Baroness Casey's speech to the LGA – 7 July 2026

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

Thank you so much for having me here today

Over the past year, many of you in this room have told us about your frustrations, your ideas, and your deep commitment to the people you serve

Whether it's the adult with profound disabilities

Or the man seeking help for his dad who has dementia

I want to say at the outset how grateful I am for your time, honesty and support you have given us.

Thank you.

We all talk a lot about an adult social care "system"

But I don't think we have a "system" at all

William Beveridge offered Britain a vision for how to tackle the five great social ills of his time: want, disease, ignorance, squalor and idleness.

From this, universal systems emerged:

for pensions, for welfare, for health, for education, for housing

all underpinned by full employment.

These were built on a fundamental deal - we all pay in and if we fall on tough times, we can get something back.

This was designed for the country as it was in 1948

Social care, as we understand it today, was not a problem that needed to be fixed.

The welfare state was designed for a younger country when people did not live as long

And when care was needed, it was provided by women who stayed in the home.

Social care as we know it today, didn't grow out of one clear vision

It was inherited from different systems, created at different points in our history, for different purposes.

The public have ended up with a patched together set of arrangements involving:

councils - and different departments within those councils

The NHS and different departments within the NHS

the benefits system, some means tested some not

the private sector

charities

and an estimated 5 million members of the public in the form of unpaid carers.

And the onus in all of this, falls on the public's shoulders to navigate their way through it.

I don't think we have a system at all.

And this patched up set of arrangements is used by very different people with frankly in my view, very different needs

- Elderly people who have become frail
- Adults with lifelong disabilities

Firstly, as we all know, we are ageing rapidly as a country.

The number of people aged 65 and over has more than doubled since the middle of the last century – now numbering 14 million.

By 2075, the number of people in this group is going to go up again to around 21.5 million.

The fastest growth in that group is people over 85.

People who will need care.

Alongside this, the balance of the population is changing.

In 1948, there were six working-age adults for every over 65. Today, it's three. In future, it will be closer to two.

And more people are living with disability and long-term conditions.

Some of this is due to major successes and advances in medicine.

Between 2001 and 2017 the number of children with a life-limiting condition increased by an estimated 163%.

The average life expectancy for conditions like cerebral palsy, thankfully, has more than doubled in under twenty years.

But there is something else happening too

DWP carries out an annual survey, designed to look at peoples' income and circumstances,

That survey also includes questions that allows DWP to track disability

The survey does not ask someone if they consider themselves disabled.

Instead, it asks two questions designed to match the language we use in the Equality Act to define disability:

a) Does the person have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?

b) If yes, does the condition reduce the person's ability to carry out day-to-day activities?

If the person answers "yes" to the first question and says their day-to-day activities are limited (either "a little" or "a lot") in the second question, they are counted as disabled.

According to the survey, 25% of people in the UK reported having a disability in 2023/24, up from 19% a decade earlier.

If correct, that means there would be 16.8 million people in the UK who would consider themselves as disabled, 4.9 million more than a decade earlier.

This is at the same time as we are seeing a big increase in disability benefit claims

One in 10 people of working age are now claiming a sickness or disability benefit

And much of that is linked to mental health conditions

Reported mental health "impairments" have more than doubled over the last decade

Mental health "impairment" is reported in 48% of disabled adults.

I think the public would be shocked if you told them a quarter of people in this country could be defined as disabled

And they would ask some difficult questions.

In nearly every council area we have visited, and feedback from ADASS's recent survey has told us, that more and more of the social care budget is moving away from the elderly and moving towards working age adults.

The number of older people receiving long-term public support has more than halved over the last twenty years

Not because there are fewer older people

It is because older people are getting less help.

So, we have one part of the system where more older people are needing support, but fewer are getting it

And another part where demand from working-age adults is rising in ways we still don't properly understand.

We are moving towards something that feels lopsided.

So while our country has changed, and continues to change, we haven't changed with it

We are still trying to deal with all of this through four different systems, all pulling in different directions

An NHS that is universal and not means-tested

A local government system that is really two systems

One that asks: what do you need?

The other that asks: how much money have you got?

Then there is the benefits system, the giant of DWP, where the bill is rising all the time.

