

## Background

This consultation paper is presented as the first stage in the development of new Party policy in relation to a Caring Society. It does not represent agreed Party policy. It is designed to stimulate debate and discussion within the Party and outside; based on the response generated and on the deliberations of the working group a full policy paper will be drawn up and presented to Conference for debate.

The paper has been drawn up by a working group appointed by the Federal Policy Committee and chaired by Baroness Judith Jolly. Members of the group are prepared

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to speak on the paper to outside bodies and to discussion meetings organised within the Party.

Comments on the paper, and requests for speakers, should be addressed to: Joseph Wright, Policy Unit, Liberal Democrats, 1 Vincent Square, London SW1P 2PN. Email: [policy.consultations@libdems.org.uk](mailto:policy.consultations@libdems.org.uk)

Comments should reach us as soon as possible and no later than 18 March.

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# **1 Introduction**

1.1 Social care is one the great challenges of our time, and few political parties have had the courage to tackle it. At least 17 white papers, green papers and official reviews of social care funding have been published in the past 20 years, with the government's recent proposals falling far short of what is needed.

1.2 England's social care system is fundamentally unfair; it has left millions of people without the care and support they need to live fulfilling and meaningful lives, whilst forcing many to sell almost everything they have to meet their basic

needs. The sector is currently fragile, with inadequate long term planning, finance and a short-termist approach from successive governments. The Liberal Democrats seek to correct these injustices, and build a more caring society and resilient social care system where everyone can live their lives to the fullest.

1.3 Since social care is devolved, the policies in this consultation paper and the final paper will be for England only.

1.4 The working group is developing policies in 7 main areas;

- Financing Care

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- Integrating Health and Social Care
- Local government and Community Care
- Workforce Reform
- Standards of Care
- Disability
- Unpaid Carers

## **2 A Liberal Vision for Adult Social Care**

2.1 England's social care system is fundamentally unfair, failing to meet the needs of millions of people, with inconsistencies in quality of service and forcing many people to lose almost everything to pay for it. We believe that social care is a vital service that can be instrumental in building a better, more caring and fairer society, but for too long has been treated as a burden or problem. We want a positive and optimistic vision for social care.

2.2 This consultation paper and the final policy paper that will follow set out proposals for dealing with the immediate social care crisis, but social care reform has failed in this country and others because it lacks a long term direction of travel. Our long term vision for social care is for a person-focused system, which allows everyone to live fulfilling lives and thrive, not just to exist. We believe this can be achieved with seamless, joined up health, social care and directly related benefits, with consistent standards across all of England, provided by empowered, democratically elected local bodies and communities and free at point of need.



## **3 Financing Care**

### **Existing Policy**

3.1 Existing policy is set out in policy paper 137, *Save the NHS and Social Care by Stopping Brexit*, and the 2019 General Election Manifesto. It calls for:

- As a short-term measure, raise 1p on income tax, around £6 billion a year, and use this to meet immediate priorities in social care, reverse cuts to public health, and boost spending on mental health

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- In the longer term, develop a dedicated, progressive Health and Care Tax
- Introduce a statutory independent budget monitoring body for health and care, similar to the Office for Budget Responsibility.
- Establish a cross-party health and social care convention to reach agreement on the long-term sustainable funding of health and social care.

### **The Challenge**

3.2 An ageing population combined with our opportunistic political culture has

made finding a sustainable and socially just financial settlement for social care incredibly difficult. The numbers involved are huge and it's all too easy for opposition parties, both Conservative and Labour, to take advantage of unpopular proposals for electoral gain.

3.3 There are three main financial challenges in social care that need addressing;

1. How much funding does the social care sector need to deliver quality services?

2. How much should an individual contribute towards their social care needs?
3. Where should the remainder of the money come from to fund these needs?

3.4 In 2020-21 England spent £21bn on social care, with around half being spent on older people and half being spent on working age adults. This is equivalent to around 12% of the NHS budget for that year.

3.5 Funding in real terms for social care is the same now as it was in 2010, but with more people in greater need. Budget

squeezes have led to less provision and lower quality of services, with many local authorities being forced to cut services to those with less acute care needs.

3.6 Currently, most people have to self fund their care as they don't qualify for means tested support. 25% of self-funders become eligible for support due to losing their savings, with bills running into thousands of pounds. Self-fundors pay on average £12,500 per annum more than local authorities pay for the same service in care homes, which needs addressing.

