



# Future of Care 5

A Summary of Policy Recommendations  
from the Social Care Sector

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@ASCAPPG  
[www.adultsocialcareappg.com](http://www.adultsocialcareappg.com)  
[ascappg@healthcommsconsulting.co.uk](mailto:ascappg@healthcommsconsulting.co.uk)

## Foreword - The Rt Hon Damian Green MP and Sarah Owen MP as Co-Chairs of the APPG

Over the past two years, a number of collaborations have published visions for the future of social care in England. While these policy papers have been written from a range of perspectives and come to a range of conclusions on the best route forward for social care in this country; they all agree on the value that social care brings to communities and the vital role it plays in helping those who draw on care and support to live fulfilled lives.

A commitment to see social care at the heart of all communities across England is central to the work of the Adult Social Care All-Party Parliamentary Group (APPG). The APPG's commitment to cross-party collaboration on the future of social care means it is ideally placed to compile the many reports that have been published on the future of this vital sector. Future of Care 5 is the culmination of this work: to review the collective visions for the future of social care that have been recently published and to distill their findings into five recurring policy asks.

The hope behind the publication of Future of Care 5 is to provide an accessible introduction to recurring routes for social care reform and its future transformation. By its nature, this introduction cannot do justice to the sum of the reports it compiles. However, we hope Future of Care 5 will provide a starting point by which those who work in social care, and those who draw on it daily, might get more involved in the work of Government and Parliament in reforming the future of social care. Unlocking parliament to social care and vice versa is the founding principle of the APPG and is why we have published this report.

*“Social care means the world has found a place for me, a place where I am happy with a job fighting for those who don't have a voice.”* Matthew Lester

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**Policy ask: Ensure that care is person-centred and co-produced, prioritising flexibility and the choices of those who draw on care and support.**

The Adult Social Care All Party Parliamentary Group (APPG) is a group of parliamentarians from across the political parties in the Houses of Parliament, who are committed to working together towards a positive vision for the future of social care. The Adult Social Care APPG is committed to cross party working, learning from the voice of lived experience, through the APPG's Lived Experience Group and through listening to the sector at large. This means that the Adult Social Care APPG is uniquely placed to compile a vision for the future of social care and to broker consensus on the key priorities for social care reform.

The ambition of Future of Care 5 is to make these reports accessible for those who draw on care, as well as provide a snapshot for politicians to the common themes which emerge across these reports. This report is a compiled summary. We would encourage MPs, Peers, and those who draw on care and support see this summary as an introduction and an invitation, to explore the reports which it compiles for themselves.

Future of Care 5 has been developed following a programme of workshops with a wide range of organisations who have been involved in developing visions for the future of social care, and a review of the following reports:

- [The House of Lords Adult Social Care Committee: A Gloriously Ordinary Life](#)

- [The Church of England: Care and Support Reimagined](#)
- [TLAP Making It Real](#)
- [ADASS: Time To Act, A roadmap for reforming care and support in England](#)
- [The National Care Forum: Social Care must haves for the next government](#)
- [The Fabian Society: Support Guaranteed: The Roadmap To A National Care Service](#)
- [Care England: Care For Our Future](#)
- [Future Social Care Coalition: Carenomics](#)
- [Cordis Bright: Learning Disability and Autism Social Care Providers Financial Impact Assessment](#)
- [Skills for Care: The State of the Adult Social Care Sector and Workforce in England](#)
- [Community Integrated Care: Unfair to Care](#)
- [Social Care Future: Talking About A Brighter Social Care Future](#)
- [The UK Government: People At the Heart of Care White Paper](#)

Based on a review of these reports, the following five key policy asks have continued to emerge:



### Future of Care 5: Five Key Policy Themes



- 1. Ensure that care is person-centred and co-produced, prioritising flexibility and the choices of those who draw on care and support.*
- 2. Move away from short term emergency funding for social care towards a long-term funding plan for the sector, which recognises the socio-economic importance of investing in social care.*
- 3. Develop a fully funded 'Agenda for Change' pay scale for social care staff, and a long-term plan for the social care workforce.*
- 4. Ensure that the delivery of care is coordinated across communities and that social care is represented on Integrated Care Boards and Integrated Care Partnerships.*
- 5. Prioritise innovative forms of adult social care, that are coproduced with those who draw on care and support and include the use of technology where appropriate.*