That is three, if not four, very different arrangements.
All under pressure.

All pulling in different directions.

All dependent on the public to understand it, and navigate their way through it.

That is not a system.

Local government is left to hold all of this together

All while your funding has been cut – since 2010 council spending power fell by 12% in real terms while health spending increased by 39%.

And at the same time, the public's expectations have been raised.

Many welcomed the Care Act

Many talk about how they can't meet their full responsibilities under it.

Because the money, infrastructure and systems weren't put in place

At worst, it's performative legislation, introduced without money, and without the reform needed to make it work.

That gets you to the social care precept introduced in 2016–17

Probably to deal with the rising bills created by the Care Act.

It's a stealth tax.

It means we rely on local authorities increasing council tax each year for a service which is both poorly understood and hidden from most tax payers' view.

So now we're in a situation where people pay tax and national insurance their whole lives,

they pay their council tax - 41% goes on adult social care

only then to discover, when they need it any assets over £23k mean they can't access help for free themselves.

Instead, they are left with a couple of leaflets and no idea where to turn next

And, worse, as a self-funder, they may be charged more for the same care to subsidise others

Councils are left trying to manage national problems with local tools and dwindling resources.

Let's turn to how this plays out for people who try to access support.

Increasingly, as more people are approaching their council for support, more than half are being turned away.

And we don't know what the consequences are of that.

Do they rely on their loved ones?

Do they pay for care privately?

Do they just go without, eventually hitting a crisis point?

We rely on local government and the NHS working together, but let's be blunt, the relationship is one of deep imbalance

The NHS is the dominant partner by a country mile.
It's politically protected and financially dominant

Its influence dwarfs everyone around it

Both at national and at a local level.

So, whenever making improving health and social care comes up, we reach for the same answer:

“Integration”

But too often when we talk about “integration”, we really mean the NHS integrating itself

NHS teams talking to each other better

Acute services extending their footprint

Or coming up with workarounds.

Putting three discharge teams together in a portacabin

This is not integrating systems and services around people’s lives.

This problem in part persists because the NHS’ rules and incentives have remained the same.

We know it’s important to the public that waiting lists are reduced but equally important to the public is getting a GP appointment

Yet, the system always pulls the other way: to hospitals, to waiting lists, to A&E pressures.

And conversations about social care and community provision are always in the context of reducing pressure on hospitals while the NHS withdraws further from the community.

Nuffield Trust analysis shows that in the last decade funding grew much faster for hospitals, ambulances and mental health services whereas community health care funding barely grew at all.

Between 2009 and 2024 the number of NHS district nurses fell by 43%, while over the same time the number of nurses in hospitals increased by 43%.

Interestingly, Integrated Care Boards are not allowed to ringfence funding for neighbourhood health unless they have met their elective waiting time targets

Help at home is impossible to access

Community support is thin

And local authorities are often overruled on Continuing Healthcare decisions.

Dementia is a good example of where I think the system is in the wrong place.

Too often, the answer from the NHS and the medics when we talk about dementia is “prevention”.

Of course, prevention matters. I know it's important to do more exercise and to eat plenty of carrots.

But it is not the only show in town.

We wouldn’t make the same argument about other medical conditions.

Dementia is a disease.

With other conditions we talk about medical breakthroughs, about new treatments, about new drugs.

People with dementia need hope.

They need research, they need treatment, they need care, they need housing, they need support for their families and a system that takes responsibility for them and their disease now.

We make the faultline of what is health care and what is social care the problem of the people who need both.

Take a man we've come across who was discharged from hospital and keeps choking when he eats because he's finding it difficult to feed himself

What he wants is for someone to prepare his food a bit differently and to help him with eating

But the medical response was to put him on replacement drinks like Complan

Because the care response he wanted was beyond his financial means or couldn't be arranged in time.

Or in hospitals, older people are catheterised because there is no one to help them get to the toilet.

There is no care response, so the answer is medical.

None of that is prioritising what is right for that person.

The public don't understand these distinct categories – and nor should they have to.

They don't care where the NHS ends and social care begins.

This lack of a system really shows itself in the provider market too.

And when I say "market", I use the term loosely.

There is huge churn - each year, almost 2,000 homecare agencies register with the CQC and over 1,000 de-register.

