

People at the Heart of Care: adult social care reform white paper

On 1 December 2021 the government published the social care reform white paper, [People at the Heart of Care](#), which sets out a 10-year vision for transforming and supporting care in England. This vision was developed following engagement with the social care sector, and the government will continue to engage with partners to support its delivery. In this briefing, we summarise the ambitions set out in the white paper, and the accompanying policies to be implemented over the next three years. Please get in touch with hannah.hayes@nhsproviders.org if you have any questions.

Key points

- The white paper follows several recently announced changes to the social care system, including a £86,000 cap on lifetime care costs, a more generous means test, and £5.4bn of additional funding for three years (raised by the new health and social care levy).
- Given the development of integrated care systems, and a new role for the Care Quality Commission in the health and care bill to assess local authorities' adult social care duties, the white paper grounds its long-term ambitions in the context of wider reforms.
- The government's 10-year vision for social care provides welcome objectives including: choice, control and independence; high-quality personalised care; and a fair and accessible system. We support the ambitions and principles set out in the white paper.
- However, there is no new funding underpinning the proposals. With £3.6bn of the £5.4bn raised for social care by the levy going towards funding the cap and means test, the white paper sets out how the remaining £1.7bn will be spent over three years. This includes £300m to increase the range of supported housing options, and £150m to improve digital technology.
- Addressing recruitment and retention issues in the social care sector must be a priority. The white paper sets out some helpful measures, including a skills framework and digital hub, and repeats the previously announced £500m for workforce training and development. However there are no tangible measures to address high vacancy levels or to expand the workforce to keep up with forecast increases in demand.
- Taking the funding reform and white paper proposals together, the government has missed a significant opportunity to not only reform the social care system in the longer term but also support the sector to get through the challenging winter months ahead.

- Now more than ever before, the NHS needs a well-functioning, sufficiently resourced social care sector as one of its most important partners.

Chapter 1: “Who cares”

The paper sets out the scale of care and support that is currently needed in England, with over 1.9 million local authority care requests in 2020/21, and the expected increases in demand for social care services due to longer life expectancies, the legacy of COVID-19, and other factors.

The policy proposals in the white paper are supported by the health and care levy, announced on 7 September 2021, which will raise £5.4bn for adult social care reform over three years, covering:

- £3.6 billion to pay for the cap on care costs, the extension of the means test, and supporting progress towards local authorities paying a fair cost of care
- £1.7 billion to improve social care, including at least £500 million investment in the workforce

Beyond the next three years, the intention is that an increasing share of funding raised by the levy will be spent on social care in England.

Chapter 2: “Our 10-year vision for adult social care”

The government sets out its long-term aspirations for how people will experience care and support in the future, building on the Care Act 2014, embedding personalised care as the norm, and focusing on three key objectives set out below.

People have choice, control and support to live independent lives

The white paper outlines the importance of early intervention, prevention and supporting people to live well in their own homes and communities for longer. In order to ensure that everyone is provided with greater choice, control and independence, the NHS must work with partners to:

- Ensure people can adapt their homes and access practical tools to live well in their own home
- Make sure people can access a range of personalised support that reflects their own choices
- Ensure care decisions are co-designed with people and their unpaid carers
- Champion early health and wellbeing interventions to delay and prevent care needs

People can access outstanding quality and tailored care and support

This section states that everyone should receive high quality care, wherever you live in the country. To enable people who draw on care and support to receive outstanding quality care, the government, local authorities, care providers and the wider sector will need to ensure:

- There is high-quality and timely data available nationally, regionally and locally to help identify best practice and address areas of improvement
- Technology is fully utilised to enable preventative care and to support people's independence
- Social care is recognised by the public as a valuable and high-quality service, on par with the NHS
- Social care is provided by a qualified, professionalised and valued workforce, which has a low turnover
- All professionals involved in providing care have access to the right digitised information
- Health, social care and other services, such as housing, are joined-up to provide seamless care

People find adult social care fair and accessible

The document states that everyone should be able to access the right information and advice at the right time to understand the different options available to them that best meet their preferences and circumstances. The government wants to create a fairer system of adult social care, where people contribute towards the costs if they are able to, where there is a more generous safety net for those who are unable to pay, and where people who self-fund their care do not have to pay more than local authorities for the same service.

