



The government's response to the Adult Social Care Committee report

A “gloriously ordinary life”: spotlight on
adult social care

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of His Majesty

July 2023



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ISBN 978- 1-5286-4255-2

E02933436 07/23

Printed on paper containing 40% recycled fibre content minimum

Printed in the UK by HH Associates Ltd. on behalf of the Controller of His Majesty's Stationery Office

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Introduction

This is the government's formal response to the House of Lords Adult Social Care Committee report, 'A "gloriously ordinary life": spotlight on adult social care', published on 8 December 2022. We express our thanks to the Committee for their report and recommendations, which we have carefully considered.

We extend our apologies to the Committee for the slight delay in publishing this response. We wanted to provide a substantive response to the report's recommendations following the publication of Next Steps to put People at the Heart of Care on 4 April 2023. This memorandum responds to the recommendations set out in the Committee's report. Where appropriate we have grouped recommendations and responded to these collectively.

The report makes a strong case for the central importance of the adult social care sector for our nation and the challenge of ensuring it delivers for everyone who interacts with it, either as someone who draws on, or provides, care and support, both now and in the future. As this response, and Next Steps to put People at the Heart of Care make clear, the government is committed to delivering an ambitious vision for reform. The Committee considered several important issues such as reforming adult social care, improving the workforce, and ensuring the personalisation of care. The government agrees that these are important issues and that is why we remain committed to delivering on the 10-year vision for reform we set out in the People at the Heart of Care white paper, published in December 2021.

Next steps to put People at the Heart of Care builds on progress over the last year and sets out the plan for how we are implementing the most impactful white paper commitments, along with some new commitments. It includes key milestones for reform and sets out the key changes we can expect to see for people who draw on care and support, unpaid carers, and people who work in social care.

As the Committee rightly notes, strengthening the adult social care workforce in a sustainable way is essential to improve the lives of people who draw on care and support and their carers. That is why the adult social care workforce is front and centre of our reforms. To start to better recognise social care as a profession, we recently launched a call for evidence on the development of a new, Care Workforce Pathway for Adult Social Care Workforce. The Pathway will articulate the knowledge, skills, values and behaviours required to work in adult social care, to improve career pathways and opportunities for progression. We will publish the first phase of the framework in autumn 2023 and will continue to work with the sector to implement and develop further phases. We are also providing £15 million to help local areas establish support arrangements for international recruitment. This fund will build on the 56,900 Health and Care visa grants awarded to care workers in 2022.

In line with the Committee's emphasis on social care allowing everyone to live in a place they call home, we are also focused on supporting new and innovative ways of providing care. This includes housing, by launching a new Older People's Housing Taskforce to help unlock investment in retirement housing. In addition, we are establishing a new Innovation and Improvement Unit to encourage innovative local projects to make care and support

better for people and their families. Our ambition to implement new ways of support extends to the dedicated volunteers across adult social care too.

The Committee rightly points out the need to ensure adult social care is on a sustainable financial footing. That is why at the Autumn Statement in November 2022, we made available up to £7.5 billion in additional funding over the next two years to support adult social care and discharge – with up to £2.8 billion available in 2023-24 and up to £4.7 billion in 2024-25. This historic funding boost will help local authorities address inflation, waiting lists, low fee rates, and workforce pressures in the sector.

This includes over £2 billion over the next two years in funding specifically to support and improve adult social care and discharge in England. Next Steps to Put People at the Heart of Care sets out how we will invest £700 million of that funding.

This is just some of the activity included in our comprehensive reform package which is a crucial step towards our 10-year vision. We have always acknowledged that reform is a journey and will not be realised overnight. However, we hope our work demonstrates to the Committee that we are committed to a vision of adult social care that aligns with that set out in A “Gloriously Ordinary Life”, in which people are empowered to live fulfilling and independent lives.

Ageing without children

Recommendation 1

The Government should implement mechanisms to collect more accurate data on the number of people ageing without children, including men who do not have children, people who are estranged from their children, or people whose children have pre-deceased them (Paragraph 121)

Recommendation 2

Further research is required to understand the prospects of people ageing without children. The Government should work with charities, civil society and academics to understand how their needs can be better met. (Paragraph 155)

The government acknowledges the need to better understand the impact of an individual's parental status on their experience with care, and future demand.

The government also agrees that it is crucial to understand the specific care needs of people ageing without children. The Department has recently published research into this area through the Older People and Frailty Policy Research Unit. Through our National Institute for Health and Care Research (NIHR), we are currently commissioning a new set of Policy Research Units which will include a Healthy Ageing Policy Research Unit. The specification for this Policy Research Unit highlights the Department's interest in research that considers the specific needs of older people who are ageing without children. The outcome of this commissioning will be announced later in 2023, and we will work with successful applicants to consider what further research in this area is appropriate. The Department also set out the current evidence base of the impact of childlessness on care demands in the [2021 Evidence review for Adult Social Care Reform](#) (paragraph 4.12), which is used to inform policy. The Department of Health and Social Care (DHSC) will continue to work with the Office for National Statistics (ONS) and other government departments to maintain and develop the underlying evidence base relevant to adult social care policy.

