

Baroness Casey of Blackstock DBE CB
Chair, The Casey Commission

Dear Baroness Casey,

Re: Working Age Adults – Priorities for Medium-Term Reform to Support the Commission’s Phase 1 Objectives

I am writing on behalf of Care England’s Working Age Adults Policy Board to present a detailed set of proposals that we believe speak directly to the goals you have set for the first phase of the Casey Commission. We welcome your commitment to shaping a National Care Service that is deliverable, affordable and grounded in the experiences of those who draw on care, as well as those who provide it. The emphasis on productivity, prevention, stability and the smarter use of existing funding resonates strongly with our members.

The three areas detailed in this letter are not simply operational concerns raised by providers. They each represent practical opportunities for medium-term reform that align closely with the Commission’s mandate: to deliver tangible improvements, strengthen prevention, support NHS recovery, improve the use of public money, and build a more coherent and accountable adult social care system for working age adults.

Across all three areas, the consistent theme from providers is that **the system cannot become more productive or preventative unless it becomes more stable**. Too often, providers are required to operate in conditions of uncertainty that undermine their ability to invest in staff, improve the quality of homes, adopt digital tools, or create the continuity that individuals and families need. Each of the proposals that follow is intended to increase the system’s stability in ways that are fiscally neutral, deliverable within existing spending review constraints and entirely consistent with a decade-long phased programme of reform.

1. Multi-Year Funding Settlements and Timely Uplift Decisions

One of the clearest messages from providers supporting working age adults is that the current approach to fee setting has become a structural barrier to quality, prevention and productivity. Providers regularly enter a new financial year without knowing what funding streams they will receive and without clarity on whether statutory wage increases, rising operational costs or changes in complexity will be covered. In many areas, uplift decisions do not arrive until well into the financial year, leaving organisations to absorb months of higher costs without certainty of reimbursement.

For working age adults with long-term, often life-long care needs, this creates not only financial risk but also deep operational instability. Providers struggling to predict their income cannot commit confidently to long-term care planning, workforce development or capital investment.

As a result, essential improvements are often delayed or scaled back, despite the clear potential they have to support prevention, promote independence and reduce future reliance on NHS services.

A move to multi-year settlements, accompanied by a requirement for uplift decisions to be communicated before the start of each financial year, would bring the stability needed to implement the Commission's wider ambitions. It would enable providers to plan over the medium term, align staffing and care models with individuals' needs, and invest in digital tools and preventative interventions. It would also support the Commission's aim of ensuring that existing local authority and NHS resources are being used to best effect, since predictable funding flows are a prerequisite for more strategic commissioning.

This is not a request for new money. It is a request for **clarity**, so that the money already allocated to social care can be used productively rather than lost to reactive measures and administrative inefficiency.

Data submitted by providers supporting working age adults illustrates the scale and persistence of late and fragmented fee-setting decisions. One provider operating across more than 200 local authority contracts reported that fewer than one-third of commissioners had confirmed a fee uplift before the start of the financial year, with a substantial proportion of negotiations still unresolved well into the autumn. A separate provider operating across multiple areas reported similar patterns, with uplift decisions frequently confirmed several months after the year had begun. The data demonstrates that delayed decision-making is not an isolated occurrence, but a recurring feature of the current system.

The consequences of this delay are measurable. One provider estimated that the internal cost of managing fee negotiations across its commissioning footprint exceeded £300,000 in a single year, reflecting senior operational and finance time dedicated to resolving uncertainty rather than improving services. The data shows a system in which significant capacity is absorbed by managing delay and inconsistency, rather than supporting workforce development, preventative approaches or service improvement. For people with long-term and lifelong support needs, this matters because stability in funding underpins stability in staffing, planning and care delivery.

Several members have also described situations where delayed uplift decisions have undermined joint working with the NHS, particularly where providers play a role in preventing hospital admission or facilitating discharge. A more predictable funding environment would support smoother collaboration with NHS intermediate care pathways and help address the delayed discharges the Commission seeks to reduce.

2. Modernising Regulation to Reduce Burden and Improve Productivity

A second area where providers report unnecessary inefficiency is the requirement to maintain a physical, CQC-registered office within each local authority area of operation. This requirement,

which predates the digital transformation of social care, has become increasingly at odds with how care is delivered today.

Modern supported living providers rely on comprehensive digital systems for care planning, auditing, medication oversight, incident reporting, staff supervision and quality assurance. These systems are secure, accessible and audited, enabling leadership teams to maintain robust oversight from regional or centralised offices. The existence of an unused local office does not contribute to safety, quality or continuity of care; it simply adds cost. Those costs ultimately reduce the resources available for frontline staff, digital innovation, or environmental improvements which directly impact individuals and their independence.

Modernising this requirement would immediately free up resources that providers could reinvest into the areas the Commission views as essential for a productive and preventative care system. It would also better align regulatory practice with the Employment Rights Bill and the Fair Pay Agreement agenda, since organisations would have more flexibility to invest in their workforce rather than meeting redundant administrative requirements.

For working age adults, this reform has an additional benefit. When providers are forced to divert money into office costs, they have less capacity to expand or redesign services to meet people's needs. Removing outdated requirements would allow providers to focus on delivering the flexible, personalised, community-based support that gives people greater power and control over their lives, in keeping with the Commission's objectives.