Chapter 3: "Strong foundations to build on"

The government acknowledges the Care Act 2014 provides the right foundations for social care reform, but also recognises that the full spirit of the Act is not currently being met due to a number of challenges in the current system, including:

- **Increasing demand.** For example, between 2018 and 2040, the number of adults aged 85 and over is expected to increase by 77% from 1.4 million to 2.4 million.
- **The need to shape care markets.** Local authorities are responsible for ensuring their market is healthy and diverse, but uncertainty over future funding can result in a lack of innovation, poor quality and market fragility.
- **Variation in quality and safety of care.** As of November 2021, 14.3% of providers have a 'requires improvement' rating from the Care Quality Commission (CQC), with a further 1.4% rated as inadequate. There is also geographic variation, with evidence of poorer quality care in less prosperous areas where councils often pay lower rates for care and self-funders are less wealthy.
- **Workforce.** The sector suffers from very high levels of staff turnover (overall annual staff turnover rate in 2020-21 was 30%), particularly among frontline care workers and nurses. Vacancy rates are persistently high, especially for regulated professional roles.

- **Navigating the system.** The majority of people think the NHS provides social care services, whilst just under half wrongly think that social care is free at the point of need. People often do not know where to start when looking for information and advice.
- **Adoption of technology.** During the COVID-19 pandemic, the use of digital technologies transformed the delivery of care but also laid bare the inequalities of access, with 14.9% of people with a disability having never used the internet. Research has also shown that 23% of care home staff cannot access the internet consistently at work.
- **Ensuring housing meets need.** There are currently too many people with care and support needs living in homes that do not provide a safe or stable environment. The government therefore wants to ensure that homes can be adapted to meet care needs where necessary.
- **Integration of health and care services.** The white paper says the Health and Care Bill will seek to rectify disjointed care delivery by facilitating collaboration and joint decisions. A further white paper on health and social care integration is expected early next year, which the government says will aim to improve person-centred care and drive joined up decision-making.

Chapter 4: “Providing the right care in the right place at the right time”

This chapter sets out how the government plans to support the provision of high-quality care based on choice, control and independence.

Housing

The government’s ambition is to ensure that more people can stay in the home of their choice for longer. To support this, the government has provided £300m over the next three years to improve connections between housing and health and care, and to drive the stock of new supported housing. To achieve this, the document notes that there will be a critical role for Integrated Care Partnerships.

The government will seek to increase the supply of supported housing, and ensure that mainstream homes can be adapted to suit care needs. The government will continue existing funding commitments including the annual Care and Support Specialised Housing Fund and the Disabled Facilities Grant.

Using technology

The government will invest at least £150m of additional funding over the next three years to drive digitisation across the sector. This will be supported by the development of digital social care records, infrastructure and cyber security, and workforce digital skills.

Supporting innovation

The government will launch a £30m Innovative Models of Care Programme to support local systems to build the culture and capability to embed innovative models of care. The programme will support local authorities and providers to develop, commission and deliver new models of care. Alongside this, the document confirms that risk-sharing funding will be provided to a number of local authorities to mitigate the additional costs arising from system change.

Focusing on prevention and health promotion

The government commits to investing up to £3m over three years to enable local authorities to support people at particularly high risk of deconditioning (which has increased during the pandemic).

Chapter 5: “Empowering those who draw on care, unpaid carers and families”

This chapter sets out policies that are designed to empower service users, their families and unpaid carers, with a focus on improving information and advice and supporting autistic people and people with a disability into employment. The white paper outlines a package of measures, including a national website informing the public about social care reform. It also highlights the need to improve access to services and support for carers and the people they care for (for instance, respite and wellbeing support), as well as supporting people with disabilities in the labour market.

Chapter 6: “Our strategy for the social care workforce”

Recognising the significant staff shortages in the social care sector today and the future trajectory of demand for care, workforce is a central theme of the white paper. It earmarks £500m over three years to fund a number of programmes to ensure care staff feel recognised, equipped with appropriate skills and are able to access a support offer which can promote wellbeing.

Over the coming year, the DHSC will develop, in consultation with the sector, a knowledge and skills framework, to define routes for career progression. There will be a new digital hub for care staff, which the government hopes will become a resource bank for staff working in care, and wellbeing support offers. This will include a digital skills passport which can facilitate staff when moving between organisations.

The white paper briefly touches on international supply of care staff, acknowledging that many social care roles will not be eligible for sponsored support to navigate the recently introduced immigration regime. It notes that the Migration Advisory Committee is conducting a review to understand the

impact that Brexit is having on adult social care recruitment, which is expected to report in spring 2022. The white paper includes a commitment to 'consider' the outcomes of that review.

The white paper does not include specific measures on rates of pay for staff delivering social care. It emphasises, instead, that the national living wage, which the government sets, will increase by 6.6 per cent in 2022, and that the government aims for the national living wage to reach two-thirds of median earnings by 2024.

Chapter 7: "Supporting local authorities to deliver social care reform and our vision"

This chapter covers local authority oversight, assurance, and commissioning, as well as improving data collection across the social care sector. The white paper emphasises the potential of strengthening local authorities' market shaping capabilities, and the government will review the existing market shaping support offer. Local authorities' commissioning capabilities will be enhanced by £70m, to be deployed over three years.