Adult Social Care Reform

Recommendation 3

The Government must increase the financial settlement for adult social care over three years and then commit to sustain realistic, long-term and protected funding for the sector to enable robust planning. Funding requirements over and above what has already been committed should be assessed on the best estimates from independent experts and agencies. (Paragraph 180)

The government agrees there should be long-term, sustainable funding for the adult social care sector. As previously mentioned, the Autumn Statement, made available up to £7.5 billion of additional funding for adult social care and discharge over two years. This represents a more than real terms increase. We expect local authorities to use this historic funding boost to deliver sustainable improvements in adult social care services. These improvements should address delayed discharges, social care waiting times, low fee rates, and workforce pressures.

This includes £1 billion of new grant funding in 2023-24 and £1.7 billion in 2024-25. This also includes £600 million in 2023-24 and £1 billion in 2024-25 to be distributed through the Better Care Fund (BCF) to get people out of hospital on time into care settings, freeing up NHS beds for people that need them. The Department is keen to ensure this is delivered in a way that helps promote long-term improvements to processes rather than short-term fixes.

The new grant funding announced at the Autumn Statement also includes the creation of the Market Sustainability and Improvement Fund (MSIF), where an additional £400 million of ringfenced funding for adult social care will be made available to local authorities in 2023-24, and £683m in 2024-25. This will be combined with £162 million of Fair Cost of Care funding in both years, to total £562 million in 2023-24 and £845 million in 2024-25.

We are also empowering local authorities to deliver sustainable funding to services they are responsible for commissioning, by increasing flexibilities around council tax increases. The referendum limit for increases in council tax is being increased to 3% per year from April 2023 and local authorities with social care responsibilities will be able to increase the adult social care precept by up to 2% per year. This will leave local authorities better equipped to handle increasing costs, to enable more sustainable planning and commissioning.

These actions continue a long-term trend of increased central government investment in adult social care services. Sustained government investment has helped local authorities steadily increase their spending on adult social care, which reached £21.4 billion in 2021-22. This is an average increase of 2.5% per year in real terms since the introduction of the Care Act 2014.

In line with the need to spend taxpayer money effectively, we actively seek out and consider expert views from across the sector both when determining funding need and deciding how funding should be allocated.

Recommendation 4

The Government must prioritise, with people who work and draw on adult social care, a comprehensive long-term national workforce and skills plan for adult social care, including a commitment to remedy low pay in the sector. (Paragraph 192)

The People at the Heart of Care white paper set out our ambition for the social care workforce, shaped by national and local government, care providers, care staff, the NHS, people who draw on care and support, their friends and family, charities and the voluntary sector. We want everyone working in adult social care to feel valued for their dedication and for their vital role in enabling the dignity and independence of the people they support.

The white paper also recognised the long-standing challenges in recruiting and retaining a workforce of the right size with the right skills. The Next Steps to put People at the Heart of Care plan, published in April 2023, provides more detail on the action we are taking to address these challenges. Our workforce reforms, backed by a £250 million investment over two years, will support the sector's ability to recruit and retain staff and improve the recognition for people who work in care.

The strategy includes a commitment to produce a new Care Workforce Pathway for Adult Social Care Workforce. The Pathway will set out the knowledge, skills, values and behaviours needed to work in various roles in adult social care and will help to give social care workers the professional recognition they deserve as well as providing more opportunities for career progression. On 4 March, we launched a call for evidence for the Pathway so that we can ensure the content of the Pathway is informed by people who work in or use social care. The first version of the Pathway will be published in Autumn 2023. We are also providing funding for hundreds of thousands of training places, including for a newly established Care Certificate Level 2 qualification, giving our care workers the opportunity to develop their skills and undertake learning and development.

To ensure the social care workforce has the skills and confidence to utilise technology, we are providing a comprehensive digital learning offer that includes accessible training and online resources to build transferrable digital skills. This will include targeted leadership support so decision makers can drive change at a senior level. In March 2022, we published a draft digital skills framework alongside a collection of digital skills training resources. The next iteration of the digital skills framework will be published in 2023.

In addition to our £250 million investment in workforce recognition and career development, we are taking comprehensive action to increase the capacity of the adult social care workforce. This includes increased funding and targeted support for both domestic and international recruitment. As set out in response to Recommendation 3, through the MSIF, we are making available £562 million in 2022-23 and £845 million in 2024-25 for local authorities to use flexibly, with a focus on improving access to care and support. We have recently published a set of priority objectives for the use of this funding, which include improving workforce capacity and retention and increasing fee rates to close the cost of care gap in an area. We expect these to yield improvements in workforce terms and conditions.

We are also working with the Department for Work and Pensions (DWP) to promote adult social care careers to jobseekers, and funding sector partners to advise care employers and commissioners on good recruitment and retention practices. Skills for Care and Partners in Care and Health published a top tips for retention guide to support the sector to implement staff retention measures.

The Department is also continuing to work hard on improving the supply of care workers available, one of the key issues in terms of access to care. We launched our new domestic national recruitment campaign, Made with Care, on 2 November 2022, running until March 2023, to promote adult social care careers. The campaign highlights the extraordinary work of the care workforce and the positive impact they have on the people they support. We have also committed £15 million to support international recruitment, contributing to 56,900

Health and Care visas for care workers in 2022. In addition, we are working with the Department of Work & Pensions to promote adult social care careers to jobseekers.

We recognise that pay is a key element to how people feel valued at work, and ensuring rates are competitive is essential to a sustainable workforce plan. The majority of care workers are employed by private sector providers who set their pay and terms and conditions. Local authorities work with care providers to determine fee rates, which should take account of wage costs, based on local market conditions. On 1 April 2023, the government increased the National Living Wage (NLW) for workers aged 23 years and over by 9.7% to £10.42. This should have a significant impact on pay in the sector and demonstrates our commitment to ensuring people are able to make a good living from their work.

