Adult Social Care - Communications and Political Strategy

How to present whole-system social care reform truthfully and durably across the political spectrum. Companion to the White Paper. Discussion draft.

The first principle: honesty is the strategy

Social care reform has been attempted and abandoned for twenty-five years, and it has failed for one recurring reason: each attempt picked an answer to the hardest question - *who pays for ruinous care* - and presented that value choice as if it were a technical necessity. The 2021 diluted Dilnot cap (a proposed lifetime limit on care costs, named after the economist Sir Andrew Dilnot) is the cleanest example: sold as protection against catastrophic costs, it in substance protected large estates while a person with a ~£90,000 home could lose almost all of it. The public was never properly asked, half the country never agreed, and the reform died - as the "death tax" and "dementia tax" attacks killed the ones before it.

So this proposal's communications strategy is to **tell the truth, including the inconvenient parts**. Good social care is not self-funding; it is a real, large, ongoing cost; the savings it brings the NHS and councils are real but uncertain and are never banked; and *who should bear the cost of ruinous care* is a value judgement for the public, not a technical fact to be asserted. Saying so plainly is not a weakness to manage - it is the source of the proposal's credibility, and the thing that lets it survive scrutiny from every side.

This means the strategy below never reaches for the easy overclaim. We do not say "it pays for itself." We do not bury the cost. We do not present a value choice as a technical necessity, and we do not quietly default to the most expensive option as though it were the only responsible one. A reform that has to hide its price, or dress a fairness choice as an unavoidable one, does not deserve to win the argument; one that states its price and its evidenced value, sets out the choices honestly, and trusts the public to judge, can.

Positioning

This is a **whole-system** reform of adult social care in England - the workforce, the provider market, the NHS interface and unmet need fixed together, because every previous attempt that touched only one strand failed for want of the others. It is **non-partisan by construction**: every component, including the funding, is built to survive a fiscal-conservative, a social-democratic and a libertarian reading. It **complements the independent Casey Commission rather than competing with it** - supplying now the costed, non-partisan funding options Casey has deferred to a second phase around 2028. It is offered as a worked-through set of options for the country to consider, not a programme to be sold.

Core message

Good social care is a whole-system fix - the workforce first, then everything else - at an honest, ongoing public cost; and the one genuinely contested question, who pays for ruinous care, is a choice we put to you, not one we make for you.

Two things said plainly. First, you cannot fix care without enough well-trained, fairly-paid carers, and we are badly short - so **capacity comes before entitlement**: build the staff and providers first, widen the right to care only once it can actually be honoured. Second, there are **two real choices**, and both are yours: *who pays* when care costs are ruinous (a neutral menu of six options), and *how good a service we build and how fast* (an honest ambition ladder).

Language to use

- Whole-system fix; the workforce first
- Capacity before entitlement - a right to care you can actually use
- Two honest choices, both yours: who pays, and how good and how fast
- A neutral menu of options; we recommend none
- Honest about the cost; the public decides if it's worth it
- The cost is the cost - savings to the NHS and councils are real but never banked
- Only the un-diluted cap stops people losing everything - said plainly, not pushed
- Complements the Casey Commission; supplies the costed options it deferred
- Non-partisan; presents options, doesn't advocate

Language to avoid

- **"Self-funding" or "pays for itself"** - it does not; good care relieves the NHS and councils, but those savings are Grade C and are never netted off the cost. Claiming otherwise destroys credibility.
- **"Death tax" / "dementia tax"** - the attacks that killed predecessor reforms. Name them only as attacks to answer; never use the framing as our own.
- **"Free care"** or any wording that hides the price - "free at the point of use" is not "free", and Scotland shows a right without staff is not care.
- **Treating the NHS/council savings as banked facts** rather than directional, Grade-C estimates - never subtract them from the bill.
- **Prescribing a tax** or naming "the" funding answer - the six options are a neutral menu; we recommend none.
- **Presenting the cap (or any option) as the recommended answer** - only the un-diluted cap addresses the catastrophic tail, and we say so; but "addresses the tail" is not "is therefore the right choice", which is the public's call.
- **Defaulting to "fix it faster" / the most expensive rung as the obvious fix** - that would itself be the cardinal error: dressing an ambition choice as a technical necessity.
- **"Bottomless pit", "unaffordable"** as concessions, or "nationalising care" - loaded framings that pre-judge the value question.