The Health and Care Bill will establish a role for the CQC to assess how local authorities are discharging their social care responsibilities under the Care Act 2014. The DHSC commits to working with the social care sector to co-develop the methodology that the CQC will use to assess how local authorities are discharging their functions. It will be rolled out no sooner than April 2023.

The government aims to improve the scope and quality of data collected in adult social care services. These measures include: creating a social care data framework by Spring 2022 (informed by engagement with the sector), updating the adult social care outcomes framework, and the development of a digital data platform that will allow real time insight on performance.

Chapter 8: "Where do we go from here?"

This chapter sets how the white paper will be implemented over the coming years. DHSC commits to working with a range of stakeholders to refine the implementation of the white paper's proposals. These include local authorities, housing providers, and care staff; the extent of NHS engagement in that process is not clear. In addition, an evaluation framework will be developed to track progress on delivery of the social care white paper's commitments. More detail on the evaluation approach will be published 'in due course'.

The introduction of the cap on lifetime care costs and amendment to the Care Act framework

Alongside the announcement of the health and social care levy on 7 September 2021, the government published the Build Back Better [policy paper](#) which outlined further social care funding reforms, including a new £86,000 cap on the amount anyone in England will have to spend on their personal care over their lifetime, which will come into effect from October 2023. The paper also set out a more generous means test which includes increasing the upper and lower capital limits, meaning that from October 2023, anyone with assets of between £20,000 and £100,000 will be eligible for local authority means-tested support.

The cap was set to be implemented using legislation already in place under the Care Act. Under this framework, if a local authority is meeting a person's personal care needs, the money that the local authority pays will count towards the cap. However, the House of Commons passed an amendment to the Health and Care Bill on 22 November, amending the Care Act, to change the way the cap is applied for people who are eligible for means-tested support. Local authority financial contributions will no longer count towards an individual's contribution to care costs. Instead only personal financial contributions will count towards the cap. This means those eligible for means tested support will contribute the same costs towards their care (if they reach the cap) as wealthier individuals, but over a longer period of time than if they did not benefit from local authority support. This effectively reduces the benefit for less well off people.

NHS Providers view

The government's long-awaited social care reform white paper sets out an important long-term vision for the sector, which was rightly co-produced with those providing and receiving care. We support the ambitions and principles put forward in the paper, which helpfully build on the existing Care Act framework. For example, providing care at the right time and in the right place, and moving towards more preventative models of care in the community, is the right direction of travel for the health and care system. In the face of significant operational pressures across the system, we now need national prioritisation, funding and incentives to make this a reality. We will continue to facilitate the government's engagement with trust leaders, as they continue to work with the health and care sector on implementation and evaluation.

Funding:

However, the white paper's ambition is undermined by a lack of new funding to underpin and implement it. The new policies proposed rely on the funding raised by the health and social care levy, of which the social care sector will receive £5.4bn over three years. Over half of this will be used for the cap on care costs and extended means test. Any improvements to access, quality and for the workforce will therefore need substantially higher investment. The Spending Review did not provide additional funding for the social care sector, so there is still no sustainable long-term funding settlement. Yet again, the policy proposals in the white paper – and underpinning financial resources – do not go far enough to really address the challenges facing the social care sector both in the immediate and longer term. Without properly addressing unmet and under-met needs, increased volume and complexity of demand, or the fragile provider market, this insufficiently funded vision may never come to fruition.

While there is a welcome emphasis on supporting unpaid carers, without widening access to care it is hard to see how the burden on them will be meaningfully reduced. Similarly, the focus on prevention and health promotion is welcome but until the public health grant sees real-terms increases and prevention is truly incentivised, existing health inequalities will be exacerbated rather than alleviated.

Workforce:

In addition, tackling high vacancy levels in the care workforce must be a priority. We welcomed the additional £500m funding for training and development when it was announced alongside the levy in September, but this only equates to £100 for each individual in the 1.5m strong social care workforce, and does not fund improvements in pay. In addition, there are reports of workforce pressures worsening, with the Nuffield Trust reporting that up to 50,000 staff could have been lost in the last six months. We and others have called for a winter bonus as a short-term measure to improve recruitment and retention, but the white paper has not delivered this. More needs to be done to ensure care staff are valued both in the short and longer term.

Housing and data:

Despite these significant gaps, there are some worthy proposals in the white paper. For example, we welcome the focus on integrating housing into local health and care strategies as a key wider determinant of health, and an important means of keeping people well in the community. In addition, improving the quality of social care data at a national level, and supporting innovative new models of care, will help improve quality of care – so long as these measures are supported by sufficient funding, staff and a focus on personalised care that goes beyond the white paper proposals around improving information and advice.