Recommendation 5a

The Government must put in place, with people who work in and draw on adult social care, a national long-term plan for adult social care, exemplifying the vision set out by Social Care Future - “we all want to live in the place we call home, with the people and things we love, in communities where we look out for one another, doing what matters to us”. This should include a National Carers Strategy (Paragraph 201)

The government agrees with the Committee on the need for a long-term plan for adult social care. That is why in December 2021 we published the People at the Heart of Care white paper, which sets out a 10-year vision for adult social care. This vision puts people at its heart, and revolves around three objectives:

- i) people have choice, control, and support to live independent lives;
- ii) people can access outstanding quality and tailored care and support; and
- iii) people find adult social care fair and accessible.

This vision was developed with the input of over 200 stakeholders across every region of England, ensuring that we included the perspectives of people who draw on care and their carers.

Our vision aligns with Social Care Future’s vision for care and support. This is captured by the following ‘I statements’ in the People at the Heart of Care white paper.

We want greater choice, control, and independence to mean that someone who draws on care and support can say:

- I can live as part of a community, where I am connected to the people who are important to me, including friends and family, and I have the opportunity to meet people who share my interests;
- I lead a fulfilling life with access to support, aids and adaptations to maintain and enhance my wellbeing;
- I am valued for the contribution I make to my community and feel supported to achieve my goals;
- I can live in my own home, with the necessary adaptations, technology, and personal support as designed by me, to enable me to be as independent as possible;
- I have a good choice of alternative housing and support options, so I am able to choose where I live and who I live with, with the opportunities to plan ahead, and take up those options in a timely fashion;

- I have control over my care and support, including what services I receive and how, when and where my care is provided, with access to the necessary information and advice to help me make these decisions and plan for the future.

Unpaid carers are a fundamental pillar of this vision. We recognise the vital role that they play in our communities, and we all owe them a debt of gratitude. We have made good progress on supporting carers since we published the white paper – almost £292 million of funding in 2022-23 has been earmarked to provide short breaks and respite services for carers through the Better Care Fund (BCF), as well as additional advice and support for carers. The Carer’s Leave Bill is also currently going through Parliament, which will introduce a new leave entitlement as a right from day one, available to all employees who are providing care for a dependant with a long-term care or support need.

As our Next Steps to Put People at the Heart of Care plan confirmed, we will also be investing up to an additional £25 million for unpaid carers, in line with the funding commitment in the white paper. Other commitments include strengthening the evidence base of support provided to unpaid carers through the BCF and introducing a requirement for local authorities to demonstrate how they are supporting unpaid carers.

Recommendation 6

The Government should establish in the next 12 months a Commissioner for Care and Support to act as a champion for older adults and disabled people and unpaid carers, and to accelerate a more accessible adult social care system. The Government should ensure this role is filled by, or share in equal measure, with a person who has lived experience. (Paragraph 211)

We understand how important it is to ensure that the voices of people with lived experience of adult social care are represented within the Department and feed into wider policymaking.

As part of this commitment, we have considered the merits of introducing an Older People’s and Learning Disability Commissioner, a similar role to that suggested by the Committee. However, we believe that new statutory roles are not the most efficient way to promote and protect the rights of these groups. The duties covered by such a role are covered by work elsewhere in the system.

During the COVID-19 pandemic we appointed a Chief Nurse to champion and raise the profile of nursing in social care and work alongside the Chief Social Worker for Adults, to increase the recognition and appreciation of all care workers in the sector.

We continue to work across government with people with lived experience to address the issues affecting people the most. With the support of Think Local Act Personal and the Health and Wellbeing Alliance, we have sought the views of people with lived experience to understand the improvements that they would expect to see. We have also established our own lived experience group, comprised of people who draw on care and support, care workers, and people who provide unpaid care, following best practice from across the health and social care sector. These groups are essential to the way we develop and implement policy.

Recommendation 7

The Government must commission an independent public review of the Care Act 2014 and work with local authorities to ensure that the Act is fully implemented by the end

of this Parliament. The Commissioner for Care and Support should make it a priority to ensure that the review, update and implementation of the Act happens in practice (Paragraph 229)

We recognise that historically, there has been too little oversight and understanding of how well local authorities are fulfilling their duties under the Care Act 2014. However, we have no plans to carry out an independent review of the Care Act 2014.

The Health and Care Act 2022 created new duties to support the government to better understand the issues facing the sector and target support appropriately. This includes the introduction of a new CQC assessment of local authorities' delivery of their Care Act responsibilities, including the specific duty for local authorities to ensure the promotion of diversity and quality in provision of services. The Act also created new powers to enable the Secretary of State to intervene when a local authority is failing to discharge its duties under the Care Act 2014. We also work with sector partners to make support available to local authorities to help them improve.

As announced in Next Steps to put People at the Heart of Care, we are proceeding with our plans to introduce CQC assessment of LAs and view this as a key aspect of our plans for reform of adult social care. We are confident that, in addition to the new powers, CQC assessments will be sufficient to allow us to work with local authorities to ensure the full spirit of Care Act 2014 is enacted and continues to be into the future.

