

Health Bill 2026-27 Public Bill Committee: Written Evidence

About Us

The Care and Support Alliance (CSA) is a coalition of more than 50 of England's leading charities campaigning for a properly funded adult social care system. Collectively, our members represent millions of older people, disabled people and unpaid carers who rely on social care and who deserve high-quality, dignified support.

For more information and a full list of members, visit www.careandsupportalliance.com.

Executive Summary

The Care and Support Alliance (CSA) welcomes the Government's ambition to improve population health, strengthen integration, shift care closer to home and reduce pressure on NHS services.

However, the Bill does not sufficiently recognise the central role of adult social care in achieving these objectives. While the legislation contains significant provisions relating to NHS structures, neighbourhood health services and information sharing, there is limited recognition of the adult social care system on which these reforms depend.

The Government's vision of prevention, community-based care and reduced hospital demand cannot be delivered without adequate social care capacity. Social care enables people to live independently, prevents deterioration in health, supports timely hospital discharge and reduces avoidable demand on NHS services. Yet the Bill contains few mechanisms to ensure that social care is treated as an equal partner within the reformed system.

The Committee should therefore consider amendments and assurances that:

- strengthen the representation of adult social care within system governance;
- embed social care within neighbourhood health service design and delivery;
- ensure that the Single Patient Record supports genuinely integrated health and care services;
- recognise and support unpaid carers;
- strengthen accountability for outcomes across both health and social care; and

- ensure that reforms are assessed against their impact on people who draw on care and support, not solely NHS performance metrics.

1. Adult Social Care is Fundamental to Delivering the Bill's Objectives

Adult social care is a critical component of the wider health and care system. It plays a fundamental role in supporting people to live independently, maintaining wellbeing and addressing the wider determinants of health, including housing, daily living needs and social connection. Good quality social care helps prevent avoidable deterioration in health, reduces pressure on NHS services, supports timely discharge from hospital when someone is medically fit, and helps prevent unnecessary admissions in the first place.

However, adult social care continues to face significant pressures, including:

- growing unmet and under-met need;
- workforce shortages and high vacancy rates;
- financial pressures on local authorities and providers;
- provider instability; and
- increasing demand associated with demographic change, disability and long-term health conditions.

The Government's decision to establish the Casey Commission reflects a recognition that the challenges facing the NHS cannot be addressed in isolation from adult social care. The Commission's remit explicitly links social care reform to the Government's wider health mission, including the shift towards prevention, community-based support and more integrated services. The Health and Social Care Committee has similarly argued that social care reform and NHS reform cannot be treated as separate processes.

The Committee should therefore consider whether the Bill adequately reflects the extent to which its objectives depend upon a sustainable and effective social care system, and whether sufficient attention has been given to the role of social care in delivering the Government's wider reform agenda. Without sufficient social care capacity, efforts to reduce hospital pressures, improve prevention and expand community-based services are unlikely to succeed.

2. Neighbourhood Health Services Must Be Built Around Genuine Health and Care Integration

The CSA strongly supports the development of neighbourhood-based services that provide joined-up support closer to home.

However, neighbourhood health services will only deliver improved outcomes if they are designed as integrated health and care services rather than NHS-led services operating in community settings.

Effective neighbourhood services require both integration between organisations and co-production with the people who use them. People's needs do not fit neatly within organisational boundaries, and services should reflect the realities of people's lives rather than the structures of the institutions that support them.

This requires collaboration between health, care and community partners, including:

- NHS services;
- local authority adult social care;
- independent and voluntary-sector care providers;
- housing services;
- disabled people's organisations;
- organisations representing older people; and
- unpaid carers.

People who draw on care and support should also help shape the design and delivery of neighbourhood services. They are not simply "patients", but individuals living independently in their communities whose experiences and priorities are essential to developing personalised, preventative and community-based support.

Social care providers and organisations representing people with lived experience bring expertise that is essential to delivering personalised, preventative and community-based support.

The Committee should consider whether the Bill provides sufficient assurance that social care will be involved in the governance, planning and delivery of neighbourhood health services from the outset, and whether neighbourhood services will be developed in genuine partnership with the people and communities they are intended to serve.

