Baroness Casey's speech to the Nuffield Trust Summit – 5 March 2026

The prepared text of this speech has been published below. The speech as delivered may not reflect the text verbatim.

Since beginning in this role as Chair of the Independent Commission into Adult Social Care, my team and I have met hundreds of people, been on countless visits across the country and have been inundated with support, including from many of you in this room

Thank you so much

Especially to those people with lived experience for their help and their insight.

I want to start today in 1948

When Beveridge set out his vision of post-war Britain

A plan to tackle the "five giants"

The social evils Britain was facing. He set out that as a nation we needed -

> Education for ignorance
>
> Full employment for idleness
>
> Housing for squalor
>
> The National Health Service for disease
>
> A social insurance system for want

But no social care?

Why? Because we didn't need it.

Either because we died younger:

> In 1950 a man's life expectancy was 58
>
> Today we keep men alive until they are 79

Conditions that we now live with, were fatal back then

Or where people did need social care, it was provided largely by family

> Because fewer women worked outside the home, in paid employment
>
> 73% of women today are employed

And actually, where the family couldn't step in, the newly formed NHS would.

Fast forward to 2026

We live longer

A fact we should celebrate

Enormous advances in medicine and technology mean we survive with conditions which would previously have killed us

In the last 50 years, the cancer death rate has fallen by more than a fifth

Thank God, when we bring babies into the world they now survive with conditions that would have been fatal, life-limiting or led to what we now call a premature death.

Also, we have made huge progress in women's rights

And in disabled peoples' rights

These are all facts to celebrate.

So, a lot has changed since 1948

We are getting older as a nation

Dementia has gone up

People live with multiple conditions like diabetes, heart disease and cancer

So, we’re sicker too as we age.

More people identify as disabled. A staggering 16.1 million people identified as disabled in 2022

And - staring us in the face – is the fact the number of older people has increased

<u>more</u> rapidly than the number working age people

This means more people to care for

With fewer people to care for them.

So we all know the characteristics of our society have fundamentally changed

And if Beveridge were alive today, he would have a sixth giant to tackle

How we support and care for an older, sicker population and greater levels of disability.

But, though we know all this, as a nation we haven’t looked this in the face

We haven’t had a moment of reckoning

We haven’t had our own Beveridge moment.

Instead, we are left with a system with add-ons and work arounds

Sticking plasters and glue

Holding together something creaking, inconsistent and impenetrable

You will hear me talk a lot today about this ‘system’

But the truth is we don’t really have one

Social care did not feature in Beveridge’s vision of a post-war Britain.

Look

All of you in this room know I am not the first person to try and make sense of all this

And I come to it therefore with some humility

Good people have tried

> We've had Tony Blair's Royal Commission on long term care for the elderly
>
> We've had Gordon Brown's White Paper on Building the National Care Service
>
> We've had the coalition government's *Fairer Care Funding* work by Sir Andrew Dilnot
>
> We've had David Cameron's Dementia Challenge
>
> And we've had Theresa May's short-lived manifesto commitment that ended up being labelled the 'dementia tax'

Since 1997 there have been at least 22 major reviews, commissions and reports

All attempting to fix the problems

with a system that doesn't really exist.

I also know changes have been made

Incredibly important steps have been taken forward

We've had community care reforms, more personalisation, carers' rights and the 2014 Care Act

But let's be honest about those changes

Yes we all welcome - and should welcome - the Care Act

But I hear of countless examples of councils and others not meeting their full responsibilities because the money, infrastructure and systems aren’t there

Councils have been hollowed out by years of austerity and funding cuts, forcing them to gatekeep and often do the bare minimum

I think it’s poor government to give people new ‘rights’ without taking any responsibility that they can be fulfilled.

For all the reforms, reviews, and well-intended legislation, none of it ever had the political backing it truly needed

Because unlike the NHS or indeed the benefits system, social care has never had its own creation moment

No moment when the nation decided what it was for

What people should expect

Or who should pay, and how.

Instead, we inherited a system shaped by a very different age

And people have lived with it

Without ever having the moment of reckoning we now need.

I’m going to focus on just a few parts of the social care system today

Not because they are the only things that need fixing

But because they reveal so much.

Before I do, I want to be very clear – when done well – social care isn’t about services or about systems

It isn’t glamorous

It’s about giving someone independence and compassion

About people keeping their quiet dignity

When social care works like that - quietly and humanely - you might not notice it at all

But it matters – and it matters greatly.

But that quietness is also part of the problem

And it takes us straight to accountability.

No one owns the ‘problem’ or indeed the ‘opportunity’ of social care

Yet everyone owns it.