Integrated Care Systems

Recommendation 8

For the new ICSs to deliver for adult social care and unpaid carers, the Government must introduce an obligation to include older adults and disabled people, and unpaid carers, in the design and delivery of care; as well as ensure parity between adult social care and healthcare within ICSs. (Paragraph 242)

The sections of the Health and Care Act 2022 that implemented Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), the statutory elements of Integrated Care Systems, commenced on 1 July 2022. Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

We welcome the Committee's interest in the new structure of ICSs; the government is enthusiastic about what the future for ICSs holds and we believe they are already having a positive impact on adult social care in their areas.

ICBs are responsible for commissioning healthcare, with some involvement in social care, while local authorities retain their responsibility for commissioning the majority of social care, as set out in the Care Act 2014. The Health and Care Act 2022 introduced a requirement on ICBs to promote the involvement of patients and their carers in decisions which relate to their care or treatment, and to ensure their involvement in the planning, development, and decision-making of ICBs where it may relate to them.

The value of increasing the integration between health commissioners and local authorities was a key driver in the development of ICSs. Local authorities have a clearly defined role within the structures of both the ICP and the ICB. This formalises local governments' position as system leaders and gives local government a greater voice in NHS decision making than ever before.

The Health and Social Care Secretary has ordered an independent review, led by the Rt. Hon. Patricia Hewitt, to look at targets and the accountability of Integrated Care Systems.

The Hewitt Review will help us get the balance right between local innovation and national accountability, allowing us to better delivery healthcare within ICSs for all, including older adults and disabled people.

The Better Care Fund (BCF) is a prime example of how this is working in practice to deliver better outcomes on social care. The BCF requires ICBs and local authorities to make joint plans and pool budgets for the purposes of integrated care, providing a context in which they can work together, as partners, towards shared objectives. This year, the BCF has committed at least £7.7bn to this objective, with areas free to contribute further voluntary contributions.

In relation to the involvement of older adults, disabled people, and unpaid carers, ICBs have to work closely with local Health and Wellbeing Boards (HWB) as they have experience as 'place-based' planners. This includes being required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JHWSs) that are produced at HWB level.

In November 2022 we published HWB guidance that supports systems and HWBs to understand how they work together. This guidance sets out our expectation that HWBs engage with any person, group or organisation deemed appropriate in the development of

their JSNA. This could include people normally excluded from engagement such as inclusion health groups and unpaid carers.

Recommendation 9

ICSs must listen and adapt to local communities, in particular those in rural and remote areas; the Government must monitor them on an annual basis to ensure that they do so. (Paragraph 252)

DHSC strongly agrees with the Committee that for Integrated Care Systems (ICSs) to be successful, they need to be able to respond to the needs of their local communities, which are often geographically diverse. Giving local areas the ability to make decisions based on their specific needs was a key driving factor in the development of ICSs through the Health and Care Act 2022. Along with NHS England, the Department will continue to work with ICSs to ensure they are working for their whole population.

The Health and Care Act 2022 is designed to be flexible, allowing local areas to design structures that work best for them. We expect each Integrated Care Board (ICB) to agree its place-based structures along with local authorities as part of the process of agreeing its constitution.

ICSs more widely are partnerships that bring local organisations together to deliver shared plans for improving health and care services, health and wellbeing outcomes, and reducing health inequalities, in their area. This will help factor in the inequalities faced by rural populations when accessing health services.

NHSE has a legal duty to assess the performance of each ICB in each financial year and will oversee the ICBs via their NHS Oversight Framework. One of the themes of the Oversight Framework reflects the ICB's contribution to the local ambitions and priorities of its ICS. CQC assessments will provide independent assurance to the public and Parliament of how well health and social care partners within an ICS area are working together to deliver high quality care for its whole population, including those in rural and remote areas.

Engagement & Co-production

Recommendation 10

The Government should recognise the potential cost-effectiveness of co-production, and the role of local communities and micro-providers in enabling co-production, choice and control for disabled adults and older people by ringfencing funding for local authorities to dedicate to investment in building community capacity, learning from what is working well, and to connect residents to local offers for care and support that are tailored to their needs.

We are committed to promoting engagement with a wide range of voices from across adult social care to ensure that those who experience the system on the ground have an active and influential voice in shaping it.

We recognise that co-production is key for ICSs, particularly in building trust and relationships with local communities and users of health and care services. NHS England guidance makes it clear that ICS partnerships are expected to champion co-production and inclusiveness throughout the ICS, including supporting organisations and an infrastructure that enables the voice of people and communities to be heard.

We agree that the Committee's suggestions around building community capacity, sharing best practice, and connecting users to tailored care offers are likely to help build a sustainable and inclusive service. That said, local authorities are best placed to assess local need and shape their social care market in a way that works for their local areas, and the funding we have already made available gives them the flexibility to do so.

Recommendation 11

The Government should ensure that the definition and vision for social care that is proposed by Social Care Future, as specified previously, is endorsed in principle by all national social care bodies (such as Social Work England, the Care Quality Commission and Skills for Care) to put the best ambitions and values of the workforce into policy and practice more effectively (Paragraph 295)

As set out in recommendation 8, the government is working towards achieving the 10-year vision set out in *People at the Heart of Care* in December 2021, and that we believe has many similarities with the Social Care Futures vision. We agree with the Committee that to ensure this long-term vision is achieved, it needs systematic buy-in from key stakeholders, including the national social care bodies. This is why we worked with over 200 stakeholders across every region in England, including the Care Quality Commission and Skills for Care, throughout the development of our 10-year vision for social care reform.

