

# CARE FOR OUR FUTURE

**The roadmap to a sustainable future  
for adult social care**



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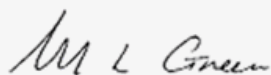
# Foreword

Whether we realise it or not, adult social care affects all of us. At some point in our lives, we will rely on some form of long-term support whether from a family member, loved one, or carer. A strong adult social care system is the cornerstone of a successful economy and healthy society. Its future needs to be secured and protected.

Despite countless attempts at investment and reform over recent years, the adult social care sector is in an extremely precarious state. Data from the sector's regulator shows an increasing number of providers shutting their doors, leaving thousands of people without the care or security they need. Our 'Cinderella service' has been neglected time and time again, at the expense of staff, the people we support and wider society.

Despite these challenges, the sector remains one that is hopeful and brimming with talent and enthusiasm. Care providers up and down the country continue to deliver essential services, supporting vulnerable individuals to maintain their independence, achieve their individual goals and enjoy a high-quality of life. It is incumbent upon the incoming Government, whatever their political persuasion, to harness that expertise and put the future of adult social care at the heart of its vision for our country.

This roadmap sets out the short-, medium- and long-term priorities for the adult social care sector across three key themes – workforce, funding and integration. The recommendations set out are by no means an exhaustive list but represent realistic and pragmatic steps for the next Government to help move us towards a sustainable future for adult social care.



**Professor Martin Green OBE**  
**Chief Executive, Care England**



# Recommendations for the next Government

## Workforce

## Funding

## Integration

Within 100 days

Mandate the professional registration of adult social care staff in England

Zero-rate VAT for welfare services in England

Mandate direct adult social care representation at all ICS levels in England

Within two years

Implement a fully-funded £15 minimum care wage and develop parity of esteem with NHS staff

Close the Fair Cost of Care funding gap and repeat the exercise at a sector-wide level

Publish a strategy for hospital discharge which introduces a national tariff of £1,500 per week

Within five years

Consolidate reforms within a fully-funded, long-term adult social care workforce plan

Deliver a long-term adult social care funding settlement, with a £10bn annual funding boost

Deliver a fully-mapped prevention and integration plan



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## **The current state of play**

Understanding the nature of the challenges facing the sector

## Workforce

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The adult social care workforce is in a severe and sustained crisis, described by the Health and Social Care Committee as ‘the worst in [its] history.’<sup>1</sup> There are 152,000 vacancies in the sector, a vacancy rate (9.9%) three times greater than the average for other sectors, and a turnover rate of 30%.<sup>2</sup> At a day-to-day level, these staffing pressures adversely affect the delivery of care. As a result of staff shortages in 2022, 69% of care providers increased the use of agency staff, whilst 58% had to turn down admissions and 18% had to close down services altogether.<sup>3</sup> Over half a million hours of home care were not delivered between January and March 2023 due to a lack of staff, equivalent to £14.7m worth of care.<sup>4</sup>

Recent Government initiatives to improve workforce conditions have been sporadic and inadequate. The acclaimed £500m provisioned for the workforce in April 2022 was subsequently halved to £250m a year later, described as an ‘insult’ by many in the sector.<sup>5</sup> A further £570m was announced in July 2023, which, while welcome, is repurposed funding from the 2022 Autumn Statement and equates to an uplift of just 9.6p per hour for the nation’s 1.52m care staff over two years.<sup>6</sup> The primary factors causing the ongoing recruitment and retention crisis – low pay, a lack of career progression and inconsistency in terms and conditions compared to NHS roles – remain largely unaddressed.