> National oversight is split
>
> Policy responsibility sits in one department, funding responsibility sits in another
>
> The NHS itself has 6,200 GP practices, 700 hospitals, 200 NHS Trusts, 42 Integrated Care Boards
>
> Local government has 317 different democratically elected councils. 153 unitaries and counties that hold responsibility for social care. 164 district councils that hold responsibility for housing.
>
> There are around 18,000 care providers operate independently. Around 90% are run privately for some profit
>
> All of this is regulated by the giant that is the CQC.

The truth is, those who need help feel this division every step of the way

They navigate their own way through a myriad of processes that we in ‘the system’ have cobbled together

with drawn out discussions on who pays for what

It is simply anxiety-laden and confusing.

And let’s be honest

I have been in Whitehall long enough and I have run enough cross government programmes to know that when responsibility is shared it can end up being no one’s responsibility

Look inside Whitehall

It took nearly 60 years after Beveridge for anyone at a senior level to have social care in their job title

The Godfather - David Behan – was appointed as the first Director General for Social Care only in 2006

And he had a team of just six people on social care and massive other policy responsibilities besides

It wasn’t until June 2020…that a Director General was able to devote their full time to social care

But despite really good people, I would say social care has remained underpowered.

You can see that underpowering in adult safeguarding

The very part of the system intended to protect the most vulnerable from harm, abuse and neglect.

Instead of a national safeguarding board, serious safeguarding failures are addressed as isolated local problems

The same serious failures are identified again and again in different areas of the country but with no subsequent national scrutiny, action, or consequences

There is no requirement for serious cases to be escalated at a national level and no formal national system to share lessons learned or spot themes.

Colleagues tell me it feels like a voluntary effort, entirely reliant on the great ADASS and others in the sector to create their own approach.

Some might call this localism

I call it an abdication of responsibility to protect people who are vulnerable or at risk of abuse

We don't allow it for children, why are we allowing it for vulnerable adults?

A word that is used again and again when people talk to us about social care is fragility

It's everywhere.

Let's start with the staff and be absolutely honest

There is also a total reliance nationally on the under paying of care workers

And of course, those care workers are mostly women - 78%.

A third of councils pay less than the rate required to cover the cost of paying a care worker the minimum wage

42% of non-residential care workers are still on zero hours contracts

And we know they're not always paid for travel time or mileage

They have no guarantee of what their hours will be week in week out

They do not have proper terms and conditions for things like sick pay and maternity pay or indeed the odd holiday

We all know, including councils and the NHS, that we exploit the weakness of the care workforce.

I admire greatly the honesty of the two Hospital Trusts who told me they had piloted running their own care services in-house and they simply couldn't stack it up financially as their staff would never accept those wages or indeed conditions

And I thank them for that.

But there is something disingenuous here

All of us in the room probably talk about being national living wage employers while we know this is going on

The average care worker salary is £23,460. That is 13.5% less than the lowest rung in the civil service.

And don't tell me their job is tougher or more meaningful.

Why shouldn't a care assistant be able to aspire to one day become the Chief Nursing Officer of their local hospital?

That's why the work being led by Ministers in DHSC and MHCLG on workforce reform is so vital and should not wait for this review to complete before starting to make the long overdue changes needed.

And fragility is writ-large when we look at providers and indeed commissioning

The word 'commissioning' suggests that there is a strong market where people have choice

But on the one-hand we have small providers

Barely keeping the show on the road, at risk of toppling over at any given moment

Either finding workarounds to make money work or frankly making their staff bear the brunt

I met one incredible care provider who let me look through her books

The money she was getting from councils was barely enough to pay her staff, let alone her overhead costs

She was only staying afloat by trying to recoup money back elsewhere

With tiny nudges such as asking councils to keep paying her for clients when in hospital for short stays.

On the other hand, there are councils that feel held to ransom by powerful, sometimes private-equity owned providers

Who can pull a contract or team up together and hold them over a barrel

Extracting maximum profit from the public's purse

Indeed, one group of councils had to band together and threaten a group of private providers with cartel and competition legislation to stop them hiking their prices in unison.

Fragility is also apparent in the constant turnover of providers

A boom-and-bust cycle in every area that creates volatility

Each year, almost 2,000 homecare agencies register with the CQC

Over 1,000 deregister.

Nowadays, councils even have specific teams just to trouble shoot when providers collapse

Good work though this may be, it's a symptom of fragility, of a market that doesn't work

Fair play to one former DG of social care who admitted they saw their only role to be "stopping the system falling over".

I’ve talked about fragility

Now I want to talk about separation, the deep and fundamental divide between health and social care.

Take it as read - I love the NHS

It’s one of the best things this country has ever built

But that’s also why I want to speak frankly about what I think isn’t working.

Put simply, social care does not start and end with a social worker doing an assessment, or you ending up in a care home

It starts when you first visit your GP with new symptoms you can’t explain

It starts when you enter A&E after a fall or sometimes after an accident

It doesn’t stop being the ‘problem’ of the health service when you are discharged from hospital

Social care is not simply a fast-track route to emptying acute hospital beds

People who draw on social care are often people with health needs

With long-term conditions

With frailty

With dementia

Or sometimes with disabilities

A safe discharge should not be the end of the NHS’s role.

As the NHS has evolved, it has withdrawn from the community

Reducing the number of beds they offer other than for acute or specialised care

Putting more staff into hospitals while hollowing out staff numbers in community and primary care provision

And pushing the responsibility for long-term care onto councils

In my mind we have a National Hospitals Service, rather than a National Health Service.

And I'm under no illusions,

I understand entirely the desire to keep people out of hospital

And the reduction in the number of long-term beds reflects some major positive steps

People are no longer confined to a long-stay ward for their whole lives

They are able to live in the community near friends and family

I also know that – contrary to popular opinion – hospital is often not a safe place to be

It's less safe for the frail and elderly.

Countless clinicians have said this to me and given me specific examples:

Of a person coming into A&E with a UTI or dehydration lying on a hospital trolley for hours, and sometimes days, waiting to be seen.

To describe what this does to an older person, people use expressions like 'deconditioning'

They lie in bed and don't walk

They catch an infection

They are sometimes catheterised so they don’t need to be helped to the toilet

In other words - they come in from their own home, they leave to a care home.

But that in itself should be pause for thought

How did we get to a point where hospital is sometimes a route to rapid decline for the frail and elderly?

Why are we treating everyone who comes into A&E in the same way rather than having a different approach for people who are frail or have dementia?

This divide between what is care and what is health does not exist to the public

It is our divide

Based on definitions and categorisations that satisfy each institution

Not the public

It is not about what is best for the patient or the person

And what often plays out is a bun fight over who is responsible for what – time spent negotiating responsibilities, eligibility and who foots the bill, with families picking up the pieces

For example, I visited one council which spent two and a half weeks arguing with a community health provider over who pays for continence pads in care homes.

Let’s look at budgets for Continuing Health Care – money which provides free health and social care for people with long-term complex health needs

So many councils tell us that decisions on who qualifies for this funding is a major source of tension

Although assessments are supposedly done jointly between the NHS and councils, more often than not, the final decision on who gets support sits with the NHS

There are notable exceptions where this is isn't the case but they are the exception not the rule.

Whilst I'm on it, I find it astonishing

Some ICBs are paying private sector companies to find ways to cut what they pay out from their Continuing Health Care budgets

If these private companies are successful, they take a cut of the savings they make as profit

I'm not saying everyone in receipt of CHC should be, but I am left questioning how on earth we got here?

It is not just the existence of the divide that causes the problem

There is an extraordinary power differential between local government and the NHS

Which, in my view, I'm sorry to say - the NHS wins every time

Time and time again, the NHS triumphs over local government.

It's no wonder that people in social care tell us they feel like the poor relation, forgotten and undervalued

There is no powerful unified challenge to the primacy and the might of the NHS.

The public don't exert pressure for this to be done better – sometimes through a lack of awareness

They just expect that health and social care operate as one – until they have the misfortune to need it.

All of what I’ve talked about plays out clearly in relation to Dementia and Alzheimer’s Disease.

You all know that Dementia and Alzheimer's are the leading causes of death in the UK.

Dementia patients account for more than 1 in 10 bed days in acute care and around 1 in 4 delayed discharges for older adults.

50% of us fear dementia more than any other condition.

And people living with dementia are not squeamish in telling me it’s horrendous.

Everyone agrees dementia is becoming more prevalent

But despite its predictable rise, and the harm it causes, I have not seen an equivalent response to this seismic challenge

A response to fight it with the same brilliant energy and determination we have seen with cancer in recent years.

Instead:

Dementia is seen an inevitable part of aging rather than caused by a set of conditions or diseases

People with dementia are seen as ‘bed blocking’ rather than patients with neurological, health conditions

New breakthrough drugs are ‘too expensive’ to deliver on the NHS for what they call the ‘small benefits’ they’ll give

Any new major breakthroughs in treatments are seen as ‘way off’ and there is no point preparing the NHS to deliver them

This is odd from a health sector which is usually so reverent and driven about scientific and medical breakthroughs.

Overall, with dementia, families bear the brunt, often left with little help.