3.7 The Conservatives have proposed a cap on personal care costs, at £86,000 a

year with “daily living costs” excluded. In practice, the cap is not as it seems; it is not a cap on the total costs of care, only the amount individuals themselves contribute. To fund this, the Conservatives have proposed an increase in National Insurance Contributions (NICs) from employees and employers by 1.25 percent. While this would raise £12bn a year, it is unlikely that much of this will be for social care. Over the first three years, £5.4bn (an average of £1.8bn a year) is for social care in England, and most commentators expect that the NHS will absorb the great majority of the new funding after that.

## **Our Proposals**

3.8 The King's Fund, the Health Foundation, the House of Lords Economic Affairs Committee and others have produced a range of estimates on the amount of funding needed to improve social care. We might consider these needs under four main headings.;

1. Even current levels of provision are underfunded and operation is based on cross subsidies within the sector and on councils effectively borrowing to keep the system afloat – (£1.5bn- £2bn additional funding required)
2. Pay in the social care sector is much too low to attract, retain and develop staff (£1bn- £2bn)

- 3. There is a significant gap between the services which are provided for older people and those which are required (and were provided in the past) (£4bn)
- 4. There is a similar gap between provision and need for those of working age (£2bn)

3.9 Our preliminary costings for improvements to the social care system are as follows:

Expected 'baseline' cost in 2024/25 without changes to services or introduction of cap/	£21bn
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means testing changes	
Requirements to fund improvements (as described above)	£9bn
Requirement for improved means tests and caps per government proposals	£2bn
<b>Total funding needs for an improved and stable service</b>	<b>£32bn</b>
Current available funding including	£23bn

an estimate for social care's future share of the Health and Social Care Levy	
<b>Funding gap</b>	<b>£9bn</b>

3.10 For individual contributions towards social care costs, there are two credible options for financing social care;

1. A genuine cap on lifetime care costs, based on the Dilnot review

OR

2. Making personal care free at point of need

3.11 If we were to implement option 1 of a reformed Dilnot, we would amend the government's current cap on lifetime care costs and revised levels of means testing to make it fairer and raise the money through different channels. The table below is based on work by the Health Foundation and provides estimates of bringing the government's proposals in line with those originally intended in the Dilnot review (though without bringing someone's personal residence into the means test for care provided in their own home) or considering an even lower cap than Dilnot had proposed.

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Cap level	Cost to the state of reducing cap from level proposed by the government	Total cost to the state of improved and stable social care service with this cap	Funding gap
£0	£5.8bn	£37.8bn	£14.8bn
£10k	£4.6bn	£36.6bn	£13.6bn
£25k	£2.6bn	£34.6bn	£11.6bn
£46k	£1.1bn	£33.1bn	£10.1bn

3.12 If we were to adopt option 2 of making aspects of social care free at point of need, we would base our proposals around the House of Lords Economic Affairs Committee report; *Social care funding: time to end a national scandal*. This would be along the lines of the approach that has been adopted in Scotland, where those receiving care at home receive all personal care services without charge, and where the government makes a contribution to cover the personal care element of costs incurred by all residents in care homes. Our preliminary costings for free personal care with improvements are in the following table.

Additional requirement for free personal care	£4-6bn <sup>1</sup>
Total cost for improvements with free personal care	£36bn-£38bn
Funding gap	£13-15bn

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<sup>1</sup> The top end of this range is roughly equivalent to the estimate for a zero cap Dilnot proposal as in the previous table. The bottom end is an estimate of implementing the Scottish system in the UK. The difference relates to a number of choices in implementation, including the basis on which accommodation and personal care costs are split for the residents of care homes. All figures will be further reviewed before the finalisation of the policy.

3.13 We believe free personal care would also lead to savings in the NHS, since it will remove one of the main obstacles to discharging people from NHS care. The consequent savings are not included in the above estimates.

3.14 We then need to consider how to raise the money to do this. Our current policy is to put 1p on each band of income tax to fund health and social care and to work towards a dedicated health and social care tax, but we are open to further suggestions for funding social care.

3.15 There is also the issue of what role local taxes should play in funding social care. We believe local government should play a leading role in delivering social care (see below). Whilst we are committed to devolving power, local government revenue and expenditure on social care doesn't correspond to needs.