### What would a sustainable future for the workforce look like?

- Recognition and fair pay for care staff reflective of their skills and competencies and commensurate with the work they undertake
- Parity of pay, conditions and esteem between care and NHS staff
- The prospect of a rewarding career, with a clear route for progression aligned with national pay structures to ensure staff are fairly remunerated and move up pay scales as they acquire new skills and knowledge
- Domestic and international recruitment routes work in harmony to meet staffing needs, with the entire workforce afforded the remuneration and respect they deserve

## Funding

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Decades of chronic underfunding have resulted in a substantial funding gap in the sector, with local authorities bearing the responsibility of commissioning and maintaining a sustainable market without the backing or resources to do so effectively. As a result of financial pressures, one-third of adult social care providers, including nearly half of smaller organisations, considered exiting the market in 2022.<sup>7</sup> 82% were either in deficit or experienced a decrease in their surplus in that same year, with 42% of providers having to close down a part of their organisation or hand back contracts to local authorities.<sup>8</sup>

Recent attempts at charging reform, namely the Fair Cost of Care exercise and the implementation of Section 18(3) of the Care Act 2014, have faced delays and fail to have been backed by the resources necessary for successful implementation. The £7.5bn provisioned for the sector over two years in the Autumn Budget 2022, while welcome, is split between both adult and child services and aimed at a huge variety of different initiatives for which the headline figure is insufficient. Inflation, demographic change, rising workforce costs, increasing demand for care and digital and environmental responsibilities will only add to existing financial pressures.

### What would a sustainable future for funding look like?

- Providers are supported to deliver quality care and reward hard-working staff, with the ability to plan for and invest in the future
- Local authorities have the resources to pay fee rates reflective of the true cost of care
- Clear funding settlement over the long-term, giving care providers, local authorities, the NHS, workforce and wider adult social care sector the security they need
- The independent sector is empowered to support a high-quality adult social care system in its full capacity
- Investment in the sector and innovation, particularly in relation to new technology and models of care, are actively supported and encouraged

## Integration

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Improving integration between health and social care services is a longstanding Government ambition. The introduction of Integrated Care Systems (ICSs) was aimed at meeting this goal by bringing together NHS organisations, local authorities and other system partners to better coordinate services.

While the establishment of ICSs has been met with optimism, the wider health and social care system continues to function in a frustratingly disjointed manner. One in seven hospital beds are occupied by patients fit for discharge into the adult social care system but remain stuck in hospital.<sup>9</sup> Acute pressures and the short-term nature of Government funding cycles dominate ICS capacity and resources, limiting the scope to focus on long-term outcomes such as prevention, and concerns remain surrounding the NHS-centric nature of governance and lack of adult social care representation.

### What would a truly integrated future look like?

- All local partners are meaningfully involved in system management
- NHS and adult social care professionals enjoy parity of pay, terms, conditions and esteem and are able to move easily between NHS and social care roles
- Clear, long-term funding picture that enables systems to plan, build and execute long-term plans effectively
- Individuals enjoy a seamless journey through the entire health and social care system
- A holistic system able to achieve meaningful outcomes and pursue long-term goals

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## **The current state of play**

Understanding the nature of the challenges facing the sector

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## **Short-term priorities**

Policies for the first 100 days of the next Government

## Mandate the professional registration of adult social care staff in England

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The success of the adult social care sector in providing support to vulnerable individuals is entirely dependent on the efforts of the invaluable care workforce, who make up 5.2% of the total labour force in England. Over time, these staff have been expected to deliver increasingly complex care to a growing number of individuals, all while facing high rates of vacancy and turnover.

Despite the complexity of, and skill required in care roles, social care is often not viewed as a professional career in England.<sup>10</sup> As a result of a lack of Government investment, care professionals are underpaid, undervalued and lack the professional status and proper career structure afforded to comparable roles in the NHS. This lack of recognition contributes to the discourse that care professionals do not enjoy parity of esteem with NHS colleagues, who are widely recognised and celebrated within Government and across wider society.

Mandating the professional registration of adult social care staff in England, as is already in place in Scotland and Wales, would help raise the status of working in care, laying the foundations for professionalising the workforce and offering a framework for recognising an individual's experience and training. Registration costs should be met by Government, rather than care staff.

A professional care register allows for a safer and faster recruitment process, with those registered having their references and DBS checks already validated. While staff in other sectors, such as hospitality, are often able to start work almost immediately, long processing times for things such as DBS checks add to a delay in care staff beginning work. A register would not only make the process quicker for frontline staff but lift the burden on employers to individually verify checks, streamlining the process and allowing for greater attention to be paid to assessing candidates' suitability for roles.

Complete with an up-to-date training record, a professional register would minimise the need to complete mandatory training when changing roles or employers. This, in turn, would reduce training costs and time spent on unnecessary training sessions, freeing up time and resources to focus on delivering care.

