

FABIAN POLICY REPORT



SUPPORT GUARANTEED

The roadmap to a National Care Service

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Summary

Plans for a National Care Service for England were first presented 13 years ago in the dying days of the last Labour government. Since then no detailed work has taken place to flesh out what the service might look like or how it should be implemented. That is the purpose of this report.

England's adult social care emergency

Since 2010 care and support in England has gone downhill fast and we now face an adult social care emergency. This winter's hospital discharge crisis was a symptom of much wider problems. Spending has fallen hugely when compared to levels of need, with poorer communities bearing the brunt. Access to care has been unfairly rationed with people not receiving the services they are entitled to and levels of support often insufficient. Widely praised principles of prevention, wellbeing, personalisation and control were written into the Care Act 2014 but have not been translated into practice.

Due to funding cuts, councils are often not paying enough to secure safe and sustainable care, let alone to invest in new facilities. In this challenging environment many providers have worked hard to maintain and improve standards. But some have demonstrated low quality care, exploitative workforce practices or unacceptable commercial behaviours. Poor pay and conditions are among the factors that have triggered a staffing crisis in the sector, with 165,000 vacancies. Unpaid family carers are bearing the brunt of the system's failures, and people receiving support are paying charges they often find punishing.

Without action things will get even worse because we have growing numbers of people in late old age and with complex lifelong disabilities. To respond to rising



need, projections suggest that the care workforce will need to increase by more than half and the number of care home places by more than a quarter. Billions of pounds of extra money will be needed just to replicate today's level of provision, as inadequate as that is.

The business case for care and support

The core purpose of adult social care should be to give people the support to live the life they want, in the home they want, doing the things they want, with the people they want. But there is also a strong financial case for spending more on care and support. Most importantly, adult social care spending quantifiably increases

the wellbeing of recipients. It also reduces pressures on the NHS.

Over the next decade extra formal care is needed to help address a looming shortfall in the availability of family carers. More care spending will also help tackle worsening labour shortages by boosting employment opportunities for carers and disabled people. Social care spending spreads jobs and growth around the country. Every extra £1bn in social care spending will create around 50,000 jobs distributed all over England, with the largest impacts felt in the North East and North West. Finally raising taxes to spend on adult social care will redistribute money from high-income to low- and middle-income households, and from men to women.

The position now	A National Care Service
Local authorities supposedly in charge but without the money or powers they need	National ministerial responsibility and leadership working in partnership with strong councils
Unclear entitlements that are often not realised in practice	Clear rights and entitlements and the ability to enforce them
Inconsistency in access to support and quality of care	Nationwide entitlements and geographic consistency
A fragile, fragmented and sometimes extractive 'market' of care providers	Commissioners and partners working together as part of a public service
Support only for people with limited means	Support and peace of mind for everyone
Inadequate funding and emergency cash injections	Long-term and sustainable approach to finance
Insufficient development of specialist housing and modern care homes	Long-term certainty and funding to build new facilities
Inadequately rewarded staff and a recruitment and retention crisis	National terms and conditions working towards parity with the NHS
Unaffordable fees and inability to pool risks	Improvements to affordability by reducing the scope of charging over time

Why a National Care Service?

Extra spending is not enough. Money must come with reform. Creating a National Care Service would lead to a transformation in care and support in England.

Under a National Care Service, the NHS and adult social care should remain separate though interconnected services. Local government should lead delivery, with national government only exercising new functions where this is essential. Councils would continue to work with independent providers, which would face stronger expectations and requirements. Due to the competing financial pressures facing the system, charging reform should not be the first priority for extra money. It should be progressed gradually alongside other changes.

We think the National Care Service should be guided by 10 principles:

1. **Choice and control for individuals and their families**
2. **Local and place-based**
3. **Nationally consistent**
4. **Accessible**
5. **For everyone**
6. **Preventative**
7. **Relationship-based**
8. **Rights-based**
9. **High quality and diverse**
10. **Connected**

Not everyone we spoke to likes the term 'National Care Service' but we hope these are 10 principles that people involved in care and support can unite around. If future ministers opt for a different new label that would not undermine our proposals. But we are clear that a new name is needed to mark a fresh start, signal the scale of ambition, build public support, and create the institutional identity needed to sustain and protect a reformed service for the long term.