## **Questions**

- A. Which of the £9bn of additional requirements for social care as set out above should we prioritise, in the event that the full additional cost is not affordable?
- B. Should we;



a) make personal social care free at the point of need

or

b) implement a reformed Dilnot-based proposals? If so, what level should the cap be set?

C. What should the balance be between local and central government in funding social care?

D. Should social care be funded through general taxation?

## **4 Integrating Health and Social Care**

### **Existing Policy**

4.1 Existing policy is set out in policy paper 137, *Save the NHS and Social Care by Stopping Brexit*, the 2019 General Election Manifesto, and Autumn 2021 motion A *Framework for England in a Federal UK*. It calls for:

- Support the changes to the Health and Social Care Act recommended by the NHS, with the objective of making the NHS work in a more efficient and

joined-up way, and to end the automatic tendering of services.

- Move towards single place-based budgets for health and social care – encouraging greater collaboration between the local NHS and Local Authorities in commissioning. We will particularly encourage Clinical Commissioning Groups and Local Councils to collaborate on commissioning, further use of pooled budgets, joint appointments and joint arrangements, and encourage emerging governance structures for Integrated Care Systems to include local government

- Ensure that no one in crisis is turned away, improving integration between mental health trusts, local authorities and hospitals, to promote a holistic approach to improving mental health services.

## **The Challenge**

4.2 Health and social care are intrinsically linked with one another - poorer healthcare drives up demand for social care services and vice versa.

4.3 One of the challenges of integration is political; there are always pressures on budgets and it is all too easy for politicians

swayed by the media, lobbyists and public opinion to favour the NHS over care services - nurses will win votes in a way carers will not.

4.4 The current system of classifying needs as social or health care is often illogical and unclear. The needs of social care users are on a continuum from acute medical need to minor levels of support that can easily be provided within a residential setting. Many conditions, such as dementia, are classified as a social care issue, when people with the conditions often require healthcare.

## **Our Proposals**

4.5 We are sceptical about the value of institutionally integrating health and social care into a single national service, but there is much greater scope for joined up service provision in both areas, which is best achieved through locally integrated services.

4.6 We want to see a national framework for social care, with minimum standards and funding. Social care services themselves will be commissioned and delivered by local and regional authorities, which are more accountable, rooted in communities and better able to tailor their services according to local needs. By

integrating health and social care at a local level, the boundaries between the two services can be moved and adapted according to local needs and preferences.

4.7 We are open to how best to provide a national framework for social care, if one is needed. The Autumn 2021 Conference *A Framework for England in a Federal UK* commits the Liberal Democrats to creating a series of English regional governments, with powers over social care, which along with local authorities would be the main drivers of social care.

## **Questions**

- A. Is our approach of national funding, minimum standards and overall framework, delivered by local government, the right one?
- B. Alongside the English regions, should there be a national framework for social care?
- C. How do we ensure that social care budgets are not squeezed in favour of healthcare?
- D. How do we ensure that health and social care is a seamless service without integrating them into a single national institution?
- E. Should we redraw the boundaries between health and social care so that



conditions like dementia are classified as a healthcare need?

## **5 Local Government and Community Care**

### **Existing Policy**

5.1 Existing policy is set out in policy paper 137, *Save the NHS and Social Care by Stopping Brexit*, the 2019 General Election Manifesto, and Autumn 2021 motion A *Framework for England in a Federal UK*. It calls for:

- Advocate the principle of local government leading on the commissioning of both health and care services, where these are currently commissioned by CCGs

- Reform Health and Wellbeing Boards, to make them more accountable and effective.
- Introduce a 'duty to cooperate', requiring the NHS, in particular Sustainability and Transformation Partnerships, to engage with Health and Wellbeing Boards to reshape and integrate health and care services that are genuinely locally agreed.
- Make the Chief Officer of the Council the Chief Accountable Officer of each local system.
- Make the commissioning functions of CCGs a responsibility of local county or unitary councils, alongside local government's other commissioning

responsibilities for local public services.

- A regional tier of government in England with health and social care powers

## **The Challenge**

5.2 Local government is at the forefront of delivering social care. Unlike healthcare, which is delivered under the umbrella of the NHS, social care is largely funded by unitary and county councils. For over a decade, councils have had their budgets squeezed, which has resulted in declining levels of service provision and many people not receiving the care that they need.

