# The Future of Adult Social Care

*Context for reform and a report of the consultation meeting in Northampton organised by the West Northants Council Labour Group of Councillors*


As a Labour Group we consult the public on the big issues facing them so we can make sure that our input to West Northants Council is firmly ground in the lived experience and views of the people we represent. One of the biggest, and most challenging issues is how as a society we care for elders and adults with special care needs.

At our consultation meeting in Northampton, we found support for:

- Care being provided by the public sector and opposition to the profiteering of the private sector.
- Locally based services, with care homes being more homely.
- The cost of care being shared across society instead of individuals facing catastrophic financial burdens.
- A career path for carers

Care is about dignity for the individual, with quality measured in human happiness.

**For more about our Labour Group and our policies see our website at www.westnorthantslabour.com**

## 1. Introduction—the context

Adult social care is a service in search of a policy. Well over 700,000 people in England receive long-term or regulated residential and community social care, but this does not include many thousands who organise and pay for their care privately. The sector employes about 1.5 million people, about as many as the NHS, and accounts for an increasing amount of local government spending, and unsustainable local government deficits. Yet there is no national consensus of how to organise and fund these essential care services for the future. In the context of national and local consultations, the Labour Group on West Northamptonshire Council held a Big Conversation in St Matthews Church Rooms in Northampton about the future of adult social care. We are grateful to people who came and shared their experiences and persectives, people receiving and providing care, people with experience of organising care for elderly and disabled family members, and those concerned with employment issues.

### *The Casey review of adult social care*

The Independent Commission into Adult Social Care, chaired by Baroness Louise Casey of Blackstock, was established by the Government to examine how adult social care in England should be improved and reformed. It is intended both to address problems in the existing system and to help lay the foundations for a National Care Service. The commission is reporting in two phases. Phase 1 is due to report in 2026 and is focused on practical medium-term improvements, including how existing resources are used, the relationship between health and social care, prevention, productivity, quality, accountability and giving people who draw on care, their families and carers greater power in the system. Phase 2 is due to report by 2028 and will consider the longer-term model of care needed to respond to demographic change, how services should be organised, and how to create a fair and affordable system.

A central purpose of the commission is to start a

national conversation about what adult social care should provide and to build greater consensus about the responsibilities of individuals and the state. Its terms of reference recognise that care for older people and support for working-age disabled adults can involve different needs. The review therefore raises fundamental questions not only about funding, but also about where care is delivered, who provides it, the relationship between the NHS and social care, the status and pay of the workforce, and the balance between independence, choice, quality and affordability.

The Government has said that reform should support a shift towards prevention and neighbourhood-based health and care, with more support delivered in people's homes and communities where appropriate. At the same time, the Casey process is explicitly considering the long-term organisation and funding of social care. These national questions closely overlap with the issues now being debated in West Northamptonshire.

### *West Northamptonshire Council's review*

West Northamptonshire Council is carrying out its own review of council-run adult social care. A 12-week public consultation, running from June to 9 September 2026, covers a number of in-house services. These include Obelisk House and Southfields residential care homes; supported living, including Eleanor Lodge; the Council's home care service; and day services at Gladstone Road, Olympus House, Towcester Forum, Longlands in Daventry and the Cottages. The Council is also considering its Specialist Support Services for Younger Adults West.

The Council says the review is necessary because demand is changing and growing, people's needs are becoming more complex, and there is a stronger emphasis on personalised and community-based support. It is examining whether current service models and buildings remain fit for purpose, safe, sustainable and capable of meeting future needs. The Council has stated that no final decisions have been made and that consultation feedback will inform a report to Cabinet later in 2026.

Obelisk House illustrates the choices involved. The Council says the 44-place home is more than 40 years old and is considering three broad options: leaving the existing facilities unchanged, investing in remodelling, or beginning a safe closure programme. The local review therefore sits within the much larger national debate being led by the Casey Commission: what should social care provide, who should provide it, how should services be organised, how should the workforce be treated, and who should ultimately pay?

## 2. Discussion: four key questions

*The following sections report the discussion at the meeting on four key issues*

### *2.1. What should the future be for Obelisk House, Southfields House and other council-run care homes and day centres — and should the Council itself provide social and day care?*


There was general support at the meeting for council-run care services. The discussion repeatedly returned to the basic question of whether West Northamptonshire should retain a mixed model of provision, with the Council continuing to provide some care directly, or whether provision should increasingly pass to the private sector. Participants discussed residential care, home care and day care as distinct but connected parts of that question.

On residential care, participants asked whether homes described as no longer fit for purpose should be sold or closed, refurbished, or replaced with new provision. Obelisk House was discussed particularly positively. People spoke highly of the

quality of care there and questioned whether shortcomings in an older building necessarily justified closure. There was discussion about modern physical standards, including expectations around en-suite bathrooms. Some participants questioned whether every room had to have an en-suite and argued that the quality of a care home should not be reduced to technical specifications. The phrase used in the discussion was that care should also mean happiness. A good care home should feel like a family home rather than a collection of isolated individual units.

There was concern about the way the Council's consultation presented the choices. Participants argued that people should be able to consider a genuine range of alternatives rather than being presented with a narrow route towards closure. There were also questions and uncertainty about what was actually being considered for the future of the homes and what this would mean for staff employment.

Day services attracted equally strong support. The Gladstone Centre was repeatedly cited as an example of a service offering valuable care, activities and social contact. A parent described the importance of day provision for an adult child with additional needs: without the centre, the person might remain alone in an otherwise perfectly good flat for much of the day alone and with nothing to do. Participants argued that community and day centres create opportunities to socialise and take part in activities that some people would not otherwise be able to access.

The discussion also raised an important issue about people with the most complex needs. Participants said that some private day-service providers can be selective about whom they accept and may not take people with acute or difficult needs. Council provision was therefore seen as having an important role in ensuring that access to care is not restricted to people who are judged to be easier or cheaper to support.

Some participants favoured a hybrid approach rather than a simple public-versus-private choice. One suggestion was that the Council could work with organisations such as Age UK and other community providers to create a network of different services. Another idea raised earlier in the discussion was whether worker co-operatives could provide home care. These suggestions retained a role for the Council while allowing a wider range of organisations to contribute.

There was considerable scepticism about assuming that private provision would necessarily be cheaper or more secure. Participants pointed out that the Council would still have to fund the care of many people even if it stopped providing services directly; public money would then be paid to private providers. Concerns were expressed about private-equity and other financial interests in the care sector, debt and provider failure, alongside the observation that residential care can be profitable and that many private homes continue to be built in the private sector by private equity firms interested in the profits that can be made in the sector. There was a lot of discussion about the pattern of service provision in the UK following the American model.

The discussion linked care provision to housing policy. Better housing options for older people, including suitable opportunities to downsize, could allow people to remain independent for longer while also releasing larger family homes. Participants also stressed that the local authority should retain responsibility for the quality of provision even where it is not the direct provider.

***2.2. What is the right balance between home-based services and service centres for older people and people with disabilities?***

Participants recognised the advantages of enabling people to remain in their own homes. One view was that health and wellbeing can be better when people are supported at home. But the discussion strongly rejected the idea that 'care at home' should simply mean leaving people in individual properties with brief visits from carers. Independence was seen as requiring a combination of home support, opportunities to leave the home, social contact and access to community or day services.

Isolation was a recurring concern. For disabled adults in particular, participants recalled models in which several people lived together and therefore had regular social contact. Moving people into separate accommodation in the community could improve independence in some respects but could also leave them isolated. Day centres and other shared services were therefore seen as an important complement to community living rather than an outdated alternative to it.

Transport was identified as part of the care system. Remaining at home only works if people can reach services and participate in ordinary life. Access to public transport was raised, as was the practical time needed for a carer to help someone travel, shop and return home. Participants felt commissioning arrangements often failed to recognise how long ordinary activities actually take for someone who needs assistance.

The amount of time allocated for home-care visits was criticised. Participants contrasted longer visits in the past with visits that can now be as short as around 15 minutes. Where additional time is needed, carers or service users may have to seek approval from commissioners, only to be told that the budget does not allow it. The meeting therefore questioned whether a home-based model can deliver dignity and genuine independence if the support commissioned is too tightly rationed.

Monitoring and safeguarding were also raised. Participants called for effective monitoring of care standards, particularly for vulnerable people living in the community. The wider principle running through the discussion was that the objective should not simply be to move care from buildings into people's homes. The question is what combination of housing, home care, day provision, transport, social contact and oversight enables an individual to live well.

The meeting itself noted that this question was not covered as fully as some of the other themes. Nevertheless, the discussion pointed towards a mixed model: home-based support where that improves independence and wellbeing, combined with accessible centres, social opportunities and sufficient practical support to prevent isolation.

### *2.3. How do we secure a well-trained, properly paid and motivated social care workforce — and is the private sector or the Council better for social care staff?*


Workforce issues were one of the strongest themes of the meeting. Participants argued that good care depends on staff whose central concern is the best interests of the person receiving support. The Council's own training was praised, particularly its emphasis on keeping the client's interests at the heart of care.

There was criticism of low pay and what participants described as the de-professionalisation of the workforce following the expansion of private provision. The argument made was that opening care to low-cost employment had weakened professional status and career development. Participants called for decent rates of pay, proper training and a clear career structure so that social care becomes a career in which people can progress rather than a low-paid job with

limited prospects.

