

## NCF Summary of Support Guaranteed: The Roadmap to a National Care Service

This morning, the Fabian Society published [its report](#), commissioned by Unison, outlining a roadmap to develop a National Care Service over the course of a decade. We have [welcomed this report](#) as it contains an encouraging focus on choice and control for people, better pay, terms and conditions for the workforce and a new deal for care providers. We particularly welcome the focus on the critical role of not-for-profit care and the recommendation to expand this type of provision – we were encouraged to see this and other suggestions which we made to the Fabian Society included in the report. It is a very comprehensive document, but we now need to see if Labour will adopt it as part of their manifesto, and ensure it is funded.

At the launch of the report earlier today, the Labour Shadow Secretary of State, Wes Streeting, appeared to put a bit of distance between Labour and the policies outlined in the Fabian's report. He reiterated Labour's previous commitments to a new deal for care workers, with better terms and conditions, and the removal of extractive, profit-making, from the sector. However, he stopped short of committing to the measures and roadmap outlined by the Fabians which is disappointing. He maintained that Labour will only include measures in their manifesto that they can fully cost and fund – the implication being that they don't want to make these sorts of commitments this far from a general election. We are concerned that Labour may continue to keep social care as a subordinated part of their wider health policy, rather than an important policy area in its own right. We will be working to try and ensure this doesn't happen!

### Summary of the key points

Under the Fabian Society's proposals, the NHS and adult social care would remain separate entities though interconnected services – particularly around hospital discharge. Local government would lead delivery, with national government only exercising new functions where this is essential. Funding would eventually come from a national grant to local authorities to ensure stable funding.

Councils would continue to work with independent providers, which would face stronger expectations and requirements – with greater flexibility to use and expand non-profit providers. Due to the competing financial pressures facing the system, charging reform would not be an immediate priority for extra money but would be phased in, building on the current government's delayed reforms.

The report proposes a number of phases to reform over the next decade.

- **Inherit:** recent changes to law and policy already provide important foundations. **2024/2025**
- **Stabilise:** an immediate 'rescue plan' for both health and adult social care that is also designed to begin longer-term reform, especially focused on workforce issues. **24/25-25/26**
- **Prepare:** co-production and consultation on details of the reforms, initial changes to practice and finance using existing laws, a National Care Service Act and associated regulations and guidance. **25/26-27/28**
- **Launch:** the new brand, citizens' rights and public sector responsibilities go live. **28/29**
- **Embed:** time and money is required to secure major improvements and introduce charging reforms. **29/30-30/31**
- **Evolve:** continual change to improve services informed by co-production and evidence, plus a scheduled review four years after the launch date. **29/30 onwards**

As you can see, if Labour adopted these proposals, the first term of any new Labour government would be focused on stabilising the current system and laying the groundwork for wide ranging reform, which would largely take place in a second Labour term. The roadmap is made up of ten building blocks, each with their own policy ambitions for each of the above phases of reform – you can see a summary of this in the appendix of the report.

The ten building blocks are:

1. **Structure and Identity** - Launch a shared national brand that encompasses the adult social care activities of national government, local authorities and independent providers; Strengthen national leadership by creating duties for the secretary of state to support a comprehensive national care service; Expand national government functions with respect to strategy, co-production, finance, public information, workforce, data and evidence; Use and repurpose existing organisational structures to avoid the need for new national or local bureaucracy; Support flexibility at local level so that councils can determine models of support, the mix of providers, and whether to pool functions with the NHS; Support regional and sub-regional coordination with a role for integrated care systems and city regions.
2. **Workforce** - Negotiate a fair pay agreement covering the whole adult social care workforce to include a sector minimum wage and minimum employment conditions; Introduce national employment terms, pay bands and minimum pension entitlements for employees of National Care Service providers to achieve parity with similar roles in the NHS over time; Redesign occupational roles in adult social care with the long-term ambition of more people in the sector having higher skilled or specialist jobs; Align adult care and NHS workforce planning and skills functions with reforms to existing national agencies, and joint responsibility between councils and the NHS locally; Expand regulatory requirements for training and skills and consider improvements to the design and delivery of social care qualifications; Introduce professional registration for the adult social care workforce on a voluntary or compulsory basis with detailed consultation before deciding which of these approaches is best for England.
3. **Co-production** - Embed co-production into the development of the National Care Service using deliberative techniques involving those with lived experience to design the new system; Create co-production and accountability mechanisms at national level with a new co-production duty for ministers and an independent scrutiny, evidence and engagement body led by people who require support and carers; Require co-production in the local planning and delivery of services with new duties to involve people in decisions, set up co-production forums and fund peer-led organisations.
4. **Rights** - Clearly specify existing rights and expectations by establishing the National Care Service 'constitution' and considering whether to codify existing rights in law; Incorporate the UN right to independent living into domestic law by introducing entitlements to choice of accommodation and inclusion in the community; Improve understanding and enforcement of rights including by launching an appeals system, and requiring councils to commission peer-led advice and advocacy.
5. **Unpaid carers** - Strengthen national strategy and leadership with a National Care Service carers strategy; Specify and promote carers' existing rights such as their right to receive money from a direct payment in certain circumstances or to choose how much care to

