trust to reduce bureaucracy? What do we need to put in place so we can turn off the bean-counting and get on with it?”

She argued that neighbourhood health could be the next big chapter in integration. “Everyone here would agree - it has to be neighbourhood health and care, rooted in communities and population health.

"Maybe make that the integration vehicle and subsume the BCF into it. Use different funding vehicles and drop unhelpful metrics. Find a mechanism that enables, not dictates.”

Participants agreed that the next phase of integration will depend on trust, flexibility, and realism. Neighbourhood health and care, they concluded, could provide the platform for that shift - not as another bureaucratic programme, but as a living framework that connects policy with people, and ambition with everyday practice.

Conclusion

The discussion made clear that the Better Care Fund still matters - but it needs to work harder for the system it serves. Across the South East, decision-makers presiding over its organisation and delivery called for a Fund that backs local priorities, enables long-term planning, and measures what truly counts: prevention, independence and sustained recovery.

Practical reforms were widely supported. Extending planning cycles would give systems the confidence to invest in prevention and stable services. Streamlined guidance, published earlier, would reduce wasted effort and support genuine collaboration. Shifting metrics away from narrow discharge targets towards community outcomes would show where the Fund is really making a difference.

Participants also saw opportunity in aligning the BCF with neighbourhood health and care models - anchoring investment in the places where people live and where integrated teams already work together. With clearer purpose, less bureaucracy and greater local freedom, the Fund could again become an active driver of transformation rather than an annual exercise in compliance.

The Better Care Fund's founding goal - to connect health and care around the individual - remains as relevant as ever. The task now is to strip back the noise, trust local expertise, and give the Fund the stability and focus it needs to deliver lasting change.

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