

# *A More Caring Society*

## **Executive Summary**

England's social care system is in crisis. Successive governments have failed to put the sector on a sustainable footing, and seriously tackle the challenges the sector faces.

The Conservatives have implemented their proposals, raising NICs and introducing a cap on care costs. They aren't good enough; they won't tackle the underlying issues in social care, and will still lead to millions of people losing their homes in order to pay for social care.

To give England the social care system that it needs and deserves, the Liberal

Democrats will build on our successes in government. We will deliver a fair deal of the social care sector by:

- Introduce Free Personal Care, based on the system introduced in Scotland by the Liberal Democrat-Labour government
- Introduce improved pay, conditions, career progression and training for care workers
- Move towards a preventative approach to social care, so people can stay in their own homes for longer
- Introduce national minimum standards for care, with locally tailored service delivery

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- Build on the Liberal Democrat-led Care Act to move towards full personalisation of social care services
- Add being an unpaid carer to the list of protected characteristics under the Equality Act

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## **1 Introduction**

1.1 Social care is in crisis. For decades, successive governments have failed to introduce a genuinely long term and holistic plan to tackle the crisis in social care. The Conservatives have put forward a series of unfair half-measures to keep the system afloat for a few years; the Liberal Democrats would do things differently. We want to deliver a fair social care system, where care workers, unpaid carers and service users are given a fair deal. This paper covers social care for those over 18, including working age adults, the elderly, the disabled and unpaid carers.

1.2 We accept that social care cannot be fixed all in one go - the problems are too great and have been neglected for too long. That's why this paper starts with a long term vision for social care - setting out where we want social care to be in the next decade. Successive governments have adopted a piecemeal approach with no final destination in mind - meaning reform has lacked a sense of purpose or direction. This is then followed by the steps the Liberal Democrats would introduce in government immediately, to tackle the short term problems facing the sector and get us moving towards our final goal.

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1.3 We propose building on Liberal Democrat achievements in government. We would introduce Free Personal Care, first introduced by the Liberal Democrat-Labour government in Scotland in 2002, giving everyone the security and stability they deserve. We would also reform how the means test and cap work for non-care 'hotel' costs, so that they are more equitable and fair.

1.4 We also want to build on the 2014 Care Act developed by Liberal Democrat Care and Support ministers Paul Burstow and Norman Lamb, which introduced 6 key principles into social care services and made services a partnership between

providers and users rather than a one sided arrangement. We will complete the full personalisation of social care services through empowering individuals who use social care, especially the disabled, and allow them to live their lives the way they want, rather than conforming to government and provider plans.

1.5 The Liberal Democrats have long championed localism, and we see that as the key to integrating health and social care. We reject the top-down Whitehall-led reformation approach, and want local government and providers to be leading the way. We want to empower local government, and new regional tiers of

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government as part of a Federal England, more generally, and make them the key drivers of social care services. Health and social care have suffered from being micromanaged out of Westminster or Holyrood - we will not replicate that same failed approach.

1.6 We would also drive up care standards, through introducing national minimum standards which will be implemented locally according to needs and democratic preferences. We would also give local government the tools and powers to proactively drive up the quality of services. We would also introduce a preventative approach to social care, which

would be greatly facilitated by the introduction of Free Personal Care.

1.7 We will also introduce significant reforms in the care workforce, who are undervalued economically and socially. This will include improved pay and conditions, career progression, accreditation of skills and parity of esteem with workers in the healthcare sector.

1.8 Finally, we will enact a fair deal for unpaid carers, who are the unsung heroes of England's social care system and have been ignored and taken for granted by the Conservatives. We will ensure that they have the financial resources, training,

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support, rights, respite and access to services that they need to live their own lives to the fullest and look after their loved ones.

1.9 The Conservatives have said that no one should sell their home to pay for their care. Under their approach, many people will have to do just that, whilst still not getting the high quality care that they need. We would ensure no one has to sell their home to pay for their care, that high quality care will be available to everyone, and that those working, paid and unpaid, in the sector would get the support they need.

## **2 A Long-Term Vision for Social Care**

2.1 The current Social Care crisis has not come out of the blue. It is largely a consequence of demographic trends which have been predictable for decades.

However, successive governments whose planning horizons extend no further than the next general election have failed to address the inevitable. Tinkering with structures, quality assurance measures and funding models by successive “here today gone tomorrow” ministers is wasteful of hard to come by resources which need to be managed with care and consistency in order to secure value for money.

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2.2 Liberal Democrats have for many years sought to develop policies for Health and Social Care intended to stand the test of time rather than aiming for pre-election sound bites. In coalition, and subsequently, our party sought to establish a Health and Social Care Convention for the purpose of establishing as much consensus as possible, not just across parties, but among all stakeholders, in order to achieve the structural and financial stability essential for delivering high-quality, cost-effective services. While many individual MPs were receptive, the leaderships of other parties preferred to stick to short-termism and keep their political football in play.

2.3 Our long term vision for social care is that it should be treated as an essential service, available to everyone, of high quality, free at point of need that works seamlessly with other public services. To the end user, the service provided should look seamless, with the transition from health treatment to ongoing care being an automatic process without the need for complicated and time wasting referrals as is the case at the moment. Integration of services for users is our goal, not institutional restructuring.

2.4 This is a huge challenge, but we have public services free at point of need elsewhere, we can achieve it in social care

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too. The Liberal William Beveridge identified five evils to be conquered which led to the formation of the post-1945 welfare state; if he were alive today he would surely add another; inadequate care.

2.5 We propose a tripartite system for delivering social care; local government will be tasked with implementing social care according to local needs and democratic preferences, regional tiers of government will undertake market shaping and long term planning whilst central government will set minimum standards.

2.6 Social care services are more fragmented than Health Care and, while greater cohesion is required, imposing an NHS-like structure on the current system could prove too bureaucratic. We therefore propose a creation of a National Care Agency (NCA) free from direct political control. Its mission would be that of setting national minimum standards of care, improved coordination with the NHS and providing impartial forward planning advice on budgetary and other matters. The nature and extent of social care needs is not, and will not, be uniform across the country and the NCA will provide impartial advice to government both on the budgetary provision necessary at national

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level and its fair allocation across the country.

2.7 Currently, the Care Quality Commission (CQC) undertakes much of the regulation of care services, monitoring and enforcing against its fundamental standards. We would separate the setting of new standards to the NCA and leave the monitoring and enforcement of standards to the CQC and local government, so that there is no conflict of interest.

Furthermore, the NCA, with a wider remit and greater resources at its disposal, would be able to engage in greater long-term planning for the sector than the current version of the CQC is able to do.

2.8 We also want to establish the UK as a leader in the emerging technologies which can be utilised in social care. IT, robotics, AI, monitoring, assisting and telecare technologies will be essential to delivering care in the future, as the number of people needing care increases. Establishing the UK as a leader in this field via a specific strand earmarked for this purpose within government support should also generate economic benefits including benefits for the wider community through better health monitoring and developing devices with wider applications. Public investment in this field should be recognised through shareholdings in new research spin-out

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ventures which may arise, including “golden” shares to ensure the continuing presence in the UK economy of assets developed with the help of public finance

2.9 We also want a professional, well paid and highly skilled social care workforce. Later in this paper, we propose steps to move in this direction, but our eventual goal is for a social care workforce that has comparable levels of respect, pay and training to the healthcare workforce.

2.10 There is also the question of long term financing and resourcing for social care. Many countries, such as Germany and Japan, use dedicated taxes to fund social

care, and the Conservatives have introduced a version of this with their Health and Social Care Levy. The experience of successful countries shows that a cross-party political consensus is necessary for this approach to work, or else it can easily be exploited for short term political gain. Liberal Democrats will push for this cross-party approach in Parliament and more widely, so that social care funding is put on a sustainable footing.

### **3 Financing Care**

The Liberal Democrats will deliver a financially sustainable social care sector by:

- Ensuring social care receives its fair share of the Health and Social Care Levy
- Properly fund improvements to pay and conditions in the sector
- Properly funding the elimination of local government cross-subsidy in social care

#### **3.1 Context**

3.1.1 The 1945 Labour government established how health and social care is run in England, and it has remained

broadly similar ever since. The 1946 NHS Act and the 1948 National Assistance Act split healthcare, which is provided free at point of need, and social care, which is means tested. We believe that this was a historic mistake, which Liberal Democrats would seek to redress.

3.1.2 The UK social care sector has been confronting three problems for a number of years;

- 1) There is not enough funding available to provide a decent standard of care to enough people – and the available funding has been contracting even as needs have increased.
- 2) The treatment of those with dementia is unfair; why is the treatment of those

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with conditions such as cancer paid for by the state, while those with dementia are liable for their own costs in many circumstances? This is particularly a problem for those whose dementia results in them requiring significant support for a long time.

- 3) The juxtaposition of free care in the NHS and means tested social care combined with insufficient social care results in both unnecessary admissions and delayed discharges from the NHS, and therefore additional cost. This is a massive problem for people needing intermittent social care, as they have to climb over this barrier every time.

3.1.3 The government announced plans to address the first two of these problems in autumn 2021 but its proposals were heavily criticised.

- The additional resources committed to the social care sector – just £1.5bn a year over the next three years – were clearly inadequate to meet the need, and there were no commitments as to how much of the additional money raised through the Health and Social Care Levy would be provided to the sector in the longer term.
- The cap which was introduced provided protection from catastrophic levels of cost for some better off families, but left those with more

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modest levels of wealth still likely to lose substantial amounts of their assets if they required support for an extended period in the last years of their lives. The detailed provisions surrounding the implementation of the policy made it even less generous for those of middling levels of wealth than originally seemed to be the case.

The autumn 2021 proposals did not address the third issue.

### **3.2 Properly funding the sector**

3.2.1 Insufficient funding is at the root of many of the difficulties the sector faces in delivering care of the quality which is required.

3.2.2 We would ensure that the sector is treated on a par with the NHS from a funding perspective – receiving its fair share of the health and social care levy, and allocate sufficient financing to;

- Fund the increase in pay for front line social care workers which we set out later in this paper.
- Enable local authorities to deal with the costs of providing fair payments for care (in effect eliminating the cross subsidy of local authority funded residents by self paying residents) which is likely to be significantly in excess of the £1.2bn the government is providing.

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- Enable local authorities to return to being able to provide care services beyond meeting just the most acute cases of need, as discussed elsewhere in our policy.

3.2.3 Given the current state of the economy, with soaring inflation, unpredictable growth, interest rates and an uncertain fiscal picture, it would be difficult to accurately state at the time of writing how much should be spent on several of these proposals. For instance on workforce pay, setting a carer's minimum wage would be impossible, since inflation could have eliminated the increase by the time of the next election.

### **3.3 Long Term Finance**

3.3.1 In the long run, we want to put social care funding on a sounder footing, backed by a cross party consensus which experience shows from Germany and Japan is an essential prerequisite for success. Our view is that a dedicated Health and Care Tax should be developed.

3.3.2 Unlike the Conservative's Health and Social Care Levy, we would ensure that any such tax is progressive and formed on the basis of wide consultation and extensive engagement with the public. The intention is to bring together spending on both services into a collective budget and set out transparently, on people's payslips,

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what the Government is spending on health and social care

3.3.3 However, for the immediate future an extensive restructuring of government finances is not in the interests of service users or providers, absorbing time and resources better spent on improving services. We would therefore maintain the hybrid local and central government financing approach to health and social care, until a cross-party consensus can be reached.

## **4 Free Personal Care**

The Liberal Democrats will ensure no one has to sell their home to pay for their social care by:

- Introducing Free Personal Care, based on the model introduced by the Scottish Liberal Democrat-Labour government in 2002 at a net cost of £3bn a year
- Introduce a more generous means test and assistance for those unable to pay for their accommodation costs

### **4.1 Free personal and nursing care**

4.1.1 In 2002 the Liberal Democrat and Labour coalition government introduced

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Free Personal and nursing care in Scotland. Initially, this only covered the over 65s but has been subsequently expanded to cover working age adults as well.

4.1.2 In Scotland, Free Personal Care covers nursing care (e.g. giving injections, managing pressure sores) and help with personal hygiene, immobility problems and medication. It does not cover accommodation or daily living costs – though the state supports these through the state pension and, where required, through means tested benefits.

4.1.3 We propose introducing free personal care throughout the UK, covering both the over 65s and working age adults. To be clear as to what this means:

4.1.4 Under the present rules in England an individual has to pay the first £86k of their personal care costs unless they meet certain means test requirements. **Our policy will make this care free** - both for those receiving care in their own home, and those receiving care in a care home.

4.1.5 We estimate the costs of rolling out free personal care on this basis at £5bn a year. This takes account of expected increases in take up of services which are no longer means tested. The net cost would be lower than this because free personal care would reduce costs in the NHS in several ways. Making treatment outside the NHS free (and properly funding

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local authorities to deliver this) would reduce delays in agreeing care packages, leading to more rapid NHS discharges and reduced costs. And better care for the old would reduce both the need for relatively expensive NHS out of hospital care, and reduce A&E admissions. We estimate £2bn<sup>1</sup> would be saved in the NHS leaving a net cost of free personal care of £3bn.

## **4.2 Personal Contributions Towards Social Care**

4.2.1 Although we would be introducing Free Personal Care and wider

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<sup>1</sup> A 2016 National Audit Office report estimated that the cost to the NHS in England of delayed discharges due to difficulties in arranging care packages at £820m. this is for England only, and costs and demand have increased since (and will continue to increase) - £2bn now seems a more realistic estimate, particularly given the multiple other inefficiencies that the current system creates. The IPPR 2019 report estimates a £2-3bn saving in NHS costs from introducing free personal care and improving the level of care to older people

refinancing of social care services through general and local taxation, there would still be a role to play for individual contributions for accommodation costs for those who are able to make them. This is equitable as it is unfair to raise taxes excessively on working age individuals who are often struggling to get by.

4.2.2 Although care will be free under our proposals, we would not make accommodation costs free for everyone. For those living at home, which Free Personal Care would help facilitate, they would continue to pay their mortgages, rent, bills, food costs, taxes and so forth as they did before receiving care, with assistance

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provided by care services to do this. For those in a care home, local authorities would contribute towards care home costs to cover personal care in addition to the NHS contributions which cover nursing care where required. Service users would then pay for the costs of accommodation only.

4.2.3 This is a fair approach as accommodation costs would still have to be met if they were not living in a care home. However, we would ensure that everyone has access to the services they need by introducing means tested support for accommodation costs - no one will be left

out from receiving the care they need.

## **5 National, Regional and Local Government**

The Liberal Democrats will deliver an efficient and effective social care service by:

- Introducing a tripartite system of local, regional and national government in delivering social care
- National government will set minimum standards and provide long term planning
- The regional tier will engage in market shaping and set commissioning rules
- Local government will commission and implement social care services

## **5.1 Introduction**

5.1.1 We envision a tripartite system for delivering social care in England. National government will set minimum standards and, eventually, finance social care, regional tier of government or Health Trusts will undertake market shaping, long term planning and set commissioning rules, and local government will lead in implementing and delivering social care services according to local needs and democratic preferences.

## **5.2 National Government**

5.2.1 National government will provide England with minimum standards for social care, part of the finance and overall

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approach to the care workforce. This would be delivered by a new National Care Agency, an independent body, with standards monitored and enforced by the CQC. Details of this can be found in other sections of this paper.

5.2.2 Eventually, national government will provide all of the finance for social care, based on a cross-party consensus so that there will be less of a postcode lottery of provision.

### **5.3 The Regional Tier of Government and Health Trusts**

5.3.1 We believe that there is a strong role for a regional tier government to play.

In the past, regional bodies in England were often unaccountable and frequently chopped and changed by reorganisation from Whitehall. This has meant that it has often never worked well.

5.3.2 We are committed to creating a new permanent and democratically elected regional tier of government in England, as part of a Federal UK. However, there is an immediate crisis in social care, which needs to be dealt with now. Therefore, for the short and medium term, local and central government will lead on delivering social care, rather than waiting for a new tier of government to be created.

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5.3.3 In future parliaments, once the regional tier of government has been established, we will devolve significant powers over social care to them. This will include powers around market shaping and setting commissioning rules. Market shaping involves using commissioning and spending powers to stimulate a diverse range of care and support services to ensure people's needs are met and that the market as a whole remains innovative and resilient.

5.3.4 The regional tier will ultimately be decided by local people according to their democratically expressed preferences, not drawn up in Whitehall. As such, the English

regions will vary considerably in geographic and population sizes. In some cases. Regional tiers may wish to devolve this responsibility to Health Trusts where appropriate, as they will be more appropriately sized for the task.

## **5.4 Local Government**

5.4.1 Local government will be tasked with delivering social care services. They will have considerable discretion on how this is best achieved locally, provided that it is up to the national minimum standards. National government will set the outcomes we want and local government will decide how to achieve them, according to local needs. This will ensure local accountability

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whilst also avoiding the postcode lottery of provision that can occur under a wholly localised system.

5.4.2 Local government, working with local NHS bodies, will also lead the way on integrating health and social care into a seamless service. This cannot be done at a national level - it would lead to a vast bureaucratic organisation that is neither cost effective nor responsive to service users needs. Local government, on the other hand, with its close proximity to the service and its users, can integrate services effectively.

## **5.5 Local Taxation and Finance**

5.5.1 In the long term, we want to achieve a cross-party consensus on the funding of social care, which should ultimately be national rather than the hybrid national and local model introduced with the Conservative's Health and Social Care Levy. National funding would ensure that no locality gets left behind in a postcode lottery if they don't have the resources and wealth of other areas.

5.5.2 Given the immediate crisis in social care, a major reorganisation of local government finance and taxation is not in the interests of frontline workers or users of social care - it would absorb time and

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resources better used focusing on improving services. We therefore propose keeping the current mix of local and national finance until a cross-party consensus can be reached on the national financing of social care.

### **5.6 Conclusion**

5.6.1 Local government should be at the forefront of social care services. Under the Liberal Democrats, we would give local authorities the power and resources to deliver the services that the local area needs, with a supportive central government that provides a clearer framework.

