

# Carers UK briefing on Command Paper from HM Government: *'Build Back Better – Our plan for health and social care'*

## Introduction:

---

On 7 September 2021, the Government published its long-awaited reforms for social care funding, which Carers UK has welcomed this as a step forward.

The following is a summary of the plan (the Command Paper), as well as Carers UK's views on different aspects of it.

Carers UK released a statement following the announcement, see [here](#).

The Command Paper, 'Build Back Better – Our plan for health and social care', published yesterday by Government, can be found [here](#).

Below, we first look at the proposals for NHS funding and reform, before exploring the plan for adult social care in England.

## NHS Funding and Reform:

---

From April 2022, the Government will introduce a new, UK-wide 1.25 per cent **Health and Social Care Levy**, ringfenced for health and social care. This will be based on National Insurance contributions (NICs) and from 2023 will be legislatively separate.

The Health and Care Levy will go towards funding these three areas:

- Tackling the electives backlog.
- Putting the NHS back on a sustainable footing.
- Increasing the focus on prevention.

### 1. Tackling the electives backlog:

The additional funding already announced and through the new Health and Care Levy will go in part to increasing elective care. The Government estimates that this will be around 9 million more checks, scans, and procedures. The Government estimates that capacity by 2024/5 this will be at 30% higher than normal rates. This matters to carers because they are:

- More likely to have had their NHS treatment cancelled or postponed.<sup>1</sup>
- New research from Carers UK (forthcoming) shows the waiting lists place additional stresses and pressures on carers because their caring responsibilities are higher.

---

<sup>1</sup> Matthew R. Bennett, Yanan Zhang & Sue Yeandle, University of Birmingham & University of Sheffield (2020) 'CARING and COVID-19 Loneliness and use of services'

Part of this package of support includes innovation, trialling new systems and the use of technology. The Command Paper also pledges to ensure that that system is flexible so that people can access rapid advice when they need it. There will be a new system which will give patients and their carers the ability to arrange follow-up appointments as and when they need them (see paragraph 24c).

There will also be a new £50 million research, innovation and collaboration fund established to help improve health outcomes across the whole of the UK.

***Carers UK's view:*** *We welcome these measures as these proposals will make a difference to carers. To make this work, carers need to be firmly and systematically identified, with good information sharing protocols in place. Systems and processes need to ensure that carers' own health inequalities are also taken on board in planning and delivery of elective treatment. If elective treatment is to increase, then the number of carers supporting people at the point of discharge from care/treatment will also increase and it is likely that the amount of social care that needs to be provided will also rise. Our recent report on carers' experiences of hospital discharge<sup>2</sup> shows that procedures need to improve throughout the health journey to improve carers' outcomes as well as the person needing care. We also believe that there needs to be greater analysis of the inter-dependencies between health and social care. Pre-pandemic, we asked carers who had experienced an emergency admission to hospital what was the root cause. 29% said a greater amount of social care would have prevented admission.<sup>3</sup> It is essential that these are further explored.*

## **2. Putting the NHS on a sustainable footing:**

As well as the funding already announced, the Health and Social Care Levy is expected to raise around £12 billion per year on average for health and social care across the UK over the next three years. This represents a real term uplift.

According to the plan, in 2024-5, Scotland, Wales and Northern Ireland will receive an additional £1.1 billion, £700 million, and £400 million respectively, which includes UK-wide spending such as vaccines as well as Barnett funding for the devolved administrations.

## **3. Increasing the focus on prevention:**

The plan states that the long-term priority is to shift the NHS toward prevention. The paper states that prevention must be a central principle in delivering a sustainable NHS and levelling up. This means fixing the underlying causes of ill-health that are contributing to health spending increases and which worsens outcomes.

The Government will explore turning the NHS Health Check programme into a National Prevention Service so that people can access health checks, supporting individuals to be healthier and access the right treatments. NHSE & I will also be asked to introduce a

---

<sup>2</sup> Carers' experiences of hospital discharge – the Discharge to Assess model, Carers UK, September 2021  
[https://www.carersuk.org/images/News\\_and\\_campaigns//Carers\\_experiences\\_of\\_hospital\\_discharge\\_report\\_2021.pdf](https://www.carersuk.org/images/News_and_campaigns//Carers_experiences_of_hospital_discharge_report_2021.pdf)

<sup>3</sup> Carers UK (2019) State of Caring 2019

yearly prevention spend and an assessment over a 10-year period of the major preventable diseases.

The Command Paper states that the ambition is to “enable individuals in communities with particular health challenges to improve their own health, access lifesaving treatments and recover from the pandemic. The plan sees this as reducing pressure on the NHS by empowering individuals everywhere to change their behaviour whether by quitting smoking, taking up more exercise, or changing diets, so that everyone can lead long, healthy, and productive diets.

**Carers UK's view:** *We welcome the focus on prevention. Caring has been found to be a social determinant of health and analysis from the 2021 GP Patient Survey found that 60% of carers have a long-term health condition, rising to 69% of those providing more than 50 hours of care a week.<sup>4</sup> Carers have greater health challenges if they are part of specific communities compared with their peers.<sup>5</sup> Social prescribing was identified as a key enabler to improving carers' health and, if used effectively, is likely to mitigate some of the detrimental impacts that caring has on people's health.*

*To make prevention work for carers we need to see:*

- *The NHS systematically identify carers so that the groups of carers facing the greatest challenges are identified. Joint work with local authorities and local carers' organisations to identify and flag carers on their own patient record as well as the person they care for could help to improve and target preventative approaches.*
- *The National Prevention Service have a specific stream dedicated to carers.*
- *Establish strong links with services that support preventative behaviour e.g., physical activity for carers, social prescribing, etc.*

*On the subject of preventative health and wellbeing, Carers UK is committed to providing support, access and awareness raising about the important physical and mental benefits of physical activity through its Carers Active project. As part of the project, research on carers and physical activity showed that:*

- *Carers are more likely to be inactive and more likely to be lonely*
- *46% of carers aged 55+ are inactive compared to 33% of all adults.*
- *76% of carers 55+ are not able to do as much physical activity as they would like.*
- *Active carers are less lonely than inactive carers (37% of inactive carers said they were always or often lonely compared with 22% of active carers).*

*Carers UK research found the impact of the COVID-19 pandemic on carers' health has been far reaching indicating that support to help carers look after their health has never been more needed:*

- *70% of carers had reduced the amount of physical activity they were taking part in. This rises to 74% of BAME carers and 74% of carers who are struggling financially.*
- *Only 29% of carers feel that they have been able to maintain their health and wellbeing during the pandemic.*

---

<sup>4</sup> NHS England (2021) GP Patient Survey 2021

<sup>5</sup> ibid

- 87% of carers agreed that they would like to be more physically active than they are.<sup>6</sup>

*This evidence reinforces the importance of placing physical activity as a central component of preventing mental and physical health issues that carers face, but also the systems and support for carers to be able to do so.*

## **Plan for adult social care in England:**

---

The Government has said that it is “committed to creating a sustainable adult social care system that is fit for the future, alongside its programme of wider healthcare reform”.

The Command Paper recognises that there are different systems in Scotland, Wales and Northern Ireland which are run by their relative administrations and will look to establish a programme of joint work to share best practice across the home nations.

In England, the Government with a range of stakeholders, including service users and carers develop and publish a White Paper for reforming social care, which the plan says will be, “a once in a generation transformation to adult social care.”

The Government states that its proposals will:

- Offer choice, control, and independence to care users – so that individuals are empowered to make informed decisions and live happier, healthier, and more independent lives for longer.
- Provide an outstanding quality of care – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce; and
- Be fair and accessible to all who need it, when they need it – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs.