As we continue to develop the plans set out in our adult social care reform white paper, we are committed to keep engaging with a wide range of voices from across adult social care to ensure that people who experience the system on the ground have an active and influential voice in shaping it. This is crucial both so that our plans are designed with these groups at the forefront of our thinking, and so that implementation of changes are the right ones for the sector.

This approach to ensuring buy-in and involvement from the sector throughout the process will ensure that, as the Committee suggests, the values of the sector, particularly the workforce, are incorporated into our approach, enabling better join-up between the ambitions of the sector and of central policy-making.

Recommendation 12

The Government should work with local authorities, the voluntary sector and social care providers to embed the principles of co-production. This means working with social care staff to enable them to acquire the support and skills necessary to co-produce care and enable a shift in power from staff to individuals who draw on care and support (Paragraph 296)

We are committed to engaging with a wide range of voices from across adult social care to ensure that those who experience the system on the ground have an active and influential voice in shaping it. Beyond the involvement of these voices already underway, we are keen to further embed the principles of co-production in the system more widely.

With the support of Think Local Act Personal (TLAP) and the Health and Wellbeing Alliance, we have sought to hear the views of people who draw upon and provide care to understand the improvements they would like to see. It's impossible to get reform right without this insight.

The Department provides grant funding to TLAP to support the continued improvement and transformation of person and community centred care and support. TLAP is a partnership of national and local organisations, the NHS, provider sector, and critically, people with lived experience and unpaid carers. TLAP facilitates the *National Co-production Advisory Group* (NCAG) which sets the co-production improvement agenda and amplifies the voices of people who draw on care and support and their carers. TLAP supports local areas to embed the principles of co-production by:

- Setting and maintaining co-produced, jargon-free standards of what good personalisation and co-production looks like from an individual's perspective and what organisations should do to live up to those expectations (TLAP's Making It Real framework).
- Providing resources, training, peer support and bespoke, hands-on support to local areas to meet those standards
- Providing bespoke support to local areas to transform their organisations and service models to deliver better personalisation and self-directed support
- Provide resources and support to local areas to understand people's experience of inequality and discrimination in adult social care and to take action to tackle it

DHSC engagement with TLAP means the insights and knowledge of personalised care policy, practice and quality assurance can be brought into our reform programmes. 2022-23 activities include:

- Co-designing and delivering workshops on coproduction to support DHSC policy teams better understand coproduction and reflect on current knowledge/delivery.
- Co-designing, launching and co-hosting a new "Let's Talk Co-Production Zone" at National Children and Adult Services Conference.
- Working with TLAP Partners, including ADASS, to co-facilitate a new annual *Co-Production in Practice Virtual Conference* for social care sector.
- Show-casing specific elements of local, bespoke work, such as Nottinghamshire County Council's 'Our Voice' approach to coproduction.

- Our grant funding supports maintenance of TLAP's, [Rainbow directory of innovations](#) which helps commissioners' and providers find out about community-centred approaches that are having a positive impact on peoples' lives.

While these are positive steps, we recognise the need to continue driving this agenda forward and will continue to consider ways of embedding co-production across the country through our reform strategy.

Data & Information

Recommendation 13

Good policy and practice have been conspicuously inhibited by a lack of data. The Government, as a priority should invest in robust data collection to reveal the conditions and characteristics of the social care sector and inform effective practice. (Paragraph 299)

The government agrees with the Committee that data in adult social care has been sub-optimal for informed policymaking, and that there is potential for data to be harnessed more effectively. We also agree that data can allow care staff to make more informed decisions about provision of care and support.

That is why the Next Steps to put People at the Heart of Care publication sets out how the government is improving data flows in social care with work on Digital Social Care Records, defining minimum data sets, and improving data sharing across health and care systems.

We recognise more needs to be done and are committed to continue driving towards better data collection and utilization. As announced in Next Steps to put People at the Heart of Care, in 2024 we will launch a new digital product that provides the sector with a single point of access to social care data. Over time, this will lead to improved understanding of the characteristics of the sector and promote more informed policy-making and practice across the sector and government.

In addition, in February 2023, we set out our roadmap for improving adult social care data in “Care Data Matters”. As part of that roadmap, we have asked for feedback by 31 July 2023 about what data is needed for planning, commissioning and delivering care – including by people who draw on care and support, unpaid carers, care providers, local government and others. We will publish a final version of Care data matters in the winter, and this will help inform effective practice going forwards.

Through Care Data Matters, we launched a first update to Adult Social Care Outcomes Framework (ASCOF) that will apply from April 2023. Strengthening ASCOF’s metrics will maximise the framework’s value at local, regional, and national levels in monitoring the outcomes that matter most to people. As mentioned in Next Steps to Put People at the Heart of Care, from spring 2025, we will launch a further update to ASCOF that will make use of the new data sources mentioned above.

In addition, our work on minimum data sets will help to standardise data collection in social care and make data easier to compare. We are also working to implement interoperability standards – which define how data is coded, exposed, and shared between systems – to improve data sharing across health and care systems.

Recommendation 14

The Government should enable local authorities to extend local support to those who need advice and information because they have care needs or provide unpaid care. This should be done through specific funding to commission to peer-led independent

organisations over at least a three-year period to enable innovation and capacity building (Paragraph 310)

The government acknowledges the challenges individuals, including unpaid carers, can often face in trying to navigate the care system and understand what support might be available to them. We agree that easily accessible, user-friendly information and advice that is tailored to individual needs is essential for enabling people to make informed decisions about care and support, and to navigate the health and care system with ease.

