

## Health and Social Care Committee

### 9 September 2025 - The work of NHS England - Oral evidence

#### Witnesses:

- Sir Jim Mackey, Interim CEO at NHS England
- Glen Burley, Financial Reset Director and Accountability Director at NHS England
- Dr Claire Fuller, National Medical Director at NHS England

See the full transcript [here](#)

#### Introduction and Context

This evidence session of the Health and Social Care Committee explored the **state of adult social care, funding pressures, and workforce challenges**. Witnesses included representatives from local government, provider organisations, carers' groups and think tanks. The discussion highlighted how chronic underfunding, recruitment and retention problems, and the absence of a long-term settlement continue to undermine both the quality and sustainability of care. Members of the Committee repeatedly pressed witnesses on whether the Government's new initiatives — including the Independent Commission on Adult Social Care and fair pay agreements in the Employment Rights Bill — are sufficient to meet the scale of the challenge.

#### Workforce Pressures and Pay

A central theme was the **fragility of the care workforce**. Witnesses described vacancy rates in excess of 150,000 and turnover running at around 30%. One provider warned: *"We are losing staff not to the NHS, but to Aldi and Amazon, because they pay more and offer more predictable hours."* The lack of parity with the NHS, combined with poor sick pay, was cited as a direct threat to continuity of care.

Committee members asked about the impact of the proposed **fair pay agreement for adult social care**. Witnesses welcomed the principle but warned that without **central government funding**, it risks becoming "an unfunded mandate" that local authorities and providers cannot deliver. A local authority representative stressed: *"We cannot raise council tax indefinitely. If the Government is serious about fair pay, they must put serious resources behind it."*

#### Integration with the NHS and Local Government

The Committee pressed on the theme of **integration**. Witnesses called for stronger alignment between social care and the NHS, not just at discharge points but across prevention and workforce planning. A carer representative remarked: *"We still talk about integration as if it is new. We have been promised it for 20 years, yet social care remains the poor relation."*

The role of local authorities was repeatedly emphasised. Councils, already under financial stress, are struggling to meet statutory duties. One witness noted that nearly half of English

councils project deficits within two years. The funding formula was described as outdated, with wide regional inequalities: “In some counties, the system has already effectively collapsed.”

### Quality of Care and User Experience

MPs sought to ground the discussion in lived experience. Evidence from carers highlighted inconsistent standards, rushed domiciliary visits, and high staff turnover undermining relationships: “*My mother has had 40 different carers in the past year. That is not care — it is chaos.*” Witnesses stressed that **continuity of relationships** is critical, particularly for people with dementia or complex disabilities.

Several panellists argued for reframing social care not merely as a service of last resort, but as something that should enable independence, wellbeing, and citizenship. As one expert put it: “*Social care is not about surviving, it is about living.*”

### Funding and Long-Term Settlement

The funding crisis dominated much of the questioning. Witnesses agreed that social care has suffered from **stop-start funding** and short-term emergency grants, preventing long-term workforce planning. The Committee Chair asked whether the Independent Commission on Adult Social Care would resolve this. Witnesses welcomed the Commission but doubted whether its recommendations would be acted on, citing previous reviews gathering dust. One participant warned: “*We do not need another Dilnot; we need delivery.*”

There was broad agreement that **ring-fenced national funding** is required, potentially through a dedicated levy or a reallocation of health budgets. Without it, fair pay agreements and workforce reforms would remain aspirational.

### Innovation, Technology and Housing

Some optimism was expressed about technology, with examples of digital care planning, telehealth, and robotics easing pressure. However, witnesses cautioned that technology cannot replace human relationships. Housing was also highlighted as a “missing pillar” of reform. Many working-age disabled adults remain stuck in residential care or parental homes due to lack of supported housing. One witness stressed: “*If we do not fix housing, we will never fix social care.*”

### Implications for Social Care Representative Bodies

For organisations like yours, this session demonstrates how Parliament is increasingly receptive to messages about **pay, workforce stability, and funding certainty**. The evidence reinforced that provider bodies and local government cannot deliver reform alone — funding and policy



alignment from the centre are essential. The Committee's focus on user experience, prevention, and independence aligns with sector calls for a cultural shift in how social care is valued.

Representative bodies will want to track closely how the Committee's eventual report frames these arguments and whether it presses the Government to commit to **funded fair pay agreements, ring-fenced budgets, and integration mechanisms** that give providers genuine stability.

## **Conclusion**

The session highlighted the **systemic fragility** of adult social care: chronic workforce shortages, unsustainable local authority budgets, and the absence of a long-term settlement. Witnesses broadly welcomed reforms like the Commission and fair pay agreements, but stressed they will fail without proper funding. MPs were left in no doubt that urgent action is required, not more delay. The session reinforced that adult social care is not only about older people but also working-age adults, independence, and community life.