Local Government	Regional Tier of Government and Health Trusts	National Government
<ul style="list-style-type: none"> <li>● Implementing social care</li> <li>● Commissioning and delivering services</li> </ul>	<ul style="list-style-type: none"> <li>● Market shaping</li> <li>● Commissioning rules</li> <li>● Regional workforce planning</li> <li>● Sharing</li> </ul>	<ul style="list-style-type: none"> <li>● Minimum standards</li> <li>● Workforce</li> <li>● Monitoring of standards</li> </ul>

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<ul style="list-style-type: none"><li>● Managin g the integrati on of health and social care services</li></ul>	best practice	<ul style="list-style-type: none"><li>● Long term finance</li><li>● Sharing best practice</li></ul>
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## **6 Integrating Health and Social Care**

The Liberal Democrats will deliver a joined up health and social care service by:

- Putting people first over institutional restructuring
- Moving towards the full personalisation of health and social care services
- Putting local government and local health and social care bodies in charge of integrating services rather than a top-down national approach

### **6.1 Introduction**

6.1.1 To deliver effectively for people, health and care organisations need to work

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together. When they have a shared mission, work with local people, and pool their ideas, energy and resources the result can be the delivery of outstanding joined up health and care, which improves people's experience and outcomes. This working together, or integration of health and social care, is vitally important.

6.1.2 However, in the past integration has often meant significant structural re-organisation particularly of health care. This has taken up valuable time, has cost money and has seldom delivered the expected results. Alternatively, it has involved renaming organisations and moving around the deckchairs without

producing any change on the ground, such as when the Conservative's changed the Secretary of State's title in 2018.

6.1.3 When we speak of integration, we want health and care services to work together at a local level, without unnecessary and wasteful organisational change. This will require local health and care organisations and their staff to work together on the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives. Everyone should receive the right care, in the right place, at the right time.

## **6.2 Poor Integration in the Sector**

6.2.1 This is, however, far from the norm everywhere, and as the challenges of demography, the possibilities of technology and the expectations of people all grow, we will need to move beyond a health and care system where organisations and services operate in a compartmentalised way. People have a range of needs which cannot always be fully addressed by one organisation or another. We need holistic care that fits around these needs; services, processes, organisations and policies need to catch up. We know that currently people often experience:

- a lack of coordination between the range of services looking after them. Information or actions can be lost or delayed between health and care providers;
- organisations that are forced or incentivised – by regulation or the way they are financed - to focus on a narrow set of organisational outcomes, rather than a health and care service that places people at the centre of what they do;
- duplication in use of resources or service users' time. People are often asked for the same information multiple times, by

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different organisations, which can lead to delays in their needs being met;

- delays in being discharged from hospital care because of competing budgets and care processes. This takes up NHS resources that would be better spent on treating people. It also means that people are sometimes in the wrong place to meet their needs.

### **6.3 Putting People First**

6.3.1 A new approach is needed, one that puts local people, their experience and outcomes at its heart. We will put an end to the endless form-filling, complex processes and a bureaucracy which sees too many

people get lost in the system, not receiving the care they need, when they need it. We will enable reform which will both put power and opportunity in the hands of local people and communities and build a health and care system that delivers high-quality person-centred care, every day, everywhere.

6.3.2 Previous governments have made a start, we acknowledge this. However, we want to go further and faster in building integrated health and care services. People should experience joined up care which makes the best use of tax-payers money. Our system remains fragmented and too often fails to deliver joined up services that

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meet people's needs. The goals of different parts of the system are not always sufficiently aligned to deliver the care people need. This will be our focus. People too often feel like they must force services to work together, rather than experiencing joined-up health and care which meets their individual needs.

6.3.3 While a more integrated approach clearly will not address all the challenges facing health and care staff, joining up services around users can also improve job satisfaction for the staff delivering them – removing some of the barriers that stop staff delivering care as they would like. It will help recruitment and

retention by taking away some of the frustrations that staff currently face.

6.3.4 Information is important. People with access to more information will be more empowered to make decisions about their care and have more choices about where and how they access care. Working with local organisations we will remove unnecessary barriers so that they will be empowered to do what is best for their local people. They will be supported to be transparent and accountable for the delivery of the outcomes which matter to communities. The financial frameworks and incentives which support this will be reformed to ensure that the way in which

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funding is allocated and accounted must not prevent those that deliver health and care from doing the right thing for the people they serve.

6.3.5 We also want to change culture in both health and social care so that it works more collaboratively. Institutions may change, but unless attitudes and behaviour change too it will not achieve anything. Part of this will be achieved through reforms to the workforce outlined elsewhere.

6.3.6 We want a world-leading health and care system which works for every person, and where people work together to deliver continuous improvement in the

delivery of health and care services. This is possible and necessary, and we want to start making it a reality.

## **6.4 Integrating Services Locally**

6.4.1 We will require the NHS and local government to collaborate on commissioning, including further use of pooled budgets, joint appointments and joint arrangements, and encourage emerging governance structures for integrated care to include local government, to ensure local democracy.

6.4.2 In some places, there are already strong and effective place-based partnerships between local health and care

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organisations. In some places, this is done through Integrated Care Partnerships and in other places by Health and Wellbeing Boards, which perform similar roles in many places.

6.4.3 Every area is different, but common characteristics of the most successful are the full involvement of all partners who contribute to health and care; an important role for local councils (often through joint appointments or shared budgets); a leading role for clinical and professional leaders and a clear, strategic relationship with local democracy.

6.4.4 Therefore, we support Health and Wellbeing Boards and Integrated Care Partnerships provided that they are built around the proven model of success and have an important role for democratically elected local councils. We would commission a review to clearly identify best practice and share this widely, so that all boards and partnerships can perform well.

6.4.5 We will ensure that every local health and care system has the appropriate resources, autonomy and decision-making capabilities to deliver the wellbeing and care that people deserve.

## **6.5 Conclusion**

6.5.1 Integrating health and social care is about putting people first. Liberal Democrats would adopt this approach, seeking not to reconfigure institutions for the sake of integration, but joining up services so that they work for people. This will be achieved through a local approach, giving local government and health providers the powers and combined decision making they need to deliver seamless services.