As referenced within the report, local authorities have a duty under the Care Act to establish and maintain a service for providing people in its area with information and advice relating to care and support. The government agrees with the recommendation that local authorities are best placed to provide information and advice that is tailored and delivered in a way that best meets the needs of their local populations, including considering the appropriate balance between local and national sources of information and advice.

The government remains committed to our vision and are taking forward an ambitious social care reform programme. We are proceeding with our plans to introduce CQC assessment of LAs and see this as a key aspect of our plans for reform. CQC, in partnership with the department and local government sector, is finalising plans for the LA assessment framework, which we expect to roll out from April.

CQC assessment of LAs will help us increase transparency and local accountability, meaning people will be able to hold their LA to account and, ultimately, have access to the consistent, high-quality care and support they deserve.

Personal Assistants

Recommendation 15

As part of its adult social care workforce plan, the Government must commission an independent review of the pay and working conditions for personal assistants. (Paragraph 329)

The government agrees that personal assistants should be appropriately compensated for their work. However, we do not agree that there should be an independent review into the pay and working conditions for personal assistants. Pay and terms and conditions are set by the personal assistant's employer, which is often the person drawing on care and support.

The personal assistant's salary may be paid via direct payments. Individuals need flexibility in how they access support to best meet their needs, the supply of which will vary between different areas. Local authorities already have a responsibility to provide support to individuals on employing personal assistants using a direct payment and have a duty to ensure care needs are met within their area.

Personal assistants are invaluable in supporting people to live independently, which is a fundamental principle at the heart of our 10 year vision. We are incredibly proud of the care and support provided by personal assistants and recognise their extraordinary commitment to their roles. The role of personal assistants is unique as they provide personalised support to individuals, tailored to their specific needs, usually in their own home or in the community.

Recommendation 16

The Government should set aside some of the specific funding identified in the White Paper to develop innovative models to make direct payments and personal assistance easier to access and manage, and to simplify the recruitment of personal assistants. (Paragraph 329)

We recognise the need to improve the accessibility and manageability of care, including personal assistants. As part of our long-term strategy to reform social care, we will be looking at innovative ways to improve people's access to and experience of care. As part of this we will consider how funding may help deliver the innovations the Committee suggests through our new Innovation and Improvement Unit in DHSC, as announced in Next Steps to put People at the Heart of Care. However, at this stage, we do not believe that a specific ringfence is the right approach, as it would constrain our ability to ensure that the funding is delivered in the most impactful way possible going forwards.

In addition, there are already strong mechanisms in place to ensure care is made accessible to those who need it. Local authorities must ensure that those needing care and support, or their nominated representatives, are given timely information about direct payments and that any processes involved in administering direct payments do not restrict choice, stifle innovation, or place undue information sharing burdens on individuals.

Accessibility and Inclusivity

Recommendation 17

The Government should follow through on its commitment to mandate minimum accessible standards so that all new build residential properties across all tenures meet standards of accessibility and inclusivity, including for sensory impairments, learning disabilities and autism spectrum disorders (Paragraph 348)

The government recognises the high demand for supported housing and its vital role in supporting people to live independently. We have a range of policies in place to encourage the supply of new supported housing.

The National Planning Policy Framework makes clear that local authorities should assess the size, type and tenure of housing needed for different groups in the community, including for older and disabled people who require specialist housing, and reflect this in planning policies. This is backed up with capital investment in new supply of supported accommodation. The £11.5 billion Affordable Homes programme (2021-26) in England includes delivery of new supply of supported and sheltered housing. Alongside this, The Care and Support Specialised Housing Fund (CASSH) will continue to incentivise the supply of supported housing for older people and adults with a physical or learning disability, autism, or mental ill-health. This will ensure more people are supported to live independently behind their own front door.

In partnership with DLUHC, we will be launching the Older Peoples' Housing Taskforce which will bring together experts from across the sector to make recommendations on how we make sure that older people have a better choice of accommodation to suit their needs and preferences.

In addition, the [Rough Sleeping Strategy](#) published in September 2022 announced the Single Homelessness Accommodation Programme (SHAP). SHAP is backed by £200 million capital and revenue to enable up to 2400 units of supported housing and other housing-led support for two target groups: adults experiencing multiple disadvantage with a history of rough sleeping, and young people at risk of, or experiencing, homelessness or rough sleeping.

Alongside this action on housing, we are also providing additional funding to local authorities for social care, whereby local authorities commission the care and support that enables people to live well in supported housing settings, subject to local decision making and in line with local strategies and priorities.

Recommendation 18

The Government should introduce an accessibility and inclusivity standard for marketing residential properties for rent, requiring properties to be listed with accessible and inclusive characteristics (Paragraph 350)

There is currently no requirement for agents to list accessible and inclusive characteristics and at present there is no plan to introduce a standard. The government is working however on other means to address the issue of accessibility of marketing for rental properties.

National Trading Standards Estates and Lettings Agency Team (NTSELAT), funded by DLUHC, has introduced the Material Listings Project. This helps clarify what information should be disclosed as standard when marketing a property. For example, information relating to the physical characteristics of the property, including details of parking and

information relating to building safety. We are discussing with NTSELAT on the possibility of including accessibility requirements.