Health and care integration:

We note the reference to the upcoming health and social care integration white paper outlining proposals to improve person-centred seamless care and drive joined-up decision making: this is a helpful long-term ambition. However, we urge the government to maintain the principle of flexibility in the Health and Care Bill to enable all local areas to build on what is working well and what works for local communities - rather than imposing models or a mandatory approach at pace that could, perversely, disrupt and delay progress on integration. To read further detail on our position ahead of the publication of the integration white paper, please read our submission [here](#).

Cap on lifetime care costs:

While the introduction of the cap on lifetime care costs in September was a welcome element of social care funding reform, we are concerned that the government's proposed amendment to the Care Act will leave fewer people protected from catastrophic care costs than the government originally proposed in September (although the cap will still protect more people from catastrophic care costs than in the current system). The government's amendment will disproportionately impact those with lower levels of wealth, exacerbating rather than alleviating structural inequalities. The cap also fails to create a fair system for those entering working age with an already established social care need, or younger adults with care needs, as they will still be required to contribute to the cap at the same rate as an older person. Which is contrary to the original Dilnot proposal which suggested that the risk should be pooled across the country for those entering working age with a care need, meaning that they should not have to contribute towards their care costs.

NHS Providers press statement

Commenting on the adult social care reform white paper, published by the government, the director of policy and strategy at NHS Providers, Miriam Deakin said:

"We welcome the publication of a white paper, which marks an important step towards a much-needed national vision for social care.

"However, it is disappointing that government has not fully seized this opportunity to place social care onto a sustainable footing.

“There remains a need for tangible, fully funded measures to improve pay and to tackle high vacancy levels in the social care workforce, to support the provider market, and to increase access and improve quality of care.

“We would also urge government to heed calls to offer urgent support to social care colleagues to help recruit and retain essential care workers over the winter months.”

Summary of social care stakeholder views

Stakeholders have voiced diverse perspectives in response to the social care white paper.

Commonly, there has been a cautious welcome for the ambition the government has shown in framing the proposals and a tentative endorsement of some of the key principles which the white paper articulates and areas of focus. For example, the **National Care Forum** (NCF), a coalition for non-profit providers of social care, said:

“The wait is over – and we have before us a 10-year plan that is underpinned by many of the ambitions outlined by NCF and our members. The paper focuses in on key issues around quality, housing, technology, data and innovation – and rightly centres its attention on people who receive care and support, unpaid carers and the incredibly valuable workforce.

“It is a vision that I think many will feel represents the social care that we want for the future. It is clear that there is an appetite for change based on shared principles, and an understanding that investment in social care is critical to facilitating that change.”

In a similar vein, **ADASS**, the membership body for directors of adult social services, commented that the “white paper sets out strong values and principles and has great ambition”.

The **Local Government Association** welcomed the focus on supported housing, and the government’s decision to anchor the changes in the 2014 Care Act:

“This much-anticipated white paper sets out a positive vision for the future of adult social care and it is right that it has been co-produced with and alongside people who draw on care and support. It is also encouraging to see the Care Act is the foundation upon which these reforms will be built, particularly the emphasis on housing, greater recognition of the workforce and skills, and prevention, action on all of which will improve the quality and experience of people who draw on social care.”

Some stakeholders welcomed the resource which the government has made available to support particular work programmes within the white paper. For instance, [Carers UK](#), the charity representing unpaid carers, said:

"We welcome the announcements of £25m to work with the sector to improve services to support unpaid carers, the £30m to help local areas innovate services, and £150m to drive adoption of technology across the sector. These all have potential to improve the experiences of unpaid carers. The proposals to encourage digital technology, improve data collection and sharing of data could all make carers' lives easier."

However, any optimism is tempered by a recognition that the current funding regime and a lack of ambitious measures to address workforce shortages will hamper prospects for tangible change. [Age UK](#), for instance, said:

"Chronic workforce shortages are the biggest concern and seem to be getting worse, with uncompetitive pay the main culprit. There is nothing in the Paper to suggest the Government has any real strategy for dealing with it, given the lack of care funding overall. If COVID surges this winter because of the new variant these workforce problems will be magnified, with potentially disastrous consequences. There are similar concerns about unpaid carers collapsing after an unbelievably challenging twenty months too."

Overall, the stakeholder response acknowledges the importance of government seeking to drive improvement in an often-neglected policy area, and demonstrating political commitment through raising taxes. However, stakeholders agree that the policy package outlined so far – and financial resources underpinning it - will not be sufficient to effectively meet the needs of service users (including addressing unmet need) and improve care. Further policy development, and financial support, will be needed if the government is to deliver on its ambitious rhetoric to 'fix' social care.

As the [Kings Fund](#) puts it:

"This white paper is the final part of the Government's plan to fix social care, alongside funding reform and the funding settlement announced in the Spending Review. Taken together, the Government's commitments do not match the ambition set out by the Prime Minister and urgency of change which the people who draw on care and support rightly expect to see."