## **7 High Quality Care**

The Liberal Democrats will deliver a high-quality social care sector by:

- Introducing national minimum standards, with locally appropriate implementation
- Empowering a regional tier of government and local authorities to develop bespoke improvement plans with care providers
- Shift towards preventative care to tackle problems early on
- Create national and regional forums to share best practice, advice and ideas

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### **7.1 Introduction**

7.1.1 England deserves high quality social care, for a society as wealthy as ours, it is completely unfair that many people have to settle for second rate care. As hardworking as our carers are, we need to change how we make high quality care accessible to all.

7.1.2 The Liberal Democrats would ensure that everyone has access to high quality care. 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.

## **7.2 National Standards with Local Implementation**

7.2.1 We would introduce England-wide national minimum standards that all care providers would have to meet. This would ensure that everyone in England has access to good quality social care services irrespective of where they live, and eliminate the postcode lottery of provision which can be the case now. These would be set by the new National Care Agency, with these new standards being enshrined in law so that they can be adequately and

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effectively enforced. Monitoring and enforcement of standards undertaken by the Care Quality Commission and local government, so that the agency won't be 'marking its own homework'.

7.2.2 Our minimum standards would include key metrics on quality of life, safety and financial viability. We would base our standards around the quality of life for service users, which is the ultimate arbiter of what a good service looks like. The CQC is currently in the process of updating its inspection framework, depending on how far they are in this process, we would commission a new review at the start of the next parliament.

7.2.3 The NCA would develop a detailed plan to implement these new care standards over the course of next parliament, so that hard-working but struggling providers are able to meet them and not forced out of the sector overnight.

7.2.4 As part of our wider proposals to take power out of Whitehall and Westminster, local government will be tasked with implementing these standards in accordance with local needs, conditions and democratic preferences. Central government would not be micromanaging social care from the centre, but instead giving local governments the autonomy to

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deliver social care in the way that is most suitable for the area provided they are up to national standards.

7.2.5 Local government will also be able to develop specific standards through the commissioning process. For instance, Somerset often suffers from flooding, so the local authority there might want to include flood resilience and emergency planning standards for providers there.

## **7.3 Empowered Local and Regional Tiers of Government**

7.3.1 Liberal Democrats don't believe that central government is the solution to every problem - we want local and regional

tier of governments to be given the powers and resources they need to drive higher standards of care.

7.3.2 Local authorities would be given greater powers and resources over their commissioning of services, so that they look at the quality of services on offer, not just the quantity. They would be able to design services with prospective providers, not just take what is on offer.

7.3.3 For existing providers, local authorities would be able to develop bespoke improvement plans for each provider, so that they can get to the national minimum standards. They would

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work with patients and community groups so they can prioritise improvements according to the needs of the community.

7.3.4 Local authorities would also be given greater powers and resources to enforce the standards they require. In many other areas, such as in housing, and public health local authorities have not had the resources to enforce standards properly due to over a decade of squeezed budgets. We would reverse this trend as part of our wider commitment to empowered local authorities.

7.3.5 We would also commission a far reaching review of what role regional tiers

of government can play in delivering high quality social care. This would include market shaping and developing a more sustainable social care sector and setting the overall framework for commissioning of services, so that care providers can focus investing their time and resources on services rather than on meeting the slightly different commissioning rules of over a hundred unitary and county council authorities.

## **7.4 Preventative Care**

7.4.1 Our approach to care in the past has often been too slow in identifying care needs and providing them before they become a major barrier to someone's life.

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We would re-orientate funding towards how we prevent ill health and how we prevent a deterioration of health - starting at year zero. Many people, particularly with conditions like dementia and learning disabilities, would benefit hugely from early intervention allowing them to live their lives more fully for longer.

7.4.2 As part of this, we would also resurrect the 'Invest to Save' model of social care, enabling the use of capital and long term funding to help carers and the receivers of care to access the support they need. Investing in carers, paid and unpaid, to help them better look after themselves and those in need of care means that

problems can be prevented or mitigated before they emerge, which in turn would reduce the burden on the state when the system fails and expensive emergency arrangements need to be used.

7.4.3 We would also encourage the use of community hospitals and the provision of intermediate and transitional care facilities where appropriate. These would not be holding facilities, as is often the case now, but would have a clear programme for rehabilitating service users and getting them back to their homes as soon as they are able to do so.

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7.4.4 We would also deliver a far reaching and holistic programme to improve public health, to ensure people stay healthier for longer. This would include the use of social prescribing, cleaner air, encouraging healthier lifestyles and giving people greater access to green spaces. The specifics of this programme are beyond the scope of this paper, but it would help prevent people becoming ill in the first place.

7.4.5 Overall, this approach would allow people to stay in their own homes for longer, reducing costs to the government and allowing them to live more independently. This would be greatly

facilitated by our proposal to introduce Free Personal Care for everyone, as access to care would no longer be delayed by unnecessary bureaucracy and people would not delay getting care for fear of the costs.

## **7.5 Sharing Best Practice and Changing Culture**

7.5.1 There are many people and providers doing amazing things in social care, innovating new approaches and transforming people's lives. However, best practice, innovation and new technology often isn't shared widely, and outstanding work isn't replicated across the sector.

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7.5.2 We would create a national forum for the sharing of best practice, collaboration and advice, so that social care can proactively improve, without waiting for Whitehall's lead. It would work with care providers, industry bodies, the Care Quality Commission, local, regional and central government and service user groups, providing advice to deliver improvement across the sector.

7.5.3 As part of proposals to empower local and regional tiers of government, we would also create regional and national forums for local government to share successful ideas around the commissioning of services. Each English region would also

have its own forum, co-ordinated by English regional tiers of governments.

7.5.4 As part of this, we also want to change the culture around social care. Despite the incredible work in the sector, there remains a culture of buck passing and blame when things go wrong. We want to change that culture, which rather than focusing on blame, views mistakes as an opportunity to learn and improve. This can be achieved through greater transparency, accountability to local government and greater collaboration and sharing of practices. Sharing best practice also means sharing lessons from mistakes.

## **7.6 Conclusion**

7.6.1 Social care is one of the most important services we will ever use, it provides us with care when we need it most and is vital for everyone living a life with dignity. The Liberal Democrats will give England the standards of care that it deserves. This means ensuring that all providers meet minimum standards to do with quality of life, safety, affordability and staffing levels, sharing best practice across the sector and giving local government the power to deliver quality care.