## **Our Proposals**

5.3 As Liberal Democrats, we believe in giving as much power to local communities as possible, with services that are locally accountable and can be tailored to local needs. As such, we want to see local government given greater powers and resources to commission and deliver social care, but with funding provided centrally through general taxation. We do not believe a nationalised National Social Care Service, based around the model of the NHS and proposed by the Labour Party in 2019 would be appropriate for social care -

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we want locally accountable government to be in the driving seat.

5.4 Local governments will need greater powers and resourcing in order to effectively commission and deliver high quality social care. They need to be able to shape the provider market, monitor and enforce quality and use commissioning powers to improve the quality of service - such as through encouraging innovation, upskilling of the workforce

5.5 We also want to achieve a balance between localism and viability. Some aspects of social care, especially to do with rules, standards and strategic planning,

would best be done by the English regions, whilst the commissioning and delivery of services is best done at a unitary or county level.

## **Questions**

- A. What parts of social care should be delivered by unitary and county councils, and by larger regional authorities?
- B. What additional powers and resources do councils need to engage in market shaping?
- C. Should councils take over parts of healthcare to better integrate services?

D. How should councils ensure that providers are financially viable?



## **6 Workforce Reform**

### **Existing Policy**

6.1 Existing policy is set out in policy paper 137, *Save the NHS and Social Care by Stopping Brexit* and the 2019 General Election Manifesto. It calls for:

- Create more training places to match future staffing needs, and make the training pathway into health and care services more attractive and accessible.
- Improve working conditions and ensure staff across health and social care have a clear career pathway.

- Attract and support talented professionals from countries with developed health systems that are ethical to recruit from
- Support improved mental wellbeing among care staff, through mental health first aid training in all health and care settings, and a dedicated mental health support service and mental health first aid
- Prioritise the training and education of care staff through a stable financial settlement for Skills for Care.
- Support the creation of a new Professional Body for Care Workers
- Introduce a new requirement for professional regulation of all care

home managers, who would be required to have a relevant qualification.

- Set a target that at least 70 per cent of care staff should have an NVQ level 2 or equivalent and provide support for ongoing training of care workers

## **The Challenge**

6.2 The care workforce faces significant challenges, both predating and exacerbated by the Covid-19 pandemic. There are around 1.65 million paid jobs in adult social care, with growing demand for social care workers expected in the future.

6.3 There is a lack of complete data for the social care workforce, due to its fragmented nature, but there is a considerable body of evidence that the workforce is suffering from low morale, and burnout due to being overworked.

6.4 Key challenges are labour shortages and high staff turnover, with many care providers facing vacancy rates of 10% or more. Skills for Care estimated that in 2019/20 the staff turnover rate of directly employed staff working in the adult social care sector was 30.4%, equating to approximately 430,000 people leaving their jobs over the course of the year.

6.5 The short term causes of this include Brexit, which has cut off access to European labour, the government's hostile and increasingly draconian immigration policies and the Covid-19 Pandemic which has caused labour shortages more widely. Longer term factors include low pay, lack of professionalisation, a highly stressful work environment and the false perception that care work is unskilled.

## **Our Proposals**

6.6 In the short and medium term, a more flexible immigration system that is based around the country's needs rather than arbitrary salary thresholds and closer ties

with the European Union would help alleviate the care labour shortage.

6.7 In the longer term, we believe that the care workforce requires an attractive and professional career structure, which will bring new people into the sector, provide more extensive training, increase job satisfaction, provide clear career progression opportunities and reduce current very high levels of staff turnover.

6.8 We are considering doing this through the creation of a national register of care workers for England, similar to the system in Wales, the creation of a national body to represent care workers analogous to the

Royal College of Nursing, the creation of a scheme of national qualifications and accreditation, and for local authorities to develop career progression paths with their service providers. At the moment, NVQs would be the most appropriate vehicle for national accreditation. We also want to link health and social care career structures, so that qualifications, skills and career paths are transferable between the sectors.

6.9 We would also want to see local and regional authorities undertake locally tailored work to encourage the right skill sets in their areas, such as through apprenticeship schemes and take into

account skills when commissioning and monitoring services. If a care provider or local authority lacks skilled workers in a certain area, such as dementia care, local authorities should be able to take steps to encourage providers to develop their staff in these areas.