Audience messaging

Audience	The honest message
The public	Two choices are yours, not ours: who pays when care costs are ruinous, and how good a service we build and how fast. We give you the real costs and the honest catches of each, and let you decide. We will never pretend it pays for itself.
HM Treasury	Not self-funding - good provision costs ~£38.3bn/yr (full) against today's ~£26.7bn of state coverage; new public money depends on the option chosen (£0 to £7.4bn+). NHS and council savings are real but Grade C and never banked. Capacity-before-entitlement and three evidence gates mean no open-ended entitlement is funded before the capacity to deliver it is proven.
Fiscal conservatives	No big new quango (arm's-length public body) - it funds and re-wires existing bodies. Capacity-before-entitlement means no unfunded promises. The menu prescribes no tax; the means-test uprating returns money to savers; ending the self-funder cross-subsidy is a market-fairness fix; and the un-diluted cap both limits the state's open-ended liability and protects property and inheritance.
Social democrats	Fair pay for a workforce that is overwhelmingly women and underpaid; collective risk-pooling; ending the cross-subsidy; meeting unmet need with dignity. The ambition ladder lets the country choose a real fix, not just slow the decline - and the menu keeps universal tax-funding and free personal care on the table as live options.
Libertarians	No tax is prescribed; private insurance is preserved as a top-up; the cap limits state liability and preserves individual responsibility up to the cap; the means-test uprating lets people keep more of their own money; and the choice is routed to the public, not imposed.
Local government	Delivered through councils, not over their heads - funded to pay true-cost provider rates, with the s.18(3) cross-subsidy (under section 18, subsection 3 of the Care Act 2014, which lets people paying for their own care ask their council to arrange it at the cheaper council rate) ended and a resolution regime for failing providers. It treats council finance pressure (care is ~42% of council service spend) as real, not as a saving to assume.
Care providers	True-cost pricing with councils funded to pay it; an end to the self-funder cross-subsidy that has propped up the market; and, for the first time, a provider-resolution regime beyond notification-only oversight (the Southern Cross gap). Stability, not just scrutiny.
The care workforce and unions	The evidence says pay alone retains but does not recruit - so the offer is a real Fair Pay Agreement (a binding sector-wide deal on pay) above the Band-3 floor (Band 3 being an entry-level rung on the NHS pay scale), *plus* a funded career ladder and qualifications, *plus* better-designed jobs, *plus* a domestic recruit-and-train route to replace the closed overseas one. The workforce is fixed first, not last.
Older and disabled people, and unpaid carers	Care that is actually there when you need it - capacity before entitlement, so a right to care is one you can use, not a place on a waiting list. And an honest, open decision on who carries the ruinous costs, so no one quietly loses everything by bad luck.
The Casey Commission	We complement, not compete. Casey deferred long-term funding to ~2028; this paper supplies the costed, non-partisan funding options now, to inform that choice rather than pre-empt it. The delivery strands are designed to dovetail with Casey's direction.

Answering the real attacks - with the design, not deflection

The attack	The honest answer
"Can we afford it - isn't it a bottomless pit?"	It is a real, large, ongoing cost (~£38.3bn/yr for good provision; new public money depends on the option) and we don't pretend otherwise. But it is not open-ended: capacity-before-entitlement and three evidence gates mean no widened entitlement is funded until the capacity to deliver it is proven, so the big bill is never spent on an unproven promise. The no-regrets fixes that start now are the cheap, incremental ones.
"Isn't this just the death tax / dementia tax again?"	No - and those attacks worked precisely because past governments *chose* an answer to who-pays and imposed it. We do the opposite: six neutral, costed funding options, recommended by none of us, decided by the public. We prescribe no tax. The thing that killed predecessors is the thing this design removes.
"Why a whole-system reform, not just fix funding?"	Because every reform that touched funding alone failed for want of the workforce and providers, and every workforce fix failed for want of funding - they are one system failing in five linked places. Most of all: a right to care without the staff to deliver it just moves the bottleneck (Scotland lost ~720,000 hospital bed-days that way in a year). Fixing funding without capacity repeats that mistake.
"Doesn't the cap just protect wealthy estates?"	The diluted 2021 cap did exactly that - protecting large estates while a ~£90,000 home could be all but wiped out. This is the *un-diluted* version, designed so that never happens again. It does still protect estates that would otherwise have paid more - some think that fair, others don't. That is the value judgement, and we put it openly to the public rather than dress it up.
"Will giving people a right to care just create waiting lists?"	It would - if you legislated the right before building the staff and providers, which is exactly what Scotland did. So we don't. Capacity comes before entitlement: the workforce and provider strands are built and proven first, and entitlement is widened only once the capacity to honour it exists. The gate is built into the design, not promised in good faith.
"Isn't this duplicating the Casey Commission?"	No - it fills the gap Casey left. Casey reports its first phase in 2026 but deferred long-term funding to ~2028, reproducing the very deferral that sank earlier reforms. We supply the costed, non-partisan funding options now, to inform that choice. We complement Casey; we don't pre-empt it.
"Isn't this a tax grab / a left-wing project?"	No tax is prescribed. The funding is a neutral menu the public chooses from, ranging from "do nothing much" to universal provision; it is built to be fundable by a government of any stripe and to be rejected by any if the public judges it not worth the cost. The means-test uprating returns money to savers; the cap protects property and limits state liability. It is designed to pass a fiscal-conservative reading as readily as a social-democratic one.

Non-negotiables for anyone communicating social care reform

- **Never claim it is self-funding.** State the price; the NHS and council savings are real but Grade C and are never banked or netted off the cost. The cost is the cost.
- **Present options; do not advocate.** Both choices - who pays, and how good and how fast - belong to the public and their representatives. We recommend no funding mechanism and no ambition rung.

- **Never present a value choice as a technical necessity.** This is the cardinal error that killed every predecessor. It includes *not* defaulting to the most expensive ambition rung as if it were the only fix.
- **Say plainly that only the un-diluted cap addresses the catastrophic tail - and stop there.** "Addresses the tail" is a fact; "is therefore the answer" is the public's call, not ours.
- **Lead with capacity before entitlement.** A right to care without the staff to deliver it is not care - it just moves the bottleneck (the Scotland lesson).
- **Keep it non-partisan.** It must survive a fiscal-conservative, social-democratic and libertarian reading, or it cannot move through government.
- **Complement Casey, don't compete.** We supply the costed options Casey deferred, to inform the choice - we do not pre-empt it.

Companion to the White Paper, the Public Choices, the Evidence Annex and the Delivery Design.