

Adult social care

WORKFORCE · PROVIDERS · THE NHS LINK · WHO PAYS

A whole-system reform: fix the workforce, the provider market, the hospital link and unmet need together - and put the one genuinely contested question, who pays for ruinous care, honestly to the public. Honest about the cost. Build the capacity before promising the care.

The problem - five linked failures

- Workforce: ~1.6m posts, 7% vacancy, 23% turnover - and overseas recruitment closed in 2025
- Providers fragile: councils paying below cost rose 8% (2023) to 29% (2025)
- A few face ruinous, uninsurable bills - no private market exists
- ~12,000-14,000 hospital bed-days a day lost to delays
- ~418,000 waiting; ~2m older people with unmet need

What the reform does

- Designs the *delivery* on the evidence - and recommends it
- Routes the *who-pays* question to the public - and prescribes nothing
- Builds capacity *before* widening entitlement (the Scotland lesson)
- No big new body - funds and re-wires the bodies that exist
- Complements the Casey Commission; supplies the costed options it deferred

THE TWO CHOICES FOR THE PUBLIC

1 · Who pays for ruinous care?

Six costed options - a new care contribution, re-labelled National Insurance, free personal care, an un-diluted lifetime cap, raising the savings limits, or status-quo-plus. Only the un-diluted cap stops people losing everything. We say which - we recommend none.

2 · How good a service, how fast?

An honest ladder: ~£1.5bn to slow the decline (does *not* fix the shortage), ~£6bn to fix it, ~£8.7bn to fix it faster. The cheapest rung not fixing it is a fact; how far to go is your choice.

THE HONEST NUMBERS

~£38bn cost of good care, per year (state and individuals combined)	~£6bn to actually fix the workforce shortage	1 of 6 funding options that address the catastrophic tail	NOT self-funding - and we never claim it is
-------------------------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------------------------------	-------------------------------------------------------

The question for you: when someone faces ruinous care costs, who should carry them - that person and their family, or all of us together - and how fairly across income, wealth and generations? That is a value judgement for the public, not for the spreadsheet.

The rule: capacity before entitlement

A right to care is worthless without the staff to deliver it (Scotland gave the right, not the supply, and people were stuck in hospital). So fix the workforce and providers first - through no-regrets steps needed under every option - and widen entitlement only once the capacity is proven.

How it stays non-partisan

- No funding mechanism prescribed - a neutral, costed menu
- Never claims to "pay for itself"; savings never banked
- No value choice dressed as a technical necessity
- Presents options; does not advocate adoption