6.10 We also believe that there is a role to play for Liberal Democrats to raise the esteem in which care workers are held. Whilst this is more an issue of campaigns than of policy, we would welcome any ideas members have in this area.

## **Questions**



- A. Are NVQs the right vehicle for a national accreditation system?
- B. Should there be a register of carers? If so, how should it be implemented?
- C. Would a trade body such as the Royal College of Nursing be beneficial for carers?
- D. How can locally and regional authorities improve the skills base in their area?
- E. How can Liberal Democrats raise the esteem of the care workforce locally and nationally?

## **7 Disability and Social Care**

### **Existing Policy**

7.1 Existing policy is set out in policy paper 137, *Save the NHS and Social Care by Stopping Brexit*, and the 2019 General Election Manifesto. It calls for:

- Give every person with a learning disability the right to a named advocate to help them navigate public services and access health, care and advice services.
- Extend the work of the Learning Disabilities Mortality Review Programme

- Address the scandal of women with learning disabilities dying an average 20 years younger than non-disabled people
- Ensure people with learning disabilities can access screening, prevention, health and care services fairly.

## **The Challenge**

7.2 Disability is a lifelong challenge, requiring decades of support throughout life. However most of the media and politicians' interest and action on social care is concerned with the elderly.

7.3 Despite half of England's social care budget going on the under 65s with disabilities, disabled people are frequently left out of the conversation and are deprioritised. Advances in medical treatment has also meant more disabled people living longer - that is only going to happen more as treatments improve. Disabilities come in many shapes and forms; learning disabilities require completely different types of care and support from physical disabilities, including the processes to access support.

7.4 Personalisation of services has been an objective of social care since 2007, when Putting People First was signed by local and

national governments, but it has never been achieved.

7.5 There is also a lack of integration across the welfare, health and social care systems. Too often, people have to continually go through bureaucratic processes whenever they move home or need support from another government agency, which is both inefficient and dehumanising.

## **Our Proposals**

7.6 We want a social care system that puts disabled people first, treating them as real people rather than numbers on a screen.

We want support to be designed around each person's needs and preferences and to maximise co-production in social care, where disabled people have a real say in the decision making process and services they receive.

7.7 We also want a seamless service, between different parts of the health, social care and welfare systems, across different regions, and as people move from child to adult services. Services and support should follow the person rather than the other way around.

7.8 We also want to ensure that no disabled person has to pay for their

personal care so that they can live a fulfilling and well rounded life.

## **Questions**

- A. How can we increase personal choice and co-production in social care services?
- B. How can we ensure individualised services follow the user across regions, ages and institutions?
- C. How do we best involve the wider community and neighbourhoods in supporting the disabled?

## **8 Standards of Care**

### **Existing Policy**

8.1 Existing policy is set out in policy paper 137, *Save the NHS and Social Care by Stopping Brexit*, and the 2019 General Election Manifesto. It calls for:

- Raise £7 billion a year additional revenue which will be ring-fenced to be spent only on NHS and social care services.
- Use this cash to relieve the crisis in social care, tackle urgent workforce shortages, and to invest in mental health and prevention services.



- Also use £10 billion of our capital fund to make necessary investments in equipment, hospitals, community, ambulance and mental health services buildings

## **The Challenge**

8.2 Social care is delivered by a diverse range of private and public bodies, national and local ones. The Care Quality Commission is the primary regulator for the sector. In its 2019/20 report (the last before Covid-19) it found that 3% of care homes (512 homes with just under 23,000 beds) have never been rated better than “requires improvement”, and 8% (1,216

homes, with just over 42,000) have had one “good” or “outstanding” rating but are currently rated as “inadequate” or “requires improvement”. For community social care, 3% (212, providing services to more than 9,000 people) have never been rated better than “requires improvement”, and a further 5% (393, providing services to more than 18,000 people) have had one “good” or “outstanding” rating before falling back to “inadequate” or “requires improvement”.

## **Our Proposals**

8.3 We are optimistic about the future of social care services, but believe that there

is scope to significantly improve the quality of service for users.