## **8 Social Care Workforce**

The Liberal Democrats will ensure that the social care workforce gets a fair deal and is fit to meet the challenges of the future by:

- Introducing a carers living wage and invest in improving pay and conditions
- Achieving a fully professionalised and accredited workforce with clear career progression, comparable to healthcare, within a decade
- Introduce a national register of care workers with a professional regulator comparable to the Nursing and Midwifery Council

## **8.1 Introduction**

8.1.1 A key asset of the Social Care system in this country is a caring and dedicated but poorly remunerated workforce faced with the challenges posed by an ageing population with increasingly complex needs; challenges which can be expected to increase with every passing year. However, for far too long, many perceive that a job in the care sector is poorly paid, of low value, long hours and with no clear career progression. This leads in turn to a struggle to recruit and retain staff which is putting increasing strain on the service. Yet what job could be more important than being responsible for the

welfare of the most vulnerable people in our society?

8.1.2 A job in care is a vocation, akin to a job in nursing. The career structure around it, the terms and conditions, and the respect it is given should all reflect this.

## **8.2 An Immediate Rescue Package for the Social Care Workforce**

8.2.1 There is an immediate crisis in the social care workforce. There are massive problems with recruiting new staff and retaining existing ones. The sector had coped by relying on immigration from Europe to fill out the workforce, but a combination of Brexit, Covid and the

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government's increasingly draconian immigration policies have pushed the sector to the brink. We need an immediate plan to deal with the crisis, as well as longer term measures to put the sector on a sustainable footing.

8.2.2 We will introduce a real living wage for all care workers, so that they get the remuneration they deserve. The specific rate shall be determined at the time of the next general election - with high inflation and an uncertain economic future it would be difficult to anticipate what that level should be at the time of writing. To prevent this causing many providers to collapse, we would be providing funding

for this as part of a wider refinancing effort to put social care on a sustainable footing.

8.2.3 We would also seek to reconnect with the European Single Market and introduce a fairer, needs-based immigration system, to allow providers to gain access to international talent, although these proposals are beyond the scope of this paper.

### **8.3 A Long Term Plan for the Social Care Workforce**

8.3.1 As we tackle the immediate crisis in social care, we also will undertake steps to tackle the long term problems facing the workforce. As well as poor remuneration,

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the workforce suffers from a range of problems. Lack of respect compared to comparable jobs, low levels of professionalisation, lack of accreditation and formal skills training and lack of career progression opportunities.

8.3.2 The move towards professionalisation and greater accreditation of the social care workforce is a long term objective, which we envision being fully realised by the end of the parliament after next. The reason for this is that there is an immediate crisis that has to be tackled first, and that many measures we propose could cause short term disruption if implemented too quickly. We

therefore propose phasing them in slowly over a decade, progressively increasing the skills base, professionalisation and esteem of the social care workforce.

## **8.4 Parity with Healthcare and Career Progression**

8.4.1 A challenge facing the social care workforce is that it is not held with the same regard as its twin workforce of healthcare. We want that to change, so that social care workers get both the respect and remuneration they deserve.

8.4.2 We would replicate NHS pay bandings for the social care sector, with those with comparable skill sets expected

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to receive comparable remuneration.

There would be sufficient flexibility in the banding system to accommodate individual providers' approaches, whilst ensuring that the workforce has the skills and pay to meet the challenges of the future.

8.4.3 Alongside the new pay bandings, local government will be tasked with working with individual providers to develop career progression and workforce improvement plans to meet the demands of the local area. This will give social care workers hope for the future and an incentive to remain in the workforce.

8.4.4 We would also introduce annual job swaps for nurses and care workers between social care and the NHS. This will help both understand the strengths and weaknesses of the other service, and give them experience of the other side of the system. It will also help bring about the culture shift we want to achieve so that health and social care works better together.

## **8.5 Accreditation**

8.5.1 The professional competences required to cater for each of the care needs which members of the profession address are common across a wide variety of care settings. However, the process for

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acquiring and monitoring caring skills reflects the highly decentralised and fragmented system within which carers are operating.

8.5.2 We propose the codification of the professional standards required of carers within a national framework, with clear career and wage structures. The training would lead to recognised qualifications. This would enable the undoubted skills which carers possess to be recognised appropriately and would provide a career structure within which the development of an enhanced skills set would enable progression into posts

dealing with more complex needs and into supervisory and management.

8.5.3 Such a framework would set common standards to underpin a work-based apprenticeship approach to the development and formal recognition of care workers' skills and provide economies of scale in the development of learning resources to support competence development and enhancement.

## **8.6 A National Register of Social Care Workers**

8.6.1 The growing importance of the care sector to society, and to almost every family within, is yet to be reflected in the

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perceived status of the care profession. A professional standards framework, which offers a variety of career pathways within it would be a valuable contribution to recognising the importance of the care sector to society. We believe this should be facilitated by the creation of a College for Social Care, comparable to the Royal Colleges for nursing and midwives, and in the near future the creation of a regulator for social care workers similar to the Nursing and Midwifery Council.

8.6.2 The objective would be for social care workers to become members of the new College, and when established for all social care workers to be registered with

the new regulator, to help create career goals and pathways, and ultimately ensure everyone delivering social care is properly regulated. Once achieved, this would help to create a well paid and motivated workforce, with the crucial work they perform fully recognised. We believe this would lead to more people seeing social care as a viable career choice, and improve recruitment and retention for care providers.

## **8.7 Conclusion**

8.7.1 We need to tackle both the short term crisis in social care as well as to put in place measures to move the sector towards a long-term sustainable footing. By

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improving pay and conditions now and putting in place a comprehensive plan to upskill and professionalise the social care workforce over the next decade, we can build a social care workforce that is both fairly treated and is able to meet the growing challenges facing the country.

## **9 Disability and Empowered Individuals**

The Liberal Democrats will deliver a fair deal and quality services for disabled people by:

- Empowering individuals, giving them greater control over their services
- Enabling individuals to transfer their social care package to other providers and local authorities if they move home
- Undertake extensive trials of personal health and social care budgets

## **9.1 Introduction**

9.1.1 Disabled people and those reliant on social care services are often treated unfairly. Despite the best efforts of care workers, many people are treated as burdens, or as numbers on a screen to be shifted around.

