



Department of Health & Social Care

*From Gillian Keegan MP
Minister of State for Care and Mental Health
39 Victoria Street
London
SW1H 0EU*

Dear Clive,

I am writing to you following the oral evidence session on Monday 23 May, which I attended to give evidence to your inquiry into the long-term funding of adult social care. I will address the outstanding requests raised by the Committee in turn and I also wish to clarify some of the information I gave.

Firstly, you requested data about the average number of sickness days taken that do not relate to Covid (Q240). Skills for Care (SfC) report an average of 8.7 days per worker were lost to sickness in the year to April 2022, over the period when Omicron was at its height. The equivalent pre-Covid average (in the year to March 2020) was 5.6 days per year. This suggests that other causes are collectively playing a more significant role than Covid alone in driving sickness absence.

To your point on how the £5.4 billion package will be broken down in Q261, please refer to the annex of this letter. Our People at the Heart of Care white paper sets out our priorities for investment.

Going forward, to deliver these significant reforms, we will continue to engage with a range of stakeholders including local government, think-tanks, providers of care and their representatives, professional bodies, charities, unions, and people with lived experience of care and support, to develop and design their implementation and discuss distributional issues.

Funding will be made available specifically to support local authorities to prepare for the reforms to the charging framework and to meet the costs of the expanded system. This includes funding in 2022-23 to support planning and preparation for implementation of charging reform and in 2023-24 to enable local authorities to undertake early assessments. The government intends to consult on a proposed approach to distribution for funding for 2023-24 later this year.

To your point on data sharing in Q321. We are supporting Integrated Care Systems (ICSs) to implement a person-based shared care record. These make it possible for staff that use different IT systems, or record their data in different ways, to see a person's information in one shared record. Every ICS in England now has a basic shared care record which is accessible to appropriate staff and enables sharing of key information between GP practices and NHS Trusts.

Within social care, we have an ambitious programme of digitisation underway that includes bringing the current usage of digital social care records up from 45% to 80% over the next 3 years. This programme, with funding of at least £150m (see Annex B), targets support to CQC registered care providers and ensures that software suppliers meet interoperability standards. This will ensure social care record systems can be integrated with the wider shared care record.

I would also like to make a few corrections to the evidence I gave to the Committee.

On Q249 regarding the £70 million of reform funding, this is in fact to support LAs and local systems to improve the way they deliver care and support services, not for metering and monitoring systems.

Please also note a correction to the Skills for Care (SfC) statistic in Q301 on the national living wage for workers. It should be 21% of the care worker workforce are on the national minimum wage.

I would like to make a final clarifications regarding respite for carers and the figures provided for the Better Care Fund (BCF) - Q308 and Q323. I stated that the BCF is £2.14 billion for this year, which is in fact the value for the 'improved BCF' for 2022-23. The correct total size of the mandatory elements of the BCF in 2021-22 was £6.9 billion. Of that, £130 million was earmarked to support carers' breaks and £155.7 million was earmarked to support carers.

I hope this addresses the points that the Committee has raised.

Very best wishes

A handwritten signature in blue ink, appearing to read 'Gillian Keegan', with a stylized flourish at the end.

GILLIAN KEEGAN MP

BREAKDOWN OF THE £5.4 BILLION PACKAGE FOR REFORM:

ANNEX B

(Figures for the public have been rounded - precise figures will vary slightly)

£3.6 billion	£2.2 billion	2022-23: £0	Reform charging system through new cap and means test
		2023-24: £800 million	
		2024-25: £1.4 billion	
	£1.36 billion	2022-23: £162 million	Enable local authorities to move towards paying providers a fair cost of care
		2023-24: £600 million	
		2024-25: £600 million	
£1.7 billion	At least £500 million	Workforce training, qualifications, and wellbeing	
	At least £300 million	Transform housing, providing more choice in housing and support options	
	At least £150 million	Improve technology and increase digitisation across the sector	
	Up to £25 million	Kickstart a change in services provided to unpaid carers	
	Up to £30 million	Helping local areas innovate the support and care they provide	
	At least £70 million	Improving the delivery of care and support services, including assisting local authorities to better plan and develop the support and care options available	
	At least £5 million	Pilot and evaluate new ways to help people navigate the care system and understand the options available to them.	