8.4 The Care Quality Commission has found that there needs to be greater transparency and openness to identify flaws in service delivery and to continually improve quality, moving away from a "cover up culture" with poor reporting. We want to see a transparent and accountable service, which is open to new ideas and ways of working.

8.5 We also believe in strengthening local authorities' resources and powers, so that they can make better use of their commissioning role to improve service

quality. Part of this will include developing improvement plans with service providers, encouraging innovation and investment in care, and developing locally tailored metrics for success, alongside national minimum standards.

8.6 We also want to see best practice shared across the sector - there are many providers and individuals who do amazing work, but their success is often not well publicised. We are open to ideas of how best to facilitate this.

8.7 We also believe that the ultimate judge of a good service is the end user - we want people to have the maximum amount

of flexibility and choice in the service they receive, with services adapting around the individual rather than the individual having to adapt to institutions. There is also a role for input from users' friends, family and carers, who are essential for a fulfilling life.

## **Questions**

- A. How can we change the culture of the care sector to be more transparent and open to change?
- B. What standards should be set nationally and which should be set locally?

- C. Should the monitoring and enforcement of standards be local or national?
- D. How can we encourage innovation and investment in social care services in the private and public sector?
- E. What is the best forum for sharing best practice across the sector?

## **9 Unpaid Carers**

### **Existing Policy**

9.1 Existing policy is set out in the policy motion *Standing Up for Unpaid Carers*. It calls for:

- Introduce a statutory guarantee of regular respite breaks, Providing emergency funding for respite care
- Introduce a package of carer benefits, including paid carers leave, raising Carer's Allowance, the Carer Element of Universal Credit and the Carer Premium and Carer Addition by £20 a week each and the amount carers can

earn before losing Carer's Allowance from £128 to £160 a week,

- Lift the ban on carers in full-time education receiving Carer's Allowance.
- Making caring a protected characteristic under the Equality Act 2010.
- Requiring employers to make reasonable adjustments for employees with caring responsibilities.

## **The Challenge**

9.2 Unpaid carer's are the backbone of England and the UK's social care system, they provide support to millions of people



in need and are estimated to be a little under one tenth of the UK's population.

9.3 The care they provide is estimated to be between £54bn and £86 billion annually, although many carer's have to give up their careers and suffer health problems to help those in need. The net figure is estimated to be a benefit of £31bn to £55bn a year - very little of which is given back to carers.

9.4 As well as being undervalued, carers also frequently burn themselves out due to the highly demanding roles they play. They need greater support, so they can take breaks and get the care they need.

## **Our Proposals**

9.5 Carers deserve to be recognised for the invaluable work they do - both through the esteem they are held in and through a more supportive local and national government.

9.6 We want to see properly funded and accessible respite care, so that carer's can take much needed breaks from the work they do - unlike a regular job, they have no options for taking leave.

9.7 Carer's careers also need to be supported. Carers acquire many vital skills, which should be recognised, and also need

safeguards in the workplace so they don't need to choose between being a carer and having a career.

9.8 We also want to see a significant increase in support and recognition for young carers. We believe that schools and local authorities should have a duty to identify young carers and offer them support, as they do with other groups of people with special needs. We want the transition from being a young carer to an adult be as seamless as possible, with services and support following the carer. We also believe that young carers need to have their rights strengthened, such as

giving them the right to have a normal childhood.

## **Questions**

- A. How do we fund proper respite care given it can be ad hoc by its nature?
- B. Where do we need to boost central data collection?
- C. How do we better safeguard employment for those juggling work and caring?
- D. How can we formally accredit and recognize the skills that carers accrue?
- E. Young carers:
  - i. How do we support disabled carers better?

- ii. How can we improve the transitional process for young carers becoming adult carers?
- iii. How can we better identify young carers in schools and across systems?
- iv. Should there be a right to a normal childhood if you are a young carer?

## **A More Caring Society Working Group**

The members of the working group who have prepared this consultation paper are listed below.