I met a man whose wife had severe dementia and needed huge amounts of care and support

They consistently tried to get help, including Continuing Healthcare funding from the NHS and didn't receive it

But as soon as his wife developed seizures, a direct complication of her dementia, the money kicked in – I guess because this was seen as 'medical'

Once the medication controlled the seizures, the funding was withdrawn

Her dementia remained the underlying cause, it's what she and the family lived with

For them this is inexplicable

And frankly I find it hard to explain myself.

People are not told what to expect or what will happen once a dementia diagnosis arrives.

I had the honour of meeting a man in Newcastle who received two leaflets when his wife was diagnosed with dementia

One on how to claim PIP, and one on how to get his council tax reduced

He already had money. He didn't need money.

He wanted to know what would happen next – who would help, what could he do?

But he was left totally in the dark.

Look, overall, it's not new that we are an ageing society – we've been aging for ages

We all have to get our heads around that – frailty and getting old is an inevitable part of life

We have to deal with it better.

But for social care isn't just for older people, it's for all of us.

Some people know how I work

They know that when I take a look at an issue or problem, I start with what's happening with those most in need - it can shine a light on bigger systemic issues

So for this, I've looked at some of the most severe conditions

People who the public would assume would get a Rolls Royce service.

Motor Neurone Disease – or MND – as you all know, is one of the most severe and fast-moving conditions we can face

It is thankfully rare: affecting up to 5,000 people in the UK at any given time

Its progress is as predictable as it is brutal

The median survival is 22 months from diagnosis.

But despite this – and unlike the benefits system - social care systems don't reflect this.

People are put through multiple assessments and means tests

Care packages adjusted only <u>after</u> someone - predictably - deteriorates

Long waiting lists

We know anyway that major home adaptations take more than a year to be completed – that's 375 days on average

For a person with less than two years to live, this isn't acceptable.

I am not blaming the people who run those assessments – I see why they have ended up here, but we should not accept it

There are some local areas which have introduced faster routes for some grants

But these are the exceptions rather than a national standard.

In practice this means that help can come too late

Or not at all

Or people crowdfunding through desperation.

I have no doubt that, as a country, we would expect a diagnosis of this condition to trigger the best treatment and the best care possible.

But I know we cannot fix these problems without looking at the entirety of the system

I will continue to look at all of this through the lens of the adult and their family who need social care.

And there is a challenge here to the general public

We need an honest conversation with the public directly about what they want a National Health Service and a National Care Service to look like – not just amongst ourselves in a room like this or within 'the sector'

We need a mandate from the people who pay for health and social care through their taxes, but might not even know what social care is.

And it needs to be about more than just whether people should have to sell their home or not

It's really tough questions like:

Who should be able to draw from the system, where do we draw the line?

What should we expect from our families, what lies with the state?

What contribution should be made, when and how?

We now need to work with the public to create a system, fit for the nation that we are today.

Soon, we will publish our first report on the issues I've highlighted today - and more.

But I didn't want to wait for some actions to be taken

I have written to Wes, the Secretary of State for Health and Social Care asking him to do the following:

Set up a new National Safeguarding Board, ending the abdication of responsibility for protecting people who are vulnerable and at risk of abuse

To give immediate backing to scale up investment in dementia trials

To introduce a new, full-time Dementia Tsar

To deliver faster progress on the Modern Service Framework for dementia and frailty

And finally, to create a new fast-track "passport" for people diagnosed with MND. Meaning people living with this diagnosis won't have to wait for healthcare, care, carers' support and housing adaptations.

I don't delude myself

These are modest changes but they point to bigger structural challenges

They will not fix the fundamental problems that exist

The story of social care so far is not one of neglect or indeed bad faith

We've gained stronger rights

Better recognition

Important legal protections

But reform has remained underpowered

Commissions without delivery

Rights without funding

National problems often pushed onto local councils

And poor pay and conditions for the very workforce carrying it

A system which means some needs are barely met at all and others are met late and in piecemeal and random ways.

Nearly 80 years on from Beveridge – thankfully in many ways our country is very different

But we now face a fundamental challenge:

A "sixth giant" which barely existed in 1948 when Beveridge wrote his report

How can we support and care for the population today and in the future

This giant is born not of failure, but of success:

> Longer lives
>
> Survival into old age
>
> Medical progress
>
> Greater equality for women and people who are disabled

It shouldn't be beyond us to think - how would Beveridge – if he were here today – assess this vastly changed nation

It shouldn't matter if someone is a social worker

> a doctor

a district nurse

a carer

or a hospital consultant

The challenge for all of us is to get this right and it is a collective one

How do we ensure that care and support is available for those who need it in a fair, dignified way that reflects the nation and the values that we hold dear today.

It is a moment of reckoning

It is a moment of renewal

Thank you.