The paper states that “the Government will ensure that Local Authorities have access to sustainable funding for core budgets at the Spending Review.” The Government expects demographic and unit cost pressures will be met through Council Tax, the social care precept, and long-term efficiencies. The overall level of Local Government funding, including Council Tax and the social care precept will be determined at the Spending Review. The Government states that £5.4 billion will be invested in adult social care over the next three years to deliver the funding and system reform commitments set out in this document.

**Carers UK’s view:** *Carers UK has similar aspirations for the social care system and additional outcomes that we wish to see for carers. We welcome this additional funding of £5.4 billion over three years but are concerned about the overall baseline funding for social care. We also need to see how each element will be allocated and over what period of time. **The Spending Review in October needs to urgently address baseline funding, ensuring that there is immediate funding to support carers now, as well as***

---

<sup>6</sup> Carers UK (2021) ‘Carers and Physical Activity 2021’

**across the next couple of years.** Carers have been reporting cuts to services steadily year after year with roughly one in seven carers reporting either a cut or a charging rise to the costs of services.<sup>7</sup>

*This baseline funding is critical if the aspirations of the paper are to be realised.*

### **Summary of social care plans:**

The paper states, “To begin this transformation in social care the Government will:

- A. Introduce a cap on personal care costs.
- B. Provide financial assistance to those without substantial assets.
- C. Deliver wider support for the social care system, particularly social care staff; and
- D. Improve the integration of health and social care systems.”

A consultation on the adult social care charging reforms will start in October this year.

#### **A. Capping adult social care costs:**

From October 2023, the Government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime, effectively making an element of paying for care more predictable.

The cap will provide some certainty for some families who have either high catastrophic costs or face a lifetime of costs.

This will enact part of the Care Act 2014, along with another provision which allows a self-funder to ask the local authority to arrange their care. Since the local authority rates tend to be lower than self-funded care, a self-funder could potentially secure lower cost care.

There are several key elements to this policy:

- a. This relates to personal care, not all care costs.
- b. Under the original [Dilnot proposal](#) from which this is taken, the rate at which these costs are attributed are the local authority rate, not what an individual chooses to pay. If the individual's costs are higher, the local authority rate would still apply.

**Carers UK's view:** *While the cap is higher than Carers UK would have liked, the cap will provide some certainty for some families who have either high catastrophic costs or face a lifetime of costs e.g., in caring for a disabled son or daughter. The uncertainty of costs can be a huge strain and worry for families either with high costs or worrying about costs over a long period of time. The definition of personal care will be critical. We would like clarification regarding whether a family member spending money to help fund the care of another family member for personal would count towards the cap.*

#### **B. Financial assistance to people without substantial assets:**

---

<sup>7</sup> Carers UK (2018) State of Caring 2018



From October 2023, anyone with assets of less than £20,000 will not have to make any contribution for their care from their savings or the value of their home. Anyone with assets of between £20,000 and £100,000 will be eligible for some means-tested support.

If someone needs care, Local Authorities will assess:

- I. Their care needs and which of those needs are eligible to be met by the local authority.
- II. Whether they should receive financial support to help with care costs, via a means test assessment. Like the current system, the means test will be based on total assets, including both the value of a person's home and their savings. If a person continues to live in their own home, this would continue to be disregarded.

The means-test must be seen in conjunction with the cap on care costs.

If someone has between £20,000 and £100,000, people will still be expected to contribute towards the cost of their care from their income. If this is not sufficient, the paper states they will contribute no more than 20 per cent of chargeable assets per year. If the value of a person's assets falls below £20,000, then they would continue to pay a contribution from their income, but nothing further from their assets.

If a person's total assets are less than £20,000, the paper states they will not have to pay anything for their care from their assets. However, people may still need to contribute from their income.

The Government has pledged to unlock the freeze on the Minimum Income Guarantee (MIG) and the Personal Expenses Allowance (PEA) which are used to calculate how much someone pays for care. This will also help to reduce the amount that people have to pay for care.