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Cllr Lucy Nethsingha (vice-chair)

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Further copies of this paper can be found  
online at

[https://www.libdems.org.uk/a more caring  
society working group](https://www.libdems.org.uk/a-more-caring-society-working-group)

## **References**

Care Quality Commission 2019/20 State of Care Report:

[https://www.cqc.org.uk/publications/major-report/soc201920\\_1e\\_poorest-services-struggling-to-improve](https://www.cqc.org.uk/publications/major-report/soc201920_1e_poorest-services-struggling-to-improve)

Care Quality Commission 2020/21 State of Care Report:

<https://www.cqc.org.uk/publications/major-report/state-care>

Federal England Motion:



<https://www.libdems.org.uk/f21-england-federal-uk>

Full Paper:

[https://d3n8a8pro7vhmx.cloudfront.net/libdems/pages/61592/attachments/original/1628503635/embedpdf BP FedUK book.pdf?1628503635](https://d3n8a8pro7vhmx.cloudfront.net/libdems/pages/61592/attachments/original/1628503635/embedpdf_BP_FedUK_book.pdf?1628503635)

2019 General Election Manifesto:

[https://d3n8a8pro7vhmx.cloudfront.net/libdems/pages/57307/attachments/original/1574876236/Stop Brexit and Build a Brighter Future.pdf?1574876236](https://d3n8a8pro7vhmx.cloudfront.net/libdems/pages/57307/attachments/original/1574876236/Stop_Brexit_and_Build_a_Brighter_Future.pdf?1574876236)

## *Consultation Paper 148*

Save the NHS and Social Care by Stopping Brexit:

<https://d3n8a8pro7vhmx.cloudfront.net/libdems/pages/46346/attachments/original/1564404757/137 - Save the NHS and social care by stopping brexit.pdf?1564404757>

Social Care Funding: Time to End the National Scandal:

[https://committees.parliament.uk/publications/19/documents/547/default/?\\_cf\\_chl\\_managed\\_tk\\_=JTM0FblcKpAnOMnobdZL3MdN1KSpOSHI84XUnFdKRng-1641465852-0-gaNycGzNChE](https://committees.parliament.uk/publications/19/documents/547/default/?_cf_chl_managed_tk_=JTM0FblcKpAnOMnobdZL3MdN1KSpOSHI84XUnFdKRng-1641465852-0-gaNycGzNChE)

Standing up for Unpaid Carers:

<https://www.libdems.org.uk/f13standing-up-for-unpaid-carers>

## **Remit**

The remit of this group is to review the party's policies on social care and develop updated proposals which communicate our values of liberty, equality, democracy, community, internationalism and environmentalism in a way which helps secure the election of as many Liberal Democrats as possible, at local, regional and national level, in order to promote our vision of society and remove from power a Conservative government that is failing the country.

The group will be expected to build on existing policy proposals as set out in the

2019 Election Manifesto and Policy Paper 137 Save the NHS and Social Care by Stopping Brexit (2019). They will also bring forward to Conference as appropriate to the work of the Leader's Carers Commission. The group is expected to consider and address Liberal Democrat principles on diversity and equalities in developing their proposals.

This group will as a top priority:

- Develop up to three headline policies for building a caring society which the party can communicate widely to win votes.

## *Consultation Paper 148*

- The working group will develop policies on
- How we fund and deliver social care, responding to the Government announcements of September 2021
- In particular, focusing on aspects neglected in the Government's proposals, such as the care needs of working age adults and children, and specialist care needs.
- The care workforce, including pay, training and career progression
- Responding to the Government's Health and Care Levy
- Helping people with disabilities and long term conditions live the lives they want to lead

- The relationship between local government, regional government, NHS providers, central government, and the independent sector in delivering care across society

The group is invited to incorporate policies on supporting unpaid carers, as far as possible drawing on ideas developed by the Leader's Carers Commission, but is not intended to duplicate their work. The group will not look at childcare, which will be covered by the Early Years Working Group.

The group should examine the different approaches to care in the nations of the UK, considering whether anything can be

learnt for policy in England and whether any joint policy approaches from Liberal Democrats across Britain would be beneficial.

The group will also need to consider the development of more detailed proposals to implement relevant headline policies included in the 2019 Election Manifesto. The group will also consider the need for institutional change at central and local government levels to embed these approaches firmly in policy.

The group will take evidence and consult widely both within and outside the party. This evidence should inform the group's



proposals, which will be presented alongside an analysis of costs and an Equalities Impact Assessment.

A policy paper of no longer than 10,000 words should be produced for debate at Autumn Conference 2022. Prior to that a consultative session should be held at Spring Conference 2022, and a draft policy paper presented to the Federal Policy Committee by June 2022.