Care professionals would also be a part of a formally recognised group. Those requiring care and support, as well as their loved ones, would derive reassurance from knowing that care professionals have met an agreed set of national standards for their training and professional skills.

**Implemented within 100 days of the next Government taking office, a professional register would represent a low-cost, easily implementable measure that lays the foundation for a sustainable adult social care workforce.** A great deal of work has already been done within the sector establishing the foundations of a professional register, for example, the model developed by the National Association of Care & Support Workers in partnership with the Institute of Health & Social Care Management, which the Government should take forward in adopting a standardised approach for the country.

## Zero-rate VAT for welfare services in England

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Under current UK law, regulated welfare services undertaken by a registered/regulated entity, or any welfare services undertaken by a charity, are exempt from VAT. This means that VAT cannot be recovered on attaching costs of providing these services. If, however, the same services were undertaken directly by local authorities, these bodies would be able to recover VAT incurred on the cost under the special VAT recovery regime available to local Government.

By restructuring their VAT arrangements, care providers can recover input VAT for care homes on local authority- and NHS-funded contracts at no additional cost to the local authority outside of contract amendment and a revised billing process. This equates to £30-50 being added to every weekly care package, allowing providers more funding to enhance the level of care provided without adversely affecting local authority budgets. This restructuring process, currently permitted by less than 50% of local authorities in England, can have a significant positive financial impact equivalent to a 4-6% fee uplift.

**Within 100 days of taking office, the next Government should zero-rate VAT for welfare services in England.** This would inject a minimum of £350m directly into the frontline of care services, helping to immediately stabilise the sector amid a challenging budgetary environment at no extra cost to councils. It would also deliver national consistency and ensure equal treatment of care providers across every local authority.

## Mandate direct adult social care representation at all ICS levels in England

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The transition towards ICSs has been met with optimism by system partners from all sides, offering a new way of working and the potential to focus on long-term health outcomes. The flexibility afforded to ICSs by national Government is crucial in enabling ICSs to focus on what matters to their local populations and deliver meaningful health outcomes. The ability of ICSs to engage and collaborate well with all partners, however, has been noted as the 'make-or-break' factor in determining their success.<sup>11</sup>

Levels of engagement with the adult social care sector vary across ICSs. At the Integrated Care Partnership (ICP) level, there is some opportunity for the sector to have direct representation, while at the Integrated Care Board (ICB) level this representation is often fulfilled by local authorities. These arrangements fail to represent the diversity of the adult social care sector or the views of providers directly.

While the Government has demonstrated a desire for national oversight to be used sparingly in relation to ICSs, an exception should be made when it comes to meaningful engagement with system partners.

**Within 100 days of office, the next Government should mandate direct adult social care representation at all ICS levels in England**, with a set of agreed partner engagement criteria to be enforced by the sector regulator within their newfound capacity under the Health and Care Act 2022. This would introduce much-needed accountability in relation to ICS partnership working and help ensure all partners are meaningfully involved in system management.

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## **Medium-term priorities**

Policies for the first two years of the next Government

## Implement a fully-funded £15 minimum care wage and develop parity of esteem with NHS staff

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Pay rates within adult social care roles remain the principal barrier to the recruitment and retention of staff, with three-quarters (75%) of providers stating that low pay was the key driving force behind members of their workforce leaving in 2022.<sup>12</sup> Despite undertaking vitally important and enormously challenging work – both physically and mentally – care staff are among the lowest-paid workers in the economy. In August 2022, The King's Fund reported that 50% of care staff earn within 30p of the National Living Wage, a figure exceeded by the minimum pay rates of nine out of the ten largest supermarkets.<sup>13</sup>

Workforce pay also represents overwhelmingly the most significant cost pressure for care providers, owing to the labour-intensive nature of the sector.<sup>14</sup> Despite this, there is a clear desire among providers to increase pay, with 95% stating that doing so would have a positive impact on staffing pressures.<sup>15</sup> Unfortunately, providers are limited in their capacity to do this due to underlying financial issues and sub-optimal fee rates paid to them by local authorities, with 81% of providers stating that fee increases did not cover the rising cost of workforce pay in 2022.<sup>16</sup>