Creating a National Care Service would lead to a transformation in care and support in England.

TEN BUILDING BLOCKS

The reform should centre on a national care guarantee, codified in a new National Care Service ‘constitution’. Ten building blocks should bring this guarantee to life. Some of the changes will require legislation and we propose a National Care Service Act that revises and expands on the Care Act 2014. The Westminster government should consult with devolved governments on certain aspects of the plan that may be best delivered on a four nations basis.



BLOCK 1: STRUCTURE AND IDENTITY

1. Launch a shared national brand that encompasses the adult social care activities of national government, local authorities and independent providers
2. Strengthen national leadership by creating duties for the secretary of state to support a comprehensive national care service
3. Expand national government functions with respect to strategy, co-production, finance, public information, workforce, data and evidence
4. Use and repurpose existing organisational structures to avoid the need for new national or local bureaucracy
5. Support flexibility at local level so that councils can determine models of support, the mix of providers, and whether to pool functions with the NHS
6. Support regional and sub-regional coordination with a role for integrated care systems and city regions

BLOCK 2: WORKFORCE

1. Negotiate a fair pay agreement covering the whole adult social care workforce to include a sector minimum wage and minimum employment conditions
2. Introduce national employment terms, pay bands and minimum pension entitlements for employees of National Care Service providers to achieve parity with similar roles in the NHS over time
3. Redesign occupational roles in adult social care with the long-term ambition of more people in the sector having higher skilled or specialist jobs
4. Align adult care and NHS workforce planning and skills functions with reforms to existing national agencies, and joint responsibility between councils and the NHS locally
5. Expand regulatory requirements for training and skills and consider improvements to the design and delivery of social care qualifications

6. Introduce professional registration for the adult social care workforce on a voluntary or compulsory basis with detailed consultation before deciding which of these approaches is best for England

BLOCK 3: CO-PRODUCTION

1. Embed co-production into the development of the National Care Service using deliberative techniques involving those with lived experience to design the new system
2. Create co-production and accountability mechanisms at national level with a new co-production duty for ministers and an independent scrutiny, evidence and engagement body led by people who require support and carers
3. Require co-production in the local planning and delivery of services with new duties to involve people in decisions, set up co-production forums and fund peer-led organisations

BLOCK 4: RIGHTS

1. Clearly specify existing rights and expectations by establishing the National Care Service 'constitution' and considering whether to codify existing rights in law
2. Incorporate the UN right to independent living into domestic law by introducing entitlements to choice of accommodation and inclusion in the community
3. Improve understanding and enforcement of rights including by launching an appeals system, and requiring councils to commission peer-led advice and advocacy

BLOCK 5: UNPAID CARERS

1. Strengthen national strategy and leadership with a National Care Service carers strategy
2. Specify and promote carers' existing rights such as their right to receive money from a direct payment in certain circumstances or to choose how much care to provide
3. Require local authorities to discuss carers' wishes when a family member's support and care is being planned
4. Introduce a right to short breaks for carers to help sustain caring relationships
5. Require other public services to pass carers' details to the National Care Service including direct referral by GPs, DWP and children's services departments

BLOCK 6: ACCESS

1. Expand preventative open-access support including home adaptations and consider specifying a minimum share of National Care Service budget earmarked for prevention-focused activities
2. Require DWP and NHS referrals of people with possible support needs so that local authorities can proactively offer information, advice and assessment
3. Establish earlier and more consistent eligibility for support by improving and standardising implementation of the current law and revising it if necessary
4. Introduce packages of support that better meet needs and enhance independence to properly reflect existing law plus the UN right to independent living
5. Make the NHS and local authorities jointly responsible for meeting health and care needs after hospital discharge by building on existing joint rehabilitation activities
6. Arrange services for everyone regardless of means unless people opt-out with free arrangement of services and contract management

Reform should centre on a national care guarantee, codified in a new National Care Service 'constitution'.