The Government estimates that 150,000 people will be directly benefiting from these measures at any one point in time.

**Carers UK's view:** *We welcome the fact that the lower capital limit is going to be increased since it will reduce the amount that people pay for care and could take some families out of charging altogether. The lower capital limit has not changed for years and in effect has been a year-on-year real terms cut as charges for care services have risen. We also welcome the fact that the home will continue to be disregarded if someone lives at home and receives care.*

*We would continue to stress that carers' breaks services should continue to be free where they are already provided as such.*

*The definition of a personal care service is a critical one. We also consider that the definition should include the vast majority of alternative care that provides the basis for a carer to take a break. Personal care services also need to be drawn sufficiently broadly so that people with mental health conditions are not excluded from this provision.*

*Carers UK has seen increased charges for services being applied and affordability for families has become a worrying issue.*

### **C. Wider support to the social care system including social care staff**

The paper states that a White Paper for adult social care will be developed with care users and carers, and other key stakeholders to focus on proposals for system reform. A vision for adult social care will be co-produced and will inform the detail for the commitments set out below.

The paper states the Government will:

- **Take steps to ensure that the 5.4 million unpaid carers have the support, advice and respite they need, fulfilling the goals of the Care Act;**
- Invest in the Disabled Facilities Grant and supported housing and support innovation.
- Improve information for service users to help them navigate the care system and understand the options available to them.
- Introduce a new assurance framework and support improvement in the system to ensure Local Authorities are delivering on their obligations for users.

***Carers UK's view:*** *We welcome the development of a co-produced vision for adult social care that will include carers and we look forward to being part of the process and directly enabling carers to be able to contribute.*

*We welcome the aspiration that carers will have the support, advice and respite they need. We need to see how much funding will go towards supporting carers breaks and this specific aspiration. As already set out, the baseline funding for social care will be critical to ensure that carers get the support that they need now. 72% have not had a break since the start of the pandemic.<sup>8</sup> 81% are providing more care<sup>9</sup> and, for most of these carers, this is because the condition of the person has got worse or because local services had to close or offered a reduced service.<sup>10</sup>*

*The assurance framework also needs to refer to carers since Local Authorities also have obligations towards carers. Since they have parity of esteem under the Care Act 2014, we expect them to be included equally.*

#### **The workforce:**

The paper states that Government will be investing £500 million in new measures over three years to:

- Provide support in professionalising and developing the workforce
- Fund mental health resources and access to occupational health to support staff following the pandemic
- Introduce further reforms to improve recruitment and support for the social care workforce.

***Carers UK's views:*** *Carers UK welcomes these measures towards care workers since good quality and well-trained staff is also core to a carers' health, wellbeing, ability to get*

---

<sup>8</sup> Carers Week (2021) 'Breaks or breakdown: Carers Week 2021 report'

<sup>9</sup> Carers UK (2020) 'Caring Behind Closed Doors: six months on'

<sup>10</sup> Ibid.

*a break and to be able to juggle work and care. However, there is a very immediate recruitment crisis within the industry which needs urgently addressing. Any further shortage of care would put carers' health and wellbeing at further risk and, for those who juggle work and care and rely on good care, their jobs, and livelihoods.*

### **Improving the integration of health and social care:**

The paper refers to the integration measures and structures already underway in creating a statutory footing for Integrated Care Systems. The paper sets out the expectation that people who use health and care services experience well-coordinated care. It believes that integration could continue to go further to deliver:

- **Convenience** – i.e., a single digital health and social care record across primary care, NHS trusts and social care providers and others “so that the burden of coordinating care falls on ICSs not on the user”.
- **Choice** – so that the person needing care can choose how and who provides care
- **Flexibility** – being treated in the right place for them – home, community, or hospital.