A sector-wide pay rise for care staff in England is long overdue. Both Scotland and Wales have introduced modest minimum care wages and given the extent of workforce pressures, England must follow suit in a substantial way. **As soon as possible, within the two years of taking office at the latest, the next Government should implement a fully funded minimum care wage of £15 per hour in England (in 2023 terms).**

Increasing pay has been shown to influence job satisfaction and retention in the NHS<sup>17</sup> and would have a transformational effect on adult social care. It would immediately raise the standard of living for care staff and the status of the sector within the wider economy, making a career in care a more attractive prospect overnight. A minimum £15 hourly rate for care workers and senior carers would develop parity of esteem with NHS staff in similar roles, who, in addition to receiving a higher base pay, are entitled to superior terms, conditions and benefits amounting to an overall package that far exceeds that afforded to care staff.

New analysis by Care England shows that, accounting for an estimated 943,000 care workers and senior carers<sup>18</sup> and a £4 increase on the current average hourly rate, a £15 minimum care wage would have an upfront cost of £7.3bn per year.<sup>19</sup>

A £15 minimum care wage would boost the English economy by £9.5bn per year.<sup>20</sup> As recent Trade Union Congress (TUC) research confirms, the impact of higher tax returns to the Treasury, reduced in-work benefits payments and the economic impacts of additional consumer spending mean the net cost would be substantially lower than the £7.3bn upfront cost.<sup>21</sup>

At a regional level, the economic impact would be considerable and disproportionately benefit the most deprived areas of the country, with the East Midlands, North East and North West standing to receive the biggest economic boosts relative to population size.<sup>22</sup> A national minimum care wage would also disproportionately benefit women, who make up 79% of care staff, and BME workers, who make up 31% of care staff, helping to reduce gender and race pay gaps.<sup>23</sup>

Aside from pay, the Government should consider ways to develop parity of esteem between NHS and care staff. Conducting a workforce review, expert-led and co-produced with the adult social care workforce, would be a step in the right direction. This should assess the measures needed to make social care a well-respected and rewarding career, including in terms of development, qualifications and improved career pathways. An awareness campaign to raise public consciousness about the nature, skills and competencies associated with a career in care would help dispel the notion that care is a low-skilled profession and help drive a new generation of carers into the sector.

## Close the Fair Cost of Care funding gap and repeat the exercise at a sector-wide level

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The inability of many local authorities to pay the true cost of care has resulted in a two-tiered system whereby state-funded residents are effectively cross-subsidised by those self-funding their care. By determining the “true” cost of delivering care, the Fair Cost of Care exercise was conducted by the Government to establish the rate at which both state- and self-funded residents could access care following the implementation of Section 18(3) of the Care Act 2014. Every local authority was required to produce a Market Sustainability Plan, setting out the current rates paid, the “true” cost of care in their locality and their strategy to bridge the gap between the two.

Through analysis of local authority Market Sustainability Plans, Care England revealed a £1.5bn Fair Cost of Care funding gap for Older Persons’ residential care in 2022–23. As of March 2023, the average shortfall in fees paid by local authorities was £196 per week for residential fees and £178 per week for nursing care. A further annual shortfall of at least £650m for home care<sup>24</sup> brings the total quantifiable shortfall to an estimated £2.15bn per annum.

**Within two years of taking office, the next Government should close the Fair Cost of Care funding gap for older persons’ residential and home care.** The funding gap for care for people with learning disabilities and autistic people is substantial but unknown, as this part of the sector was excluded from the Fair Cost of Care exercise. As such, **within two years of taking office, the next Government should also repeat the Fair Cost of Care exercise at a sector-wide level, quantifying the true shortfall in fees paid across all adult social care services.**

The figures outlined above relate only to the basic cost of providing care, with no consideration of inflation, the resources required to address ongoing workforce challenges or increase capacity to meet the growing needs of an ageing population. Closing the Fair Cost of Care funding gap, while repeating the exercise at a sector-wide level, is an important step in moving towards financial sustainability and a two-year timeframe represents a deliverable period over which to do it.