3. Integrated Care Boards Must Retain Strong Social Care Influence

Integrated Care Boards (ICBs) play a crucial role in shaping local priorities and resource allocation.

The CSA is concerned that reforms to NHS structures could unintentionally reduce the influence of local government and adult social care within integrated care arrangements.

Effective integration requires decisions to be informed by expertise from across the health and care system. This is particularly important if the Government wishes to achieve a sustained shift away from hospital-based care. The removal of Integrated Care Partnerships where most social care is located, and the fact that local authorities no longer have a statutory seat on the ICB Board is a concern.

The Committee should consider strengthening expectations regarding representation and engagement with:

- adult social care;
- local government;
- providers of care and support;
- disabled people and people drawing on care and support;
- unpaid carers; and
- voluntary and community sector organisations.

System governance should reflect the reality that successful integration depends on partnership, not NHS leadership alone.

4. The Single Patient Record Must Support Integrated Care and Protect Individual Rights

The CSA supports the principle of improving information sharing where it enhances care coordination and improves people's experience of services. Too often, older people, disabled people and unpaid carers are required to repeat the same information to multiple professionals across health and social care settings. Better information sharing has the potential to reduce unnecessary duplication, support more joined-up working, improve continuity of care and safety.

However, the success of the Single Patient Record will depend on whether it genuinely supports integrated care across health and social care, rather than simply extending NHS

information systems. Social care must be treated as an equal partner in the design, implementation and governance of information-sharing arrangements.

The Committee should seek assurance that:

- social care providers can participate effectively in the design of information-sharing systems from the outset;
- there is a timetable for the inclusion of social care data and systems within the Single Patient Record;
- information sharing is proportionate, transparent and underpinned by robust legal safeguards;
- people drawing on care and support can understand and exercise their rights in relation to their personal information;
- systems are accessible and inclusive, including for people who are digitally excluded;
- unpaid carers can access appropriate information to support their caring role, while maintaining individuals' privacy and autonomy; and
- data governance arrangements reflect the interests of people receiving care and support, as well as NHS organisations.

The Committee should also probe the Government's planned timescales for social care integration. Current policy documents indicate that social care will be incorporated over time, but no timeframe has been given about when this will happen and how parity between health and social care will be achieved in practice.

In addition, safeguards will be needed to ensure that the move towards digital access does not disadvantage older people, disabled people and others who may face barriers to using digital services. Strong data security and clear accountability arrangements will be essential to maintaining public trust while enabling appropriate information sharing between professionals and carers.

5. Unpaid Carers Must Be Recognised Within the Reformed System

Millions of unpaid carers provide support that enables people to live independently and sustains both health and social care services.

Without unpaid carers, demand on formal services would be significantly greater.

Despite this, the Bill contains limited recognition of carers' contribution or of the support they require to continue caring safely and sustainably.

The Committee should consider opportunities to strengthen expectations on NHS bodies to:

- identify unpaid carers;
- involve carers appropriately in care planning and decision-making;
- share information appropriately with carers where consent is given;
- support carers' own health and wellbeing;
- provide information and advice to care safely and well; and
- recognise the right to a break from caring.

Integration should improve outcomes for carers rather than increase reliance upon them as a substitute for adequately funded services.

6. Safeguard the Voices of People Who Draw Upon Care and Support

The CSA is concerned that the abolition of Healthwatch could weaken the independent voice of people who use health and social care services. Healthwatch has provided a trusted, community-rooted mechanism for gathering and amplifying people's experiences across both health and social care. Local Healthwatch organisations, rooted in their communities, were often able to identify issues that mattered to local people but were not necessarily priorities for ICBs or local authorities. They also played an important role in bringing together insight across both health and social care, reflecting how people actually experience services.

The proposed changes risk:

- **Loss of independent scrutiny**, with health bodies and local authorities effectively "marking their own homework" by assessing feedback on services they commission or provide themselves.
- **Loss of a trusted route for raising concerns**, particularly for people who may feel uncomfortable challenging organisations on which they depend for support.
- **A weaker voice for adult social care**, with insight becoming more focused on NHS priorities rather than the wider experiences and priorities of people who draw on care and support and unpaid carers.

- **Fragmentation of knowledge and learning**, with feedback flowing separately to ICBs and local authorities, rