

From Slogan to Settlement

What should a National Care Service actually do?

Central proposition

A National Care Service should be a national settlement on promise, entitlement, funding, workforce, quality, accountability and responsibility - not simply a new organisational label.

September 2026



CARE ENGLAND

The voice of care

The starting point

We have agreed the name before agreeing the public offer.

**The name can create hope.
The offer has to create trust.**

**The name
“National Care
Service”**



**The offer
Who gets what, when, and
on what basis?**



**The settlement
Who pays, who delivers,
who is accountable?**

The presentation tests three things: clarity for citizens, funding behind obligations, and durability through delivery and politics.

What government now says

Clearer principles - but not yet a complete operating model.

Seamless movement
between hospital, home care and
community services

Sustainable funding
with the cost of reform tested alongside
options

Prevention and independence
supporting people earlier and for longer

Citizen needs first
removing budget battle lines between
organisations

**The live question: can these principles become a clear entitlement,
funding model and accountability framework?**

Casey now has two jobs

A public-consent process and a route into government delivery.

1. Build public consent

- What is care for?
- Who should get the most help?
- What should families do?
- Who should pay for what?
- Public Panel deliberation after wider engagement

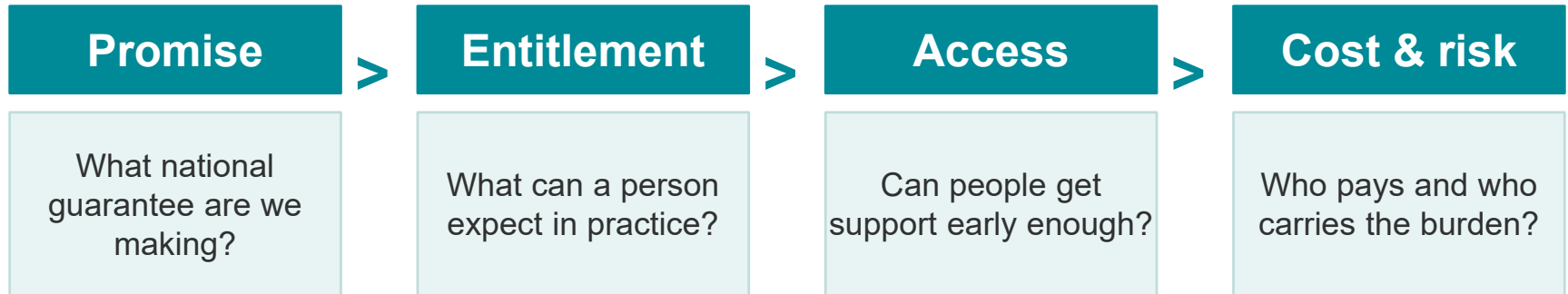
2. Shape delivery choices

- NCS options for summer 2027
- Workforce reform and FPA link
- System reform and early recommendations
- NHS, councils and Treasury in the room
- Implementation thinking starts now

A 2027 settlement cannot become an excuse for a 2026 holding pattern.

The decision chain

Promise before price.



Before asking people how social care should be funded, we need to tell them what they are being asked to fund.

What a credible NCS could improve

The opportunity is real - if design follows the promise.

Postcode variation

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Clearer national entitlement

Crisis response

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Earlier support and prevention

Workforce insecurity

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Funded pay, skills and progression

Boundary disputes

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Clear NHS, CHC and council responsibilities

Market fragility

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Sustainable commissioning and resilience

Hidden family risk

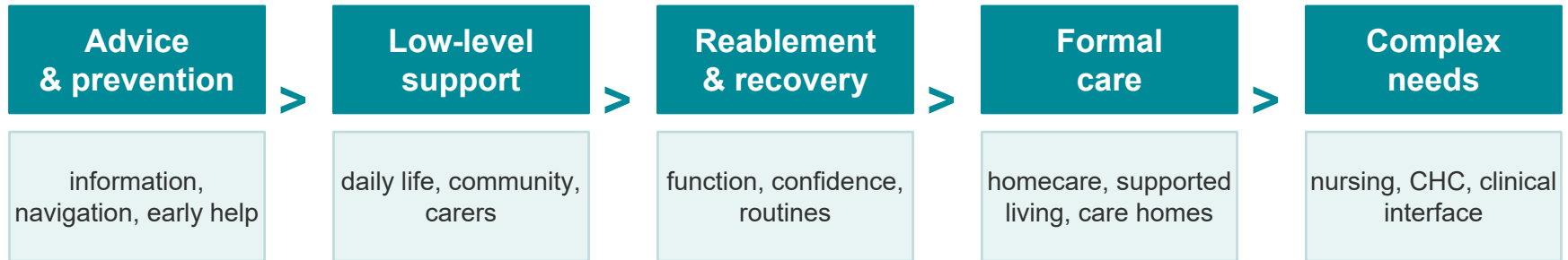
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Support before caring becomes unsustainable

None of these benefits comes from the name. They come from funding, commissioning, accountability, workforce and rights.

Access across the continuum

Not simply more crisis care - earlier advice, care and support.



Working-age disabled adults must be central: independent living, work, relationships, control and ordinary life.

The purpose should be more life, not more service.

Fairness and funding

Fairness is a design question before it is a tax question.

Fairness must address:

- Access and geography
- Need, means and contribution
- Catastrophic care costs
- Hidden risk in families and unpaid carers
- Provider and commissioner risk
- Taxpayer confidence in what is being funded

Avoid the false choice

The choice is not “free care” versus “no reform”. The real question is what promise is made, what risk is pooled, and what contribution is fair.

Define the benefit before arguing about the bill.

Watchpoints

Support the ambition. Test the design.

1. Bureaucracy

Remove duplication; do not remove rights, assessment and human contact.

2. NHS dominance

Integration must not turn social care into an acute-flow tool.

3. Home first

Must not become home only, family only or delayed residential care.

4. Provider narrative

Transparency is legitimate; caricature is not a strategy.

5. Unfunded workforce reform

A Fair Pay Agreement needs funded commissioning behind it.

Reform is necessary enough to be careful about its consequences.

The Care England lens

Where the presentation becomes more than generic policy commentary.

Reciprocal accountability

Providers should be transparent and accountable for what they control. So should commissioners, NHS bodies and national government.

Evidence lens

- Commissioning behaviour: fees, contracts and payment discipline
- Provider resilience: distinguish provider-created and commissioner-created risk
- FPA funding: mandatory workforce costs must be reflected in purchasing
- CHC and discharge: boundary disputes become operational risk
- Neighbourhood health: social care is central to urgent care, planned care and resilient communities

Care providers are community assets, not just downstream capacity.

What cannot wait for Casey

Fixing today and designing tomorrow are not alternatives.

Design tomorrow

- National promise and entitlement
- Fair sharing of cost and risk
- Long-term workforce settlement
- NCS accountability framework
- Public consent before funding choices harden

Fix today

- Current-system funding stability
- Funded FPA operating model
- CHC and discharge friction
- Commissioning and payment discipline
- Provider role in neighbourhood health

If the current system deteriorates while the future system is designed, the NCS inherits less capacity, less trust and more instability.

Five tests for a credible settlement

A practical conclusion for Casey, government and the sector.

- 1 Is the promise clear?
- 2 Are entitlements real and properly funded?
- 3 Does reform improve independence and quality of life - not just NHS flow?
- 4 Are cost and risk allocated fairly and transparently?
- 5 Can workers, providers, commissioners, government and taxpayers sustain what is promised?

The test is not whether England creates another national institution. It is whether people know what they can expect - and how the country will pay for it.