9.1.2 The Liberal Democrats don't see people that way; we value each and every person as an individual, with hopes and aspirations. That's why we want a social care system that gives disabled people the power to live their own lives to the fullest, giving them agency to live as they see fit.

9.1.3 Disabled people shouldn't have to change their lives to fit the plans of service providers; services should change to fit the plans of disabled people. We want this approach to be adopted to cover all social care users, so that everyone can live their life.

## **9.2 Power to Individuals**

9.2.1 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. Successive governments have tried, Labour, Coalition and Conservative alike, but have never managed to make it a reality.

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9.2.2 Liberal Democrat Care and Support ministers Paul Burstow and Norman Lamb developed the 2014 Care Act during the Coalition which took significant steps in the right direction, but progress stalled in 2015 when the Conservatives won a majority, and failed to implement many of the provisions of the Act.

9.2.3 The Act introduced 6 key principles into social care services; Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability. Under the provisions of the Act, services should be seen as a

partnership between providers and users rather than a one sided arrangement. Service users are put at the heart of decision making and able to control the services they receive.

9.2.4 We will expand on these principles and go further in personalising services.

9.2.5 Too often, governments have prioritised reforming institutions and tried to make care providers and the public conform to their plans. The real solution is to give power to individuals; people should have control over their care, not Whitehall or Westminster.

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9.2.6 As part of the reforms outlined previously, which gave power to local governments, we would give people power over their care services in a way they have not had in the past. We want users to be able to choose how they receive their care needs. We would undertake extensive trials over the next parliament of personal health and social care budgets. Depending on the outcomes of the trials, we would then develop a legal right to a personal health and care budget, and begin redesigning services so that they would be built around the individual, not individuals having to conform to services.

9.2.7 There would also be a role for the friends and family of social care users to design care services. In many cases, social care users may be incapable of making important decisions about their welfare, due to mental or physical incapacity. Service providers would have to include friends and family in the decision making process, so they can better reflect the needs of users, whilst ensuring the best interests of service users are put first.

### **9.3 Services following the User**

9.3.1 We want users to be able to bring their care services with them, so that they have the freedom to move across the country and take up opportunities as they

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sit fit. At the moment, disabled people and users of social care services more generally can feel trapped in their locality; unable to move to be closer to friends, family or take up work opportunities because they might not be able to get the services they need elsewhere. There is a postcode lottery of provision that often curbs people's life chances significantly.

9.3.2 The Liberal Democrats would tackle this through several mechanisms. By enacting robust and far reaching national minimum standards, everyone would be guaranteed a level of service and be able to demand it wherever they live. It would greatly facilitate the interoperability of care

packages, since every locality will have similar levels of service provision available.

9.3.3 Free Personal Care would also greatly facilitate this. At the moment, local authorities who are under financial pressure are forced to deny social care services to people who need them, which makes moving between localities difficult for many people. By making personal care free at point of need, and introducing a more equitable funding system more generally, we would reduce these barriers and make transferring services much easier.

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9.3.4 Finally, we would give everyone a legally claimable right to the same services that they previously had. When receiving care, users have their needs assessed before having a package designed for them. We would allow everyone to transfer their assessment from one council or provider to another - without having to go through a second assessment, which is often bureaucratic and invasive.

### **9.4 Conclusion**

9.4.1 As liberals, we believe in empowering individuals and giving them control over their lives; we would extend this to social care. Both disabled and non-disabled people would have a right to

take their services with them, which would be facilitated through robust national minimum standards, a more equitable funding arrangement for social care and a right to transfer their assessment across providers.

## **10 Unpaid Carers**

The Liberal Democrats will stand up for unpaid carers, and deliver a fair deal by:

- Introducing a range of financial benefits to those providing care
- Increase the training available to unpaid carers
- Provide unpaid carers with greater rights in the workplace and more broadly
- Improve how government departments and public service providers communicate and work together to support unpaid carers

## **10.1 Introduction**

10.1.1 Unpaid carers are the backbone of Britain's social care system. Carer's UK estimates that there are 11.5 million people providing unpaid care, looking after their loved ones and providing services worth an estimated £193 billion a year - more than the annual pensions budget. It is likely that we will rely on unpaid carers even more into the future, with an ageing population and growing numbers of people with long term disabilities, the need for unpaid carers will only grow.

10.1.2 The Conservatives so-called plan for social care takes unpaid carers for granted and does not provide them with

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the support they need. The Liberal Democrats would give unpaid carers the support they need to care for their loved ones and to live their own lives to the fullest.

### **10.2 Fair Support**

10.2.1 In a recent survey, 31% of carers reported that they were struggling financially and 23% didn't have enough money to meet their monthly expenses - that's over 2.6 million people and taken before the spiralling costs of living crisis. The very considerable demands of providing care both add to costs and restrict opportunities for earning, carers are only supported with the relatively low

Carer's Allowance, which comes with significant restrictions, making it inaccessible for many people, with only 1 in 10 carers claiming it.

10.2.2 The Liberal Democrats would give unpaid carers the support they deserve, the details of this are set out in the Spring 2021 policy motion *Standing Up for Unpaid Carers*.

10.2.3 We would scrap the unnecessary conditions attached to the Carer's Allowance, so that they are not unfairly penalised. This would include lifting the ban on carers in full-time education receiving Carer's Allowance, raising the

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amount carers can earn before losing Carer's Allowance from £128 to £160 a week and reducing the number of hours' care per week required to qualify for it. We would also reform claimant rules on carers allowance to allow people to combine the hours they care for different people in a claim and to allow for multiple people to claim Carer's Allowance for the same person where they all meet entitlement rules.

10.2.4 We would also provide fair financial support for unpaid carers. This includes raising the Carer's Allowance, the Carer Premium, Carer Addition and the Carer Element of Universal Credit by £20 a

week each. In addition to this, we would ensure that the Carers Allowance has a “triple lock” uprating or equivalent - so that carers don’t get left behind by inflation.