Beyond accessibility of marketing materials, from 8 September to 1 December 2021, the government consulted on options to raise the accessibility of new homes, recognising the importance of suitable homes for older and disabled people. The government response, published on 29 July 2022, set out plans to mandate the current requirement for accessible and adaptable dwellings known as M4(2) as a minimum standard in Building Regulations for all new homes and across all tenures.

The Government will consult further in due course on the technical changes to the Building Regulations to mandate the higher M4(2) accessibility standard, on changes to statutory guidance and on our approach to how exceptions will apply.

Planning rules already mean councils must consider the needs of older and disabled people when planning new homes. We have given councils guidance on options they should consider, such as housing with improved accessibility to enable older and disabled people to live more safely and independently.

As part of a full review of Part M of the Building Regulations, the government has recently completed research on the prevalence and demographics of impairment in England and ergonomic requirements and experiences of disabled people. The evidence gathered will enable us to consider what updates are needed to statutory guidance in Approved Document M. This covers building regulations in England to make sure people can access and use buildings and their facilities.

Technology and Innovation

Recommendation 19

The Government must ensure that any testing of ideas related to care technology is done in co-production with people with lived experience (Paragraph 360)

The government thanks the Committee for their recognition of the work we are doing to drive testing and scaling of innovative care technologies. The purpose of the programme is to build the capacity, capability and ambition for innovation and scaling in local places. This will equip the sector to embed and sustain a range of approaches to the provision of care and support, informed by the needs of local populations.

In 2021, we commissioned Ipsos Mori, the Institute of Public Care, and Skills for Care to carry out a review exploring the current use of technology and digital skills in the sector and how both could be scaled up. We consulted a wide range of groups as part of this review, including members of the adult social care workforce, local authorities, people with care and support needs, unpaid carers and technology suppliers to inform our programme.

We recognise how important it is to ensure that people who will utilise these innovations on a day-to-day basis are involved throughout their development. To ensure we are continually capturing the needs of people with lived experience and who provide unpaid care, we are:

- Working with Think Local Act Personal and the Health and Wellbeing Alliance to help inform policy;
- Holding a lived experience group and a care worker group to inform policy and draw on best practice across the sector;
- Continuing work with our Digital Social Care Advisory Group, whose membership represents people with lived experience, and which helps to shape the vision for digital social care at a local and national level.
- Establishing stakeholder roundtables with a wide array of stakeholders from across the sector. These groups will be used to discuss important issues around the application of technology in social care and to gain insight into the barriers and enablers different groups face when applying technology solutions to the provision of care and support.

Recommendation 20

The Government should create a research and development network for the sharing of technological innovation between social care stakeholders, similar to the NHS R&D Forum (Paragraph 361)

We agree that a bespoke research and development network for technological innovation is an important mechanism to connect UK-based innovators to develop future care technologies to improve the lives of people drawing on care and support.

In *People at the Heart of Care*, we recognised the opportunity that this presents in aligning social care digitisation with the ambitions set out in the UK Life Sciences Vision.

We are engaging with leading researchers, academics and organisations with an interest in digitising social care to draw on the existing strengths of our life sciences and research sector to develop, deploy and scale care technologies to improve the quality and safety of care.

As discussed in Next Steps to put People at the Heat of Care, we are establishing a new social care Innovation and Improvement Unit. This Unit will support local authorities to look beyond the immediate challenge of delivering good care now and have the capacity and support to trial, adopt and scale new approaches to delivering care. The Unit will do this by bringing together experts and innovators and funding innovative local projects.

Carers Allowance

Recommendation 21

Access to Carer's Allowance must immediately be made easier by lowering the threshold of caring hours and ensuring that the earnings limit is updated, in law, in line with rises to the National Living Wage (Paragraph 389)

Recommendation 22

The Department for Work and Pensions must review Carer's Allowance, reporting to Parliament within 12 months, and recognising that, as the lowest benefit of its kind, it is not reflective of the value of unpaid carers' work. The review should also cover the high threshold of caring hours, and the low and inflexible earnings limit, which are both significant barriers to accessing Carer's Allowance (Paragraph 390)

We recognise Carer's Allowance is an important support mechanism to enable unpaid carers to participate in the labour market. The caring threshold for Carer's Allowance is set at 35 hours a week and successive governments have maintained that since the benefit was first introduced. Carers who provide less than 35 hours of care can already receive financial support through the benefit system where eligible, including through Universal Credit. Carers have their Universal Credit conditionality adjusted to reflect their caring responsibilities.

The purpose of the weekly earnings limit in Carer's Allowance is to provide a test of whether the carer is in 'gainful employment' and therefore eligible for Carer's Allowance. The earnings limit for those in receipt of Carer's Allowance who can participate in the labour market in some form is currently £132 -this will be increasing from April 2023 to £139 a week, subject to Parliamentary approval. The earnings limit has increased by over one third since 2010.

The government keeps the earnings limit under review and considers whether any increase in the limit is warranted and affordable.

Many carers who are receiving Carer's Allowance and in some form of paid employment will likely also be receiving Universal Credit.

Unpaid carers are overwhelmingly caring for a family member or friend, rather than someone unknown to them. However, by way of correction to the claim made by the report in box 2, page 41 of the Committee's report, the carer does not have to be related to the cared-for person or living with them. The amount of unpaid care they provide, and its intensity, will differ from carer to carer, as will their reasons and motivation for undertaking caring responsibilities. Therefore, entitlement conditions do not form an offer of employment, nor is a contract created when Carer's Allowance is awarded, or payment of benefit starts.