The Government states that it will work with citizens, the NHS, Local Governments, and other key stakeholders to co-produce **a comprehensive national plan** for supporting and enabling integration between health and social care. It states that this will be:

- **Outcomes focussed** – increasing transparency
- **Empowering local leaders**
- **Wider system reforms** – including Care Quality Commission oversight.

**Carers UK's views:** *We welcome increased integration since that is something that carers want to see. This is an opportunity to introduce more consistency in the approach towards carers which sees them as both partners in care, and as a person in their own right with specific needs for support. The Health and Care Bill should be amended to have a duty to have regard to carers and to promote their health and wellbeing. Until the NHS has this responsibility towards carers, they will be consistently overlooked, forgotten and not part of integration. Since local authorities bear the lion's share of responsibility towards carers, this also risks the local authority failing in their statutory duty if their health partners do not comply.*

### **Health and Social Care Levy:**

The paper goes into some depth about the Health and Social Care Levy through National Insurance Contributions. This will be:

- UK wide – the paper states that it will generate 15% more revenue for health and care systems in the nations.
- The Levy will be ringfenced.
- It will be set at 1.25 per cent.
- It will be introduced in April 2022.
- Paid for by employees, self-employed people, and employers.



- From April 2023, will be separated out clearly into a health and care levy and will also apply to people working who are above State Pension Age, who currently do not pay NICs.

There are important details on the levels, who will pay, etc. in the paper. National Insurance Contributions (NICs) are not paid by people earning less than £9,568 (2021-22) rates for example. It will only affect Class 1 contributions, not Class 2 or 3. The paper sets out in some useful detail how this affects different groups people/businesses through National Insurance Contributions.

### **Increasing dividend tax rates:**

The other funding source in addition to the Health and Social Care Levy for the changes that have been proposed is an increase in the rates of dividend tax by 1.25 per cent from April 2022.

## **What's not in the paper?**

---

There are several elements that are not in the paper that Carers UK has been calling for which would help support adult social care reform. These are:

- A new approach from the NHS towards carers which ensures they have a regard to carers and promote their health and wellbeing – supporting both integration and prevention.
- Clarity about how carers will be supported now to get a break and sufficient services to lead healthier lives, and to be able to continue juggling work and care. Both areas need core funding.
- An associated supportive element would be to ensure the Government follows through on their manifesto commitment to introduce a right to Carer's Leave in the workplace.
- A rise in carers' benefits since Carer's Allowance is the lowest benefit of its kind.

Obviously, there will be details that will need to be worked out on some areas in relation to the new charging regime and how carers will be affected, as well as people who use or need care and support.

When the White Paper on adult social care is developed, it also needs to encompass the views of parents of disabled children who often have other caring responsibilities for parents, but whose children will reach adulthood and it needs to incorporate the views of young carers, since their outcomes in life are often affected the quality of health and social care services provided to their parents.

## **What next?**

---

Carers UK will be providing updated briefings, will be seeking to share further research including the experiences and views of carers as well as supporting carers to engage with the consultation and engagement processes. We are also working on the Health and Care Bill (see [here](#) for more information).

## Contact us

---

For further information about this policy briefing, please contact: Ruby Peacock, Head of Policy and Public Affairs: [ruby.peacock@carersuk.org](mailto:ruby.peacock@carersuk.org) / 020 7378 4942

### Carers UK

20 Great Dover Street, London, SE1 4LX

Telephone: 020 73784 4999

Email: [info@carersuk.org](mailto:info@carersuk.org)

Web: [www.carersuk.org](http://www.carersuk.org)

Twitter: @CarersUK

**Published 14 September 2021**

**Disclaimer:** While every effort has been made to ensure that this briefing is accurate, it is not an authoritative statement of the law.

© Carers UK, September 2021

Carers UK is a charity registered in England and Wales (246329) and in Scotland (SC039307) and a company limited by guarantee registered in England and Wales (864097). Registered office 20 Great Dover Street, London, SE1 4LX.

---