Some providers have raised concerns that inconsistent interpretation of office requirements between local authorities creates confusion and restricts cross-boundary working. Addressing this inconsistency would support a more coherent national system, one of the central pillars of the Commission's work.

Evidence also highlights the cost of regulatory requirements that no longer reflect how supported living services are delivered. Data provided by providers shows that some are required to maintain multiple CQC-registered offices that are not attached to care settings and are rarely used in practice. In one case, the annual cost of maintaining 18 such offices exceeded £200,000; in another, the cost was approximately £60,000 per year. These figures are significant in their own right, but their importance lies in what they represent: resources tied up in meeting legacy requirements, rather than being directed towards frontline staffing, digital oversight or adaptations that support independence. The data demonstrates that modernising regulatory expectations could release meaningful capacity without diminishing quality or accountability.

3. Commissioning for Good Lives: Flexible, Sustainable Models that Enhance Stability and Power for Individuals

At the heart of the Commission's work is the ambition to give people who draw on care, and their families, more power in the system. Providers of supported living services for working age

adults share this ambition wholeheartedly. However, current commissioning practice does not always promote stability, independence or continuity for the people we support.

Providers report that rigid service configurations, frequent retendering processes and overly narrow interpretations of “small-scale provision” can disrupt settled lives, create anxiety for individuals and families, and reduce the sustainability of services. While personalised support in small, community-based settings remains fundamental, the strict imposition of very small service sizes can undermine operational stability, limit staff development opportunities and inhibit investment in digital systems and environmental improvements. There is no evidence that arbitrarily small configurations deliver higher quality; CQC ratings do not correlate with service size but instead reflect leadership, consistency and the ability to meet individual needs.

Where commissioners and providers work collaboratively, they can design services that remain small, personalised and community rooted, while also having the scale needed to operate sustainably. This is particularly important for individuals with complex or fluctuating needs, for whom continuity and stability are essential.

Retendering is an area where the disruption is most keenly felt. Providers frequently describe lengthy retendering exercises that absorb significant resources while offering little benefit to individuals. In some cases, people have been required to change provider despite being settled, simply because a contract has expired. This experience stands in direct tension with the Commission’s aims to improve lives, reduce instability and give people more control over their support.

A more proportionate commissioning framework would support the Commission’s ambitions in several important ways. It would reduce avoidable organisational churn, allow providers to invest in long-term quality improvements and digital innovation, and ensure that individuals retain continuity of relationships and support. It would also improve system productivity by reducing the administrative burden associated with unnecessary retendering cycles. Most importantly, it would ensure that commissioning decisions are driven by what enables people to live good, stable and independent lives, not by procedural cycles.

Some members have expressed concern that fragmentation caused by rigid commissioning is beginning to reduce resilience in local markets, which may have consequences for long-term system stability. A more balanced approach could reduce this risk.

Data on commissioning and procurement activity further illustrates the degree of system churn experienced by providers and the people they support. One provider reported participating in 14 separate tendering exercises within a single year, including instances where tenders were withdrawn or re-run after substantial preparatory work had already been undertaken. The data does not show a corresponding level of service change or improvement arising from this activity. Instead, it highlights the scale of organisational effort absorbed by repeated procurement cycles, creating uncertainty for individuals and families whose support arrangements may

otherwise be stable. The evidence suggests a system that expends significant energy on process, with limited assurance that this activity is improving outcomes for working age adults.

Taken together, these proposals offer an opportunity to address several of the most entrenched challenges facing working age adult provision, while remaining firmly within the Commission's mandate for Phase 1. They advance stability, prevention, productivity and personal control, all without requiring additional public expenditure. They also align closely with the wider objectives of the National Care Service by creating the conditions in which high quality, person-centred support can be delivered consistently and sustainably across the country.

As you move toward developing a data-driven programme of medium-term reform for publication in 2026, we hope that these proposals will assist the Commission in identifying practical, affordable and implementable recommendations for working age adults. They each represent areas where change is not only possible but overdue, and where clarity from the Commission could unlock significant improvement.

Given the Commission's specific mandate to consider the needs of working age disabled adults separately, and the scale and breadth of expertise represented within Care England's Working Age Adults Policy Board, we believe a dedicated discussion between the Board and the Commission would add substantive value to your work. Our Board brings together the largest group of providers supporting working age adults nationally, with deep experience across supported living, complex needs, transitions, community-based models and employment-related support. We are uniquely placed to provide insight into how the system operates on the ground, where inefficiencies arise, and what changes would most effectively support your ambitions to improve productivity and reduce pressure on the NHS through better preventative care.

We therefore extend a sincere invitation for you, or members of your team, to meet with the Working Age Adults Policy Board at your earliest convenience. Such a discussion would allow us to explore these proposals in greater depth, share wider solutions emerging from providers, and offer further evidence to support the Commission's development of a coherent national plan for working age adult services. We believe this engagement would materially strengthen the Commission's ability to deliver recommendations that are grounded, realistic and capable of rapid implementation.

Thank you for your continued leadership in this vital area. We stand ready to support the Commission in any way that would be helpful and look forward to the opportunity to work with you to ensure that the needs and aspirations of working age adults are fully reflected in the national conversation about the future of adult social care.

Yours sincerely,



CARE ENGLAND

The voice of care



Professor Martin Green OBE
Chief Executive, Care England

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