### **10.3 Training**

10.3.1 Carers provide lifesaving support to their loved ones, undertaking work that in other circumstances might be done by a qualified nurse. At the moment, they often lack the training and support to provide care effectively. We would enact a programme to train carers in a wide range of areas, so that they can look after their loved ones safely and to the best of their ability. Bespoke training would be offered to carers who are looking after people with

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complex needs, such as people with dementia or other serious health conditions.

10.3.2 Many carers don't think of themselves as carers, or don't want to involve the government in what they consider to be a personal relationship. As such, we would make this training available for anyone who wants it - not just those officially recognised as carers, so that everyone can benefit. This would be funded through our Skills Wallet policy for unofficial carers and free for registered ones.

10.3.3 This would be delivered by local authorities, health trusts and educational institutions. How we deliver training and skills more generally will be expanded on in an upcoming Federal Policy Committee paper on skills, training and adult education.

## **10.4 Rights and Support for Unpaid Carers**

10.4.1 We would strengthen the rights that unpaid carers have, giving them real power over their lives. We would also expand access to a range of services, so they get the support they need to look after their loved ones.

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10.4.2 We would reform the Equality Act to make being a carer the 10th protected characteristic, outlawing discrimination against carers, who often face barriers to employment, access to services and in other areas as a result of their caring status. This would include requiring employers to offer reasonable adjustments in the workplace, as well as including unpaid carers in equality monitoring.

10.4.3 In the workplace, we would give everyone a day one right to flexible working should they want it and introduce a paid Carer's Leave, so that carers won't need to choose between looking after their loved ones and having a career. We would

promote 'Carer Friendly Employers' and would encourage Liberal Democrat-run councils to enact this locally today.

10.4.4 As well as rights, carers and those they look after need support. We would give every unpaid carer access to a named support worker, a social worker and support groups. This would provide them with guidance and help in navigating the health, social and welfare systems, ensuring they know their rights and are claiming all their entitlements and provide the vital human connection they need. Unpaid carers would also have access to an annual checkup with a named healthcare professional, so that their physical and

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mental health needs are regularly monitored and addressed.

### **10.5 Young Carers**

10.5.1 Young carers are some of the most undervalued members of society. Many of them give up their childhood to care for the ones they love, a sacrifice that too often has gone unnoticed.

10.5.2 We would give all young carers a legally enforceable 'Education Guarantee' and a right to a normal childhood. This means that schools and other public service providers will have to meet young people's needs in a way that doesn't conflict with their role as carers. As part of

this, young carers would be entitled to extra tuition if needed. We would expand the Pupil Premium to include extra funding for young carers, so that schools have the proper resources to deliver this.

10.5.3 As part of our wider efforts to provide training and accreditation of skills, we would introduce qualifications that can be accrued through caring, so universities and employers can better recognise young carers.

10.5.4 We would also give all young carers financial entitlements and support, so that they can look after themselves and enjoy their lives for the essential work they

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do. This would include a range of financial benefits, social benefits like free access to various facilities and services, and write offs of part of their student loans.

### **10.6 Better Government and Public Services**

10.6.1 We would also introduce changes to how the government and our public services work, so that they work better for carers.

10.6.2 We would initiate a cross government programme to boost central data collection on carers and the social care sector. This would include requiring NHS trusts, GPs, local government and

schools to increase carer identification and report on their progress.

10.6.3 We would also require the Department for Work and Pensions to notify the relevant social services of people receiving the Attendance Allowance and/or Carers Allowance so that they can offer a Carers Assessment. Many carers are unaware of their rights to assessments and the benefits that they might be entitled to.

10.6.4 Finally, we would introduce a Carers and Caring Bill, which would enshrine carers rights and entitlements in law, giving them certainty and stability in

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the knowledge that these proposals are built to last.

### **10.7 Conclusion**

10.7.1 Unpaid carers carry our social care system, the unsung heroes of our society. They have been taken for granted by the Conservatives, and treated unfairly with unnecessary bureaucracy and little support for the vital services they provide their loved ones and the country.

10.7.2 The Liberal Democrats will deliver a fair deal for unpaid carers, providing them with the support, training, rights and respite that they need and deserve.

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## **11 Conclusion**

11.1 The Liberal Democrats will fight for a fair social care system.

11.2 We would introduce Free Personal Care, building on our success in government in Scotland. We would ensure that everyone's care needs are met and that no one has to sell their home to pay for their social care, all paid for without spending cuts or tax rises elsewhere.

11.3 We will strive for the full personalisation of social care services, putting individuals first, building on the Liberal Democrat-led Care Act.

11.4 We would introduce robust national minimum standards, implemented according to local need and democratic practices, so that everyone has access to good quality care.

11.5 We will develop a preventative approach to social care, ensuring that people are able to stay in their homes for as long as possible and so that they can live their lives to the fullest for as long as possible.

11.6 We will reform our social care workforce, delivering higher wages, improve training and professional

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development, so that it is put on a sustainable footing.

11.7 We would effectively integrate health and social care so that they work better together, not through top down reorganisation but through local empowerment.

11.8 We would empower local government, so that it can deliver services effectively and with democratic accountability.

11.9 We would also deliver a fair deal for unpaid carers. We would ensure they get the right financial and institutional support they need to look after their loved ones.

11.10 The Conservatives proposals on social care aren't good enough - the Liberal Democrats will deliver a fair social care system, delivering on the needs of everyone.

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### **Policy Paper 148**

This paper has been approved for debate by the Federal Conference by the Federal Policy Committee under the terms of Article 7.4 of the Federal Constitution.

Within the policy-making procedure of the Liberal Democrats, the Federal Party determines the policy of the Party in those areas which might reasonably be expected to fall within the remit of the federal institutions in the context of a federal United Kingdom.

The Party in England, the Scottish Liberal Democrats, the Welsh Liberal Democrats and the Northern Ireland Local Party determine the policy of the Party on all other issues, except that any or all of them may confer this power upon the Federal Party in any specified area or areas.

The Party in England has chosen to pass up policy-making to the Federal level. If approved by Conference, this paper will therefore form the policy of the Federal Party on federal issues and the Party in England on English issues. In appropriate policy areas, Scottish, Welsh and Northern Ireland party policy would take precedence.

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

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Further copies of this paper can be found online at

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