As local authorities are unable to pay the true cost of care under current circumstances, closing the funding gap will necessitate a substantial increase in funding from central Government. More flexibility could also be given to local authorities to raise funds; by removing or increasing the social care precept cap, for instance.

## **Publish a strategy for hospital discharge which introduces a national tariff of £1,500 per week**

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At present, poor operationalisation of hospital discharge into the community is one of the most pressing issues facing the health and social care system. A significant proportion of hospital beds are taken up by ‘bed-blockers’, fit to be discharged but unable to do so due to the system’s inability to efficiently organise adult social care placements. Care providers, despite having the capacity to take on additional residents, go uncontacted. There are also significant waiting lists for specialist services as well as delays for assessments and reviews.

The Government’s recent attempt to tackle delayed discharges, namely the £500m fund announced in September 2022 and the supplementary £200m announced in January 2023, failed to deliver meaningful outcomes. Funding was weighted towards the NHS, where the biggest number of delays were concentrated, and receipt of the second tranche of the £500m fund was contingent on local systems providing a plan within 4 weeks of the announcement, followed by subsequent fortnightly for the duration of the fund. The sporadic, conditional nature of the Government’s current approach will never effectively address challenges associated with hospital discharge.

**Within two years of taking office, the next Government should publish a strategy for intermediate care which introduces a national tariff of £1,500 per week.**

The introduction of a national tariff with a care needs specification would mean providers who felt they could deliver the necessary care would be encouraged to offer the capacity to their local system. This would replace the one-way system of local commissioners dictating the market shape and structure. A tariff would also reduce the administrative burden for health and care providers, ultimately speeding up the discharge process.

Furthermore, a national tariff would help reduce the excessive amount of public money spent on accommodating people who are fit to be discharged in hospital beds. The average unit cost for a standard NHS bed, excluding any treatment costs, is £2,415 per week.<sup>25</sup> On 30 June 2023, there were 12,310 patients medically fit for discharge but remaining in hospital,<sup>26</sup> a number consistently over 14,000 during the winter. A national tariff of £1,500, close to the routine care costs revealed by the Fair Cost of Care exercise, would incentivise providers to take on discharged hospital payments and save the NHS nearly £1,000 per week, per discharged patient. Across 12,310 patients this would save the NHS £587m per year, representing a sensible and effective use of the independent sector.

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## **Medium-term priorities**

Policies for the first two years of the next Government

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## **Long-term priorities**

Policies for the first five years of the next Government

## Consolidate reforms within a fully funded, long-term adult social care workforce plan

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At present, there is no workforce strategy to deal with the staff shortages currently engulfing the adult social care sector. The measures outlined in the People at the Heart of Care white paper, while moving in the right direction, fall short of the bold and ambitious vision the sector desperately needs.

**Within five years of taking office, the next Government should consolidate reforms within a fully funded, long-term adult social care workforce plan, co-produced with the adult social care workforce.** Akin to the NHS Long Term Workforce Plan published in June 2023, this must set out how the sector will address existing vacancies and meet future challenges, with clear, measurable targets over a 15-year period.

This long-term plan must develop prospects for clear career progression through the adult social care system, with a structured set of pay bands commensurate with the skills and competencies required in different roles. Roles should be co-designed in collaboration with the current workforce, reflecting parity of value and pay with work in the NHS. Furthermore, the plan must include a focus on learning, development and qualifications, supporting the workforce to navigate the increasingly complex needs of individuals and changing models of care, as well as the greater use of technology.

Furthermore, a long-term workforce plan must strike the right balance between domestic and international recruitment as a means of meeting the sector's staffing needs. International recruitment is playing an ever-greater role and will be critical in meeting care needs in years to come. The Government must adopt a sensible approach to labour migration, encouraging international recruitment into adult social care where appropriate and ensuring good conditions for individuals coming into the country. Similarly, concerted efforts must be made to support the domestic workforce to gain the necessary skills and both enter and remain in the care workforce. Put simply, the Government must improve the pay, terms and conditions for all staff to ensure the workforce is put on a sustainable footing in the long term.