The scale of the workforce was also discussed. The size of the social care workforce—at 1.5 million social care workers—is broadly comparable with the NHS workforce. However, qualifications, training and pay structures differ substantially. This would make closer integration of the NHS and social care complicated, particularly if integration implied moving towards comparable pay scales. It was recognised that raising social care pay towards NHS levels would have significant financial implications.

Management of home-care working was criticised. Participants recalled a time when home carers could work within a relatively small local area and walk between some clients. Workers may now cover much wider areas, making a driving licence and access to a car essential. This excludes potential workers who cannot drive. There was also criticism of staff having to use their own cars and pay for their own fuel, which was described as workers effectively subsidising the care service.

Participants questioned private-sector recruitment practices, including reliance on international recruitment rather than training and employing more local people. The meeting wanted social care to provide good local employment as well as good care. Some participants said they would not work for private care companies.

Agency management also attracted criticism. Participants referred to inadequate records and form-filling and argued that poor administration can mean people's care is not properly managed. More broadly, there was concern that costs were rising without a corresponding increase in the amount of care received.

The discussion linked workforce reform to the question of ownership and provision. One strongly expressed view was that restoring professional status, pay and career progression would require more care workers to be brought back into the public sector. At the same time, the wider discussion left open the possibility of other models, including co-operatives and partnerships, provided that staff standards and the interests of people receiving care remained central.

### *2.4. How should social care be paid for — general taxation, a cap on personal contributions, or a social insurance premium?*


The meeting discussed the high and potentially catastrophic personal cost of social care. Examples were given of residential care costing about £87,000 a year in London and around £60,000 in Northampton. Participants regarded figures of this scale as unaffordable for most people on ordinary incomes. There was concern that even people with substantial assets can exhaust their resources and eventually return to the Council for financial support. The impact of deferred care costs ultimately being recovered from the sale of a person's home after death was also raised.

Three broad funding models were discussed. The first was paying for care through general taxation and making basic social care free at the point of use. A figure of approximately £500 a year in additional tax was used in the meeting to illustrate this option. One participant translated this into roughly £10 a week and argued that this was comparable to the price of two takeaway coffees. Others stressed that affordability still mattered and that the tax system itself should be made fairer.

The second option was a cap on an individual's lifetime care costs, with figures of approximately £80,000 to £100,000 discussed. Under this approach, individuals would meet costs up to the cap and the state would take responsibility above it. This was considered as a way of preventing unlimited personal liability for care.

The third option was a social insurance model under which people would pay into a fund and receive care when they needed it. There was considerable support in the meeting for the insurance principle — paying into a common 'kitty' and drawing support from it later. But participants also identified problems. Some people might contribute throughout their lives and never need the service, just as some people historically paid pension contributions but did not live long enough to receive much pension. More importantly, there was concern that people with complex needs could be excluded or disadvantaged by a conventional private insurance model. Any scheme would therefore have to be genuinely inclusive.

One suggestion was to link a social care premium explicitly to pensions so people understood that the contribution was intended to meet care needs in later life. There was also discussion of allowing people to pay an enhanced premium if they wanted a higher level of care or greater choice, while maintaining a universal basic system.

Funding could not, in the view of participants, be separated from questions of value for money. There was criticism of waste in both local and national public spending and a view that resources should be directed more effectively towards care. Participants also questioned a system in which public money ultimately supports private providers while care workers remain poorly paid.

The discussion did not settle on a single funding mechanism. It did, however, reveal broad agreement on the problem to be solved: care costs can be far beyond what an ordinary household can sustain; the present arrangements can force people to run down assets; and a durable settlement must share risk more fairly while remaining affordable and inclusive.

## 3. Overall themes emerging from the discussion

Across all four questions, the meeting returned to a small number of underlying principles. Social care was described as a major issue that can become an acute concern for any family, and the relationship between health and social care was repeatedly emphasised. At the heart of both, participants argued, should be human dignity.

There was a strong concern that policy should not be driven simply by buildings, balance sheets or organisational boundaries. A technically compliant service does not necessarily ensure a good quality of life. People need safety and appropriate care, but also relationships, activity, autonomy, social contact and happiness. Similarly, supporting somebody in their own home is not necessarily successful if the result is isolation or if care visits are too short to allow them to participate in ordinary life.

Finally, participants wanted a long-term settlement rather than another series of short-term decisions. The discussion connected the future of individual West Northamptonshire services with much bigger questions about public and private provision, workforce exploitation and professionalisation, the integration of health and care, and the distribution of the cost of ageing and disability. Those are precisely the questions that make the local consultation part of a wider national debate about the future of social care.

**WEST NORTHANTS COUNCIL GROUP OF LABOUR COUNCILLORS**

**August 2026**


Sources for the introductory context

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West Northamptonshire Council, Help shape the future of adult social care services in West Northamptonshire (17 June 2026).

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