provide; Require local authorities to discuss carers' wishes when a family member's support and care is being planned; Introduce a right to short breaks for carers to help sustain caring relationships; Require other public services to pass carers' details to the National Care Service including direct referral by GPs, DWP and children's services departments.

6. **Access** - Expand preventative open-access support including home adaptations and consider specifying a minimum share of National Care Service budget earmarked for prevention-focused activities; Require DWP and NHS referrals of people with possible support needs so that local authorities can proactively offer information, advice and assessment; Establish earlier and more consistent eligibility for support by improving and standardising implementation of the current law and revising it if necessary; Introduce packages of support that better meet needs and enhance independence to properly reflect existing law plus the UN right to independent living; Make the NHS and local authorities jointly responsible for meeting health and care needs after hospital discharge by building on existing joint rehabilitation activities; Arrange services for everyone regardless of means unless people opt-out with free arrangement of services and contract management.
7. **Models of support** - Develop national strategies promoting effective care models to steer the future development of support and care; Improve research and the gathering and application of evidence including on effective care models, delivery practice and commissioning arrangements; Support take-up and use of direct payments by increasing flexibility in using budgets and providing peer-led support; Promote joint delivery of health and care to people with significant clinical and support needs including named care coordinators and joint teams for people living at home, and better NHS services in care homes; Promote models of housing with care by creating a new planning use class of 'housing with care' and requiring adult care and planning departments to work together; Improve use of data and technology with support for technology innovations, and national data standards and collection requirements.
8. **Providers** - Establish a stronger public service relationship with 'licensed' independent providers including stable contracts, national employment conditions and joint branding; Promote public sector and non-profit options by giving local authorities the flexibility to chose the right mix for their area, especially when planning new capacity; Strengthen local partnerships between councils and providers to collaborate on service planning, quality, costs and workforce; Implement the standardised pricing of services building on the current government's Fair Cost of Care initiative; Strengthen the financial supervision of providers with expanded national regulation for large providers and light-touch local authority oversight for small providers.
9. **Affordability** - Take immediate steps on charging reform, for example by making short-term care free or uprating means-testing thresholds, and implement the delayed 2022 charging reforms if they have been confirmed by the existing government; Consider one or more charging reforms to coincide with the National Care Service launch date as part of the new national care guarantee – eg free support for people disabled before adulthood, a reformed means-test, a universal contribution or the 'Dilnot' cap on lifetime costs; Progressively introduce further charging reforms in the years that follow ideally with a pre-announced timetable.

10. **Money** - Prioritise 'year one' stabilisation spending with the aim of tackling the workforce crisis and ensuring service continuity; Make a 10-year spending commitment to significantly raise expenditure in real terms every year, and commission independent advice on the amount needed; Phase in a national funding formula and National Care Service grant to equalise spending power between areas, with the grant either topping up or replacing locally-raised revenue (to include transitional arrangements to smooth the change over several years); Support long-term investment in modern care homes, specialist housing and technology by creating a public sector National Care Service investment fund and by maintaining certainty on pricing to draw in private investment; Consider an increased role for social security in funding residential care so that housing and disability benefits contribute towards future increases in care home spending.