## Deliver a long-term adult social care funding settlement, with a £10bn annual funding boost

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Over the long term, the nature of the adult social care sector and the challenges it faces will evolve substantially. Some of these challenges are already well-known and understood, while other, new challenges will emerge. On both fronts, a long-term funding settlement is necessary to ensure the adult social care sector is resilient and able to withstand growing pressures and demands, while also able to deliver high-quality, accessible care to all individuals who need it. In contrast to the Government's current approach, characterised by sporadic announcements of conditional, short-term funding packages, a long-term settlement would give providers, local authorities and the wider sector the clarity and security it needs to focus on long-term planning.

Key areas requiring consideration in a long-term funding settlement include:

- > **Demography** – An increasing number of older and disabled people requiring care is steadily adding to the demand for adult social care services in England. Approximately £700m of additional funding has been required in each of the last three years to meet the costs of demographic change,<sup>27</sup> a trend which will continue going forward.
- > **Workforce costs** – As outlined throughout this report, investment in the adult social care workforce is long overdue and desperately needed. A fully funded £15 minimum care wage would be the most impactful measure the Government could implement, with an upfront cost of £7.3bn per year. As previously noted, higher tax returns, reduced in-work benefit payments and additional consumer spending would mean a substantially lower net cost to the Treasury, as well as the English economy receiving a £9.5bn annual boost.
- > **Fair Cost of Care** – Meeting the Fair Cost of Care funding gap for older persons' residential care would cost £1.5bn per year. Home care services face an estimated shortfall of £650m.<sup>28</sup> While the funding gap for services for people with learning disabilities and/or autism is unknown, the total budget is comparable to that of older person residential care and as such the funding gap is likely to be similar.
- > **Inflation** – While inflation reached record highs in the UK in 2022, the Office for Budget Responsibility forecast that it will have a comparatively small impact over the next five years.<sup>29</sup> Nevertheless, it requires consideration in any long-term funding settlement.

**In sum, a meaningful long-term funding settlement must be in the region of at least £10bn per year.** This would give providers, local authorities and others in the sector the ability to manage current pressures, meet rising demand, plan for the future and focus on long-term health outcomes.

Consideration must also be lent to the costs of digital transformation and environmental, social and governance, both of which will require substantial investment from Government if adult social care providers are to meet national targets.

## Deliver a fully-mapped prevention and integration plan

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Considering ongoing funding and workforce pressures, as well as a backdrop of rising demand and demographic change, our health and social care system must think creatively about new models of care and a shift towards a prevention-based approach. Despite facing wide-ranging challenges over recent years, local systems have worked to deliver some outstanding models of social care that are improving outcomes for individuals daily. Going forward, we need a system which fosters these models of care at a national level, whereby health and social care systems act in a coordinated fashion focused around the person and are financed adequately and appropriately to allow for innovation and investment.

A critical part of this is forward planning. System partners are united in their support for a move away from short-termism towards longer-term strategic planning backed by ringfenced and sustainable funding packages. Not only is there not enough money in the system but the way funding is disseminated creates challenges and is not conducive to the long-term planning required to focus on achieving meaningful outcomes.

**Within five years, of taking office, the next Government should deliver a fully-mapped prevention and integration plan, aimed at developing a holistic approach that supports individuals before, during and after they enter the social care system.**

This long-term strategy must work to facilitate access to good quality health and social care services for people in need of care and support while empowering individuals to remain fully integrated in society and live in dignity, independent of their health or dependency status. An increasing focus on prevention and new models of care will accommodate the fact that those who require care and support are living longer, with increasingly complex multiple morbidities, disabilities and frailty. Individuals with other conditions, particularly mental ill health, also benefit dramatically from early intervention and holistic support and must be cared for accordingly.

The independent sector will be a key part of this long-term shift and can serve as the bedrock for a prevention and integration strategy. The sector can alleviate pressure on the NHS, for instance by serving as both community and emergency care hubs, and must be meaningfully involved in system management to ensure that best use is made of these resources. Responding to such challenges with 'more of the same' – acute hospital beds and care home places – is not sustainable nor is it the best option for those in need of care.

# Endnotes

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28. The Guardian, Shortfall of £2.3bn a year in England's care homes 'putting people at risk', [accessible here](#)
29. Office for Budget Responsibility, Inflation, [accessible here](#).