BLOCK 7: MODELS OF SUPPORT

1. Develop national strategies promoting effective care models to steer the future development of support and care
2. Improve research and the gathering and application of evidence including on effective care models, delivery practice and commissioning arrangements
3. Support take-up and use of direct payments by increasing flexibility in using budgets and providing peer-led support
4. Promote joint delivery of health and care to people with significant clinical and support needs including named care coordinators and joint teams for people living at home, and better NHS services in care homes
5. Promote models of housing with care by creating a new planning use class of 'housing with care' and requiring adult care and planning departments to work together
6. Improve use of data and technology with support for technology innovations, and national data standards and collection requirements

BLOCK 8: PROVIDERS

1. Establish a stronger public service relationship with 'licensed' independent providers including stable contracts, national employment conditions and joint branding
2. Promote public sector and non-profit options by giving local authorities the flexibility to choose the right mix for their area, especially when planning new capacity
3. Strengthen local partnerships between councils and providers to collaborate on service planning, quality, costs and workforce
4. Implement the standardised pricing of services building on the current government's Fair Cost of Care initiative
5. Strengthen the financial supervision of providers with expanded national regulation for large providers and light-touch local authority oversight for small providers



BLOCK 9: AFFORDABILITY

1. Take immediate steps on charging reform, for example by making short-term care free or uprating means-testing thresholds, and implement the delayed 2022 charging reforms if they have been confirmed by the existing government
2. Consider one or more charging reforms to coincide with the National Care Service launch date as part of the new national care guarantee – eg free support for people disabled before adulthood, a reformed means-test, a universal contribution or the 'Dilnot' cap on lifetime costs.
3. Progressively introduce further charging reforms in the years that follow ideally with a pre-announced timetable

Charging reform options to consider:

- free support for people disabled by the age of 25
- a lifetime cap on care costs (the version of the policy cancelled in 2015)
- reform of the assets means test (also delayed since 2015)
- reform of the income means test (eg disregard disability benefits, higher thresholds)
- a modest universal contribution to everyone's care costs
- free support for people with very significant support and clinical needs



BLOCK 10: MONEY

1. Prioritise 'year one' stabilisation spending with the aim of tackling the workforce crisis and ensuring service continuity
2. Make a 10-year spending commitment to significantly raise expenditure in real terms every year, and commission independent advice on the amount needed
3. Phase in a national funding formula and National Care Service grant to equalise spending power between areas, with the grant either topping up or replacing locally-raised revenue (to include transitional arrangements to smooth the change over several years)
4. Support long-term investment in modern care homes, specialist housing and technology by creating a public sector National Care Service investment fund and by maintaining certainty on pricing to draw in private investment
5. Consider an increased role for social security in funding residential care so that housing and disability benefits contribute towards future increases in care home spending.



The roadmap to a National Care Service

First steps are needed immediately after the next general election to stabilise care services and to ensure that people start to see initial improvements quickly. But the process of building the National Care Service will be a long-term project that is likely to take up to a decade to complete.

Once the reform process is well underway and ministers can point to visible change, we suggest an official 'launch date' when the new brand goes live. This would probably happen during the 2028/29 financial year to accommodate the process of co-design, legislation and implementation. For example, the launch could be on 5 July 2028 – the 80th anniversary of the NHS.

There are six stages in the reform journey. The appendix provides suggestions on detailed sequencing within each of our building blocks.

- **Inherit:** recent changes to law and policy already provide important foundations
- **Stabilise:** an immediate 'rescue plan' for both health and adult social care that is also designed to begin longer-term reform, especially focused on workforce issues
- **Prepare:** co-production and consultation on details of the reforms, initial changes to practice and finance using

existing laws, a National Care Service Act and associated regulations and guidance

- **Launch:** the new brand, citizens' rights and public sector responsibilities go live
- **Embed:** time and money is required to secure major improvements and introduce charging reforms
- **Evolve:** continual change to improve services informed by co-production and evidence, plus a scheduled review four years after the launch date



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