Carers Leave

Recommendation 23

The Government must honour its commitment and establish the entitlement to unpaid Carer's Leave at the earliest opportunity, supporting the speedy passage of the Carer's Leave Bill (Paragraph 396)

The government recognises the importance of carers having a specific leave entitlement and therefore, in the 2021 Carer's Leave consultation response, we confirmed our intention to establish Carer's Leave as a statutory right.

The government is supporting the Private Members Bill, the Carer's Leave Bill. The Bill will offer a new flexible entitlement of one week's unpaid leave per year for employees who are providing or arranging care for a dependent with a long-term care need. This will be a right on day one and available to employees regardless of how long they have worked for their employer. The leave will be available to take in increments of half-days or individual days, up to a week, to be taken over a 12-month period.

Recommendation 24

The Government should commission a review with the longer-term objective of legislating for compensated Carer's Leave (Paragraph 397)

The Government does not intend to commission a review of paid carer's leave.

The Carer's Leave Bill aims to give employed individuals greater flexibility to provide or arrange care for a dependent with a long-term care or support need during regular working hours. The priority is to ensure that Carer's Leave is widely available to those who need it, whilst ensuring that the burden to employers is kept to a minimum. The Bill will create a flexible leave right that is designed to have low administrative requirements. Employees will not be required to provide evidence to demonstrate how they will use the leave, or the care need of the person they are caring for.

Whilst the statutory minimum will be an unpaid entitlement, some employers already go further and offer more generous carers leave in terms of length and pay. The government welcomes this approach when taken by employers.

Recommendation 25

The Government should ensure the wider uptake of the Employers for Carers' Career Confident Scheme to raise awareness of unpaid carers in the workforce and encourage employers to support unpaid carers who work for them (Paragraph 402)

We recognise that the challenges of providing care can have a big impact on the careers of unpaid carers and limit their participation in the workplace. That is why DHSC provided initial funding to set up and support the Employers for Carers' Career Confident Scheme and provided additional funding to enable the work to develop and expand as part of the Carers Action Plan 2018 – 2020 'Supporting Carers Today'- Action 2.1 and 2.2.

We recognise that empowering workers to have more say over where and when they work makes for more productive businesses and happier employees, and we continue to raise awareness of unpaid carers in the workplace and encourage employers to support them through Carer's leave and flexible working.

Recommendation 26

The government should dedicate ring-fenced funding to increase the availability and capacity of services that provide flexible short breaks for unpaid carers.

The government recognises the importance of providing support for the unique needs of unpaid carers. We are designing a new survey of unpaid carers which would capture the wide range of experiences, circumstances and needs of unpaid carers across England. We will also strengthen the evidence base by working with National Institute for Health and Care Research (NIHR) to commission an evaluation of the funding available to support unpaid carers provided through the Better Care Fund (BCF) including for carer breaks and respite. In 2022-23 this earmarked funding totaled more than £290m.

The intention is that the evaluation will help inform local decision-making around what to commission and how to deliver effective support services for unpaid carers, as well as national policy making. In the Better Care Fund Policy Framework, we are also requiring local areas to outline their plans to support unpaid carers. We will improve the clarity and transparency of spend on unpaid carers through BCF reporting requirements and activity data.

As part of CQC assessments, local authorities will need to demonstrate how they are supporting unpaid carers, recognising their needs are distinct from those with care needs, and ensuring their wellbeing and independence are looked after.

We will also be investing up to £25m for unpaid carers, in line with our funding commitment in the People at the Heart of Care white paper. Further detail will be set out in due course.

Advice and Training for Unpaid Carers

Recommendation 27

The Department of Health and Social Care and the Department for Work and Pensions must join forces to look at carers' journeys to find better information and advice combining trusted national sources of information (such as gov.uk or Carers UK) with locally trusted information, advice and support for carers, recognising that they are best placed to advise locally

DHSC and DWP frequently work together on a range of issues, including those related to unpaid carers. Both Departments engage regularly with a range of stakeholders, including Carers UK, to inform policy development. This includes considering how we might improve the information and advice available to unpaid carers.

We are committed to engaging with a wide range of voices from across adult social care to ensure that those who experience the system on the ground have an active and influential voice in shaping it. With the support of Think Local Act Personal and the Health and Wellbeing Alliance, we have sought to hear the views of people who draw upon care and provide unpaid care to understand the improvements they would like to see. We have also established our own lived experience group of people who draw on and provide unpaid care to inform policy, following best practice from across the health and social care sector.

Recommendation 28

The Government should require that carer awareness training becomes a workforce requirement in health and social care settings, and that this training is co-produced with unpaid carers.

The government acknowledges the challenges individuals, including unpaid carers, can often face in trying to navigate the care system and understand what support might be available to them. We agree that easily accessible, user-friendly information and advice that is tailored to individual needs is essential for enabling people to make informed decisions about care and support, and to navigate the health and care system with ease.

As referenced within the report, local authorities have a duty under the Care Act to establish and maintain a service for providing people in its area with information and advice relating to care and support. The government agrees with the recommendation that local authorities are best placed to provide information and advice that is tailored and delivered in a way that best meets the needs of their local populations, including considering the appropriate balance between local and national sources of information and advice.

E02933436

978-1-5286-4255-2