A market utterly reliant on underpaid care workers

The average care worker salary is £23,460. Less than an Intern or Apprentice is paid at the LGA - £24,413

We don't even have a proper handle on who the workforce is, or on what people who fund their own care are receiving.

Compare that for a moment to the NHS.

If you need a hospital bed, the system knows where those beds are and can take responsibility for them even if there aren't enough

In adult social care, councils are left trying to piece things together from whatever is available

Commissioning is often about finding last-minute fixes

Trying to hold down fees

Not-for-profit providers using workarounds to make the money stack up

Large, private providers holding councils to ransom

Where this matters most is how it affects the experience of the person who needs social care, and their loved ones.

They are left feeling like they have to navigate this social care “system” as if they are the first person to do so – often at the most vulnerable point in their lives

Multiple assessments

Multiple forms

Long waits to hear what happens next

Repeating the same information again and again.

And let’s be honest, any public service that requires “navigators”, is frankly failing.

Instead of clarity and transparency, they are left with agony and uncertainty.

Take, for example, a man I met 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 didn’t need money. He wanted to know what help he could expect and what was going to happen in their lives now.

This agony and uncertainty our “system” creates does something cruel

It makes the people who need care feel like they are a burden to the people they love

All of this was bad enough fifty years ago, but now, when people can live for many years for example with dementia it can become unbearable

It is one thing for a daughter to move her mother with dementia into her house for the final few years of her life

It is quite another thing to ask the same of her for ten years or more, and to make her then battle for help and support every step of the way

Of course, families have a role to play here – but this is often just too much to ask.

We have a public service which does not meet the public where they are.

Public satisfaction with ‘social care’ is very low but it is even lower among those who experience it.

The role of public services is to provide help in the way the public think and speak, not force people to translate into the language of the system

The public often want really simple things

A lady who is getting older and wants to fit a handrail to help her stay safe and avoid falling

All she needs is a list of local handymen she can employ, who are DBS checked and who she can rely on

Instead, when she approaches her council, she’s pulled into a lengthy assessment process, only to be told she doesn’t don’t qualify for support she didn’t want, or that she has too much money to get any help at all.

This is what people are left with when we pretend there is a system.

That is not a failure of local government.

It is a failure of national government who have avoided the reckoning that has been needed for way too long.

Delay is not an option

Since 1997, there have been 22 attempts at reforming adult social care:

Don’t get me wrong, some have made an impact.

But none have fixed the foundations

Because reform has either:

Tried to improve bits of the system without addressing the whole

Or

It has reached for bigger reform without securing public consent for the hard choices it involves

Without public consent, each time we get close, the debate narrows and becomes caricatured.

Everyone remembers the death tax and the dementia tax.

But the bigger questions have got lost

We need to have a different and more challenging conversation with the country

That’s why, this summer we will be launching the Big Conversation with the public

Who do we think should receive social care?

What should families be asked to do for their loved ones?

What should people be able to expect from the state?

And what should people contribute in return?

We will be testing the views of hundreds of thousands of members of the public to get under the skin of where the public are, especially

- older people who are too often ignored or overlooked
- younger people who are already losing faith that they will get anything back from the state in return for paying in
- and people whose health and care means they need the system most of all.

I want to reiterate here today that we as a country need the reckoning I called for earlier this year.

Not patching and not workarounds but a designed system from the ground up that puts the adult who needs social care at its centre.

One that recognises that people do not live their lives to fit in with our separate systems.

Someone recovering from illness may also need help at home.

Someone living with dementia may need health care, housing support and sometimes benefits.

A working-age disabled adult may need help into employment, and personal care to live independently.

A carer may need support long before crisis hits.

For many reasons, we cannot build a National Care Service which sits apart from the National Health Service.

A reckoning means being honest about that

That is the test for this Commission.

To build a plan that is honest

That can command public support

That can last.

Beveridge warned against patching at moments of real change

If we do not meet this change head on, people who need care will continue to bear the brunt.

We will be letting them down.

Providing our fellow humans with care is an honour and it is a privilege.

It’s our ability to empathise, to show kindness, to be compassionate that marks us out as human beings.

And we need a social care system that reflects and honours the best of that humanity.

Thank you.