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### Adult social care reform cannot afford to wait

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Overhaul of policy and funding is needed now

The UK government has announced its approach for social care—establishing yet another commission. In its 2024 election manifesto Labour pledged to create a "national care service" (without explaining what this means), tackle low pay for care workers, and "build consensus for the longer term reform needed."

Meanwhile, social care is in crisis. Analysis suggests that age adjusted spending per person will be at least 5% lower in 2024-25 than in 2009-10, and that an additional £8.3bn a year could be needed by 2032-33 to keep up with rising demand.³ Age UK estimates that two million people aged ≥65 have unmet needs for care and support,⁴ and analysis by Healthwatch suggests that up to 1.5 million disabled adults of working age could be eligible for social care support but are not receiving it.⁵ There are 131 000 staff vacancies,⁶ and some 81% of councils are due to overspend their adult social care budget in the current financial year. More than one third have had to make in-year budget savings, in addition to the almost £1bn of savings planned for 2024-25.¹

The government has proposed an independent commission, chaired by Louise Casey, "to build a national consensus around a new national care service able to meet the needs of older and disabled people into the 21st century." It will report in two phases—providing medium term recommendations in 2026 and details of a model of care and how to organise services "to best create a fair and affordable adult social care system for all" in 2028.

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Behind this is a clear and welcome desire to encourage a more honest dialogue with the public about the possible options and to build political consensus that might stand the test of time. This seems sensible, given what we know from countries such as Japan and Germany, where a clear vision, a proper debate around the options and potential compromises, and a sustained attempt to build public and political support were crucial.<sup>9</sup>

But in England these issues have played out very differently. In the late 2000s, then health secretary Andy Burnham pursued crossparty talks, only for the Conservatives to launch a poster campaign dubbing his approach as a "death tax." Former prime minister Theresa May's proposals were described as a "dementia tax." The current health secretary, Wes Streeting, was right to say when announcing the new commission that "general election campaigns are where plans for social care go to die."

Social care has now been reviewed so many times<sup>13</sup> that another commission is unlikely to unearth anything new. The Health Foundation identifies 25 relevant social care commissions, select committee inquiries, and white papers since 1997.<sup>14</sup> This includes the 1999 Royal Commission on Long Term Care, rejected in England but implemented in Scotland<sup>15</sup>; an independent review by Derek Wanless<sup>16</sup> (whose NHS funding review was influential under the Blair government); Labour's previous attempt at creating a national care service<sup>17</sup>; and the Dilnot review,<sup>18</sup> which proposed a care cap and twice passed into legislation but was never implemented. Social care has also been the focus of the "big care debate"—a public consultation involving some 68 000 people<sup>19</sup>—and a parliamentary citizens' assembly.<sup>20</sup>

## Three questions

Three separate debates about social care are often conflated and would benefit from being separated. First, we need to discuss what kind of lives good care can help us to live, and how much we value this as a society. According to social movement Social Care Future, "We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us." This definition has been taken up by bodies such as the House of Lords Adult Social Care Committee and the Archbishops' Commission on Reimagining Care, and could form the basis for a new approach to social care for the 21st century. 22 23

Second, we must consider how much are we prepared to pay for good care. Care is too often seen as "dead money" that governments have to spend to satisfy minimum public

expectations, but really it is a form of social and economic investment that we make in ourselves to help everyone live the lives they want to lead.<sup>22</sup>

Finally, we need to decide how these costs are best met. This is usually the focus of national debate, and the reason why so many governments shy away from decisive action. Meaningful debate is impossible without answers to the first two questions.

A commission may be a helpful way of having some of these debates, but adult social care cannot afford to wait. The system is struggling with unprecedented challenges to services, finances, and workforce. Policy makers have known for many years that the current system is unsustainable and has horrific implications for people's lives. The risk now is that we get only small scale changes and "sticking plaster" funding announcements ahead of the 2028 report.

Contrast this with the government's approach to the NHS, with Ara Darzi's review<sup>24</sup> published within two months, an extra £25bn in the autumn budget,<sup>125</sup> and a 10 year plan on its way. Politics, rather than policy, is the sticking point. Public and political support are key, but consensus is unlikely for a report that lands in the run up to a 2028-29 election. The government has a large majority and should use this to act decisively now.

Social care reform is urgent. We need funding to tide over the current system, a proper public and political debate (as proposed), and tangible action—but in a much tighter timeframe than currently suggested.

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Provenance and peer review: commissioned; not externally peer reviewed.

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