**For the remainder of Future of Care 5, we take these policy points in turn, explaining each and outlining key comments from the previously outlined reports on these priorities for reform.**

## Embedding Co-production at the Start and Heart of Social Care Reform

**Policy ask: Move away from short term emergency funding for social care towards a long-term funding plan for the sector, which recognises the socio-economic importance of investing in social care.**

Co-produced care should be at the heart of every political party's vision for the future of social care. The 2014 Care Act defines co-production as:

*“When you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered.”*



As TLAP outlines in Making It Real, co-production requires a transformed approach to attitudes towards the delivery of social care, across the different settings where social care can be found. Co-production recognises that “people (and their families) have knowledge and experience that should be used to support improved planning and decision-making [on the future of care] at the strategic level.” Making It Real goes on to outline that the future of social care should be one where “people are involved as equal partners in designing their own care and support.”

The goal of social care reform should be routed in the realisation of co-production which, in the words of #SocialCareFutures vision for social care, allows people to “live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us and that we’re good at.”

Co-production is as much about the process of social care reform as it is about reform outcomes. A Gloriously Ordinary Life outlines how people who draw on care and support should be involved in ICS decision making about the future of care as a tangible step towards systematic co-production. The Archbishops Commission on Reimagining Care goes a step further and discusses the importance of implementing a mindset shift within local authorities when it comes to realising co-production of local services. The Archbishops Commission outlines that the reality of co-production will require “a big change in the role of local authorities, moving to a more strategic role of looking at gaps in services and support and supporting the entry and expansion of services that people want.”

ADASSs Roadmap for Social Care also outlines that co-production in reality, also involves a “shift away from viewing social care as a service where decisions about what is on offer are made by local authorities, towards care and support that is rooted in clear rights and entitlements, where decisions are made by, and with, people who draw on care and support and their families and carers, and a diversity of organisations work with people to create the conditions and deliver the services and support, which enable them to live life to the full.”

The Archbishop’s Commission on Reimagining Care and the National Care Forum also outline that co-production needs to go beyond the implementation of supportive infrastructure within ICSs and local authorities. They both outline that true co-production should be enshrined within a broader societal “social covenant” which “sets out the role and contribution of people, communities and government and clear expectations of what support should be available.”

The reports that have been published over the past two years continually reemphasised the importance of co-production as an important marker of the success of any programme of social care reform. With this in mind, each political party should pay concerted attention to the implementation of co-production at the heart of its policy development and delivery.

Social care employs  
**1.52 million**  
people in England

contributes  
**£55.7 billion**  
to the UK economy  
every year

<sup>4</sup> — Future of Care 5

## Recognise the Socioeconomic Importance of Social Care through a Long-term Investment Plan

*“A gloriously ordinary life in often extraordinary circumstances, where people with Lived Experience are valued and respected as experts by experience in designing and creating the lives that they want to live.”* Philippa Russell



*“Social care is not just a service; it’s a reflection of our values as a society. It signifies our commitment to ensuring that everyone is given an equal opportunity to pursue their passions.”* Lord Hunt of Kings Heath



Social care makes a massive contribution to British life. It supports millions of people to live fulfilled lives and play an active role in their communities every single day. Social care employs 1.52 million people in England and contributes £55.7 billion to the UK economy every year, according to Skills for Care. Social care is the heartbeat of villages, towns and cities across the UK and should be viewed as such by the Government and policy makers.

However, we should not shy away from the immediate challenges that social care faces. Data from Skills for Care shows that 152,000 (10%) of the available jobs in social care are currently vacant. This high vacancy rate comes at a time where requests for social care reached an all-time high of 1.98 million people in 2022. By 2035 it is anticipated that an extra 1 million people will need social care support in the UK and that an extra 440,000 social care staff will be required to keep up with demand.

We must have a 2035 approach to social care and must invest in long term planning for the sector. Short term firefighting is not a sustainable solution. The Adult Social Care APPG welcomed the Government’s commitment in 2021 to invest £5.4 billion in funding specifically for social care over three years until 2024. As we approach the end date of this funding commitment, it is essential that these are not only met, but that new, long-term commitments are made to ensure that local authorities and social care providers are able to plan for the future. Relying on short term funding settlements restricts providers and local authorities’ ability to plan the delivery of care, including their ability to deliver personalised care. Short term funding settlements often lead to regular revision of local authority contracts with social care providers, which in turn, cause massive instability in the care and support that people receive.

The Government’s People at the Heart of Care White Paper outlines a 10-year vision for social care, and the Fabian Society has since called for a 10-year funding commitment for social care to allow for long term investment in the social care workforce and necessary services. This move towards long term investment and visions for social care has been a key feature of a number of reports that have been written over the last two years and should be reflected in policy making from across all political parties.

In addition to a commitment to long term investment in social care, a number of the reports comment on the need to coordinate and streamline the various funding streams that contribute towards the delivery of social care in England. Social care is publicly funded at different points by several Government departments, the NHS, and local authorities. This public funding is then bolstered by a large number of people who fully or partly fund their own care. The number of Government bodies that contribute to the funding of social care (including the NHS) mean that social care is especially vulnerable to changes in Government funding and will often be the first to lose out if the NHS or local authorities have their budgets cut.

Therefore, it is important that we not only have a long-term funding plan for social care but also that we have a joined-up funding plan for social care. As recommended in the Hewitt Review, it should be the Government’s responsibility to ensure that NHS commissioners are working with the Department of Health and Social Care and local authorities to align their various budgets for social care, so that the social care sector can take a long-term view of tackling local challenges and need.

## A Workforce Plan for Social Care including a Banded Pay Scale for Social Care

### **Policy ask: Develop a fully funded ‘Agenda for Change’ pay scale for social care staff, and a long-term plan for the social care workforce.**

Recruitment and retention in the social care workforce is the biggest challenge facing social care today. The primary reason for this challenge is that, on average, . The average care worker is paid just £10.11 an hour. With this low rate of pay, many potential care workers will find better paid employment in other sectors or in the NHS. Pay for the average care worker is £1 less per hour than an entry level healthcare assistant in the NHS.

This recruitment challenge is compounded by a lack of pay progression in the social care sector, with five years’ experience in social care only resulting in an average pay increase of 6p an hour. This means that social care is often seen as a job rather than a career, with limited opportunities for pay progression compared to the NHS or other sectors. This perceived lack of progression has resulted in an incredibly high turnover rate in the sector.

Every year the total number of people leaving jobs in social care is equal to 28% of the entire social care workforce. A large number of these care workers are leaving for other roles in social care, with approximately 10% leaving the social care workforce every year. When this 10% external turnover rate is combined with the 10% vacancy rate mentioned previously, the social care workforce crisis quickly becomes clear.

Firstly, all political parties must answer the question of how to increase recruitment and retention into the social care sector. Having experienced, well trained and well rewarded staff working in social care is crucial to the successful delivery of person-centred care. Several of the reports which have been published over the last two years have called for the introduction of a minimum wage for care workers, supported by banded pay scales and improved terms and conditions.

Community Integrated Care’s Unfair to Care report, in partnership with Korn Ferry, has independently analysed the role of frontline support workers. Unfair to Care uses an industry recognised scale which compares the role of a support worker to comparative positions in other sectors, including the NHS. This assessment of comparable skill requirements, levels of accountability, and environmental pressures found that the role of a support worker has greater responsibility than an NHS Healthcare Assistant and should be paid in line with NHS Band 3.

Pay in line with NHS Band 3 for frontline care and support workers was also at the centre of a Dimensions UK petition, which received over 78,000 signatures.

Beyond the introduction of a national minimum wage for care workers and the introduction of a banded pay scale, it is vital that social care is seen as a viable career where care workers are financially rewarded for their experience and expertise.

Just as the Unfair to Care report outlines how support workers have equivalent roles to NHS Healthcare Assistants, so too should Care Home Managers, Specialist Support Workers, and Community Care Workers, have equivalent NHS roles that match their responsibilities.

While there will inevitably be roles in social care which are incomparable to NHS job descriptions, pay comparisons, where applicable, have the potential to act as a useful benchmark for assessing what level of Government funding is required to ensure workforce equivalency and parity of esteem between social care and the NHS.

*“A gloriously original life encompasses having a job that allows me to work for home, feel safe and secure in my own space, fostering connections with my neighbours. It’s about being part of a community where we look out for one another and engage in activities that hold significance to our community.” Isaac Samuels*

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It should be the responsibility of the Government and every political party to review role equivalency with the NHS and to plan and fund the social care workforce accordingly. In July 2023, the Government introduced an NHS Long Term Workforce Plan which outlined the Government's thinking for the future of the NHS workforce beyond 2035.

The development of an equivalent long-term plan for the future development and expansion of the social care workforce, is essential if social care is to tackle existing vacancies and meet future demand. In recognition of this need, Skills for Care has recently begun the development of a 15-year workforce strategy for adult social care. This strategy, due to be published in the Summer of 2024, will identify the social care's workforce needs over the next 15

years and will set out a plan for ensuring the sector has enough of the right people with the right skills.

This strategy brings together a wide range of voices with a stake in the future of social care and will provide a valuable resource for the Government and commissioners, as they look to the future delivery of care across England. The APPG welcomes Skills for Care's commitment to publish this strategy and would encourage all political parties to review its findings and to factor them in to any workforce planning for the future of care. Just as social care requires long term funding planning, it also requires long term workforce planning to ensure that the social care workforce meets the needs of an ageing population including the rising complexity of conditions that many elderly people face.



**In its report, Carenomics, The Future Social Care Coalition has calculated that “every £1 extra spent on care homes for older people is associated with 35p less in hospital expenditure, and more home care among the over-75s is associated with fewer GP appointments.”**

## The Coordination of Care and Social Care Representation in Integrated Care Systems

### **Policy ask: Ensure that the delivery of care is coordinated across communities and that social care is represented on Integrated Care Boards and Integrated Care Partnerships.**

Integrated Care Systems (ICSs) were introduced by the Government as part of the Health and Care Act (2022). They have been introduced to join up the delivery of care across local areas by bringing together representatives from the NHS, local authorities, and wider community groups. Given that the decisions made, and the budgets allocated by ICSs have a significant impact on the provision of local social care services, it is vital that the Government takes proactive steps to ensure social care is at the heart of ICSs as they develop.

The House of Lords report, *A Gloriously Ordinary Life* outlines the value of having social care involved in ICSs. The inclusion of those who draw on care and support in ICSs is a practical opportunity where co-production can be embedded in the delivery of local health and social care services. *A Gloriously Ordinary Life* also outlines how ICSs have a crucial role to play in the reduction of workforce competition between local social care and NHS services, through the delivery of cross sector workforce strategies and through the sharing of local knowledge. *A Gloriously Ordinary Life* also calls for the development of ICS strategies for engagement with the social care sector as a means of clarifying practical measures which ICSs intend to put in place to ensure impactful integration between local health and social care services, ensuring that the voice of social care is not only included but valued at the heart of local planning.

Care England's *Care For Our Future* report also outlines how presently, social care involvement in ICSs varies significantly from place to place and is often delegated to local authorities, without consideration for the role which providers, the Voluntary Community and Social Enterprise (VCSE) sector, and unpaid carers play in the delivery of care in local

communities. This patchwork of engagement inevitably leads to a patchwork of integration which only serves to increase variation in the delivery of care.

More concrete guidance is required from the Government on how ICSs should achieve more complete integration between health and social care services in local settings.

This report has previously noted the variety of bodies from which social care is publicly funded, including central and local Government, as well as the NHS. ICSs are uniquely positioned to work across central and local Government and the NHS to ensure that the delivery and funding

of person-centred care is coordinated and streamlined. Delivering joined up care with those who draw on care and support at its centre should be a central ambition and objective for ICSs.

It is also important to note the potential benefits to the NHS of increased integration with social care via ICSs. Care England rightly note in *Care For Our Future* that one in seven beds in the NHS is currently occupied by someone who is fit for discharge. Social care has the potential to make a significant contribution to the wider NHS challenges of the elective backlog and extended waiting times in A&E, by the facilitation of community discharge.

Social care also has an important role to play in the prevention of NHS admission as well as accelerated patient discharge. In its report, *Carenomics*, The Future Social Care Coalition has calculated that "every £1 extra spent on care homes for older people is associated with 35p less in hospital expenditure, and more home care among the over-75s is associated with fewer GP appointments."

*Carenomics* goes on to add that "interventions like reablement have the potential to prolong people's ability to live at home and reduce or even remove the need for care, further reducing costs for the NHS." With this in mind, integration and increased representation of social care in ICSs should be pursued by all parties with the mutual benefit of social care and the NHS in mind.



*"One of my favourite things to do is get on public transport when travelling to my voluntary role and pretend that I'm commuting to work my 9 to 5 before returning home to my wife and children. People take little things like this for granted but for people like me this is our dream. I shouldn't have to pretend or dream, I should be able to have this life like all those people I sit on the train with."* Hope Lightowler



## The Role of Innovation in the Future of Social Care

**Policy ask: Prioritise innovative forms of adult social care, that are coproduced with those who draw on care and support and include the use of technology where appropriate.**

The existing challenges facing social care and the anticipated future demand on social care services, requires all political parties to consider the role of innovation and technology in the future delivery of care. As outlined in the Government's White Paper, People at the Heart of Care, technology has the potential to support "independence, safety and wellbeing" as a crucial pillar of the future of social care.

The Government has placed considerable emphasis on the digitisation of care records as a crucial pillar of its ambitions to free up workforce capacity and enable interoperability between the NHS and social care. In People at the Heart of Care, the Government committed to working with social care providers to ensure that 80% were using digital care records by March 2024. As recent as October 2023, the Government has invested £3 million in four pilot schemes which utilise technology to improve the provision of care through the Adult Social Care Technology Fund.

While cutting edge technology undoubtedly has a vital role to play in the future of care, political parties should not overlook the crucial role that improved access to basic technologies and home adjustments can have in the future provision of care. These technologies and adjustments can extend independence and can support social connections with friends and family through tackling loneliness and digital exclusion.

Technology and home building must go hand in hand if we are to allow people to live in their own homes for as long as possible. New homes must be fit for purpose for the life course of the owner and should be built with consideration for future accessibility needs. It is also vital that future policy on investment in technology and innovation is co-produced with those most likely to benefit from their introduction. This will ensure that any investment has maximum impact and benefits the greatest number of people.

However, definitions of innovation in social care, should go beyond the introduction of technological advances and the implementation of appropriate adjustments at the heart of home building. While the APPG supports future investment in innovative models of care and the role of technology in the delivery of care, it is important that technology is not seen as a wider substitute for investment in person centred support, including the social care workforce. Technology must empower the social care workforce, not replace it, and should be viewed as an enabler of fulfilled lives before it is judged on its cost saving potential.

Innovation should include the development of novel solutions to tackle the barriers which individuals face in living fulfilled lives and in making an active contribution to their local communities. At its heart, person centred care requires innovation. Innovation requires flexibility to meet individual needs and a resilient commitment to trial and error in the search for impactful solutions. This is a commitment that should be at the heart of any Government's approach to the future of social care.

*"If I ever need social care, I would want my care to be co-designed and aimed at maintaining the highest level of independence at a reasonable cost for as long as possible. It would require sensitivity, respect, and the ability to hear messages, not just to appear to listen."*

Lord Blunkett



*"Investing in social care is an investment in community flourishing. We are all better off when social care is securely placed at the heart of our society."*

Lord Taylor of Warwick



## Conclusion

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As we look towards the future of social care, this report is testament to the fact that there has been no shortage of recommendations for politicians from the social care sector and those who draw on care and support. With a General Election looming and the inevitable manifesto commitments that entails, it is now up to MPs and candidates from all parties to listen to what the sector has said and put it into action. People who draw on and provide support want to work with all political parties to improve the provision of care in the UK. The Adult Social Care APPG is committed to playing a role in unlocking social care in Parliament and championing a positive vision for the future of care to those in power.



*“Fixing social care is a great moral imperative for our generation. With an ageing population and more people living with disabilities and long-term health conditions we urgently need to design a system that is fair to families, taxpayers, and the social care workforce.”* Danny Kruger MP

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## About the APPG

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The APPG is a cross party group of Parliamentarians, passionate about social care and the value it brings to local communities.

- 1** The APPG aims to be part of the solution for finding a sustainable social care model that meets the needs of the twenty first century population.
- 2** The APPG wants to build a positive cross-party vision for the future for social care.
- 3** The APPG aims to unlock Parliament to the social care sector, and open the doors of social care to local MPs.
- 3** The APPG is led by lived experience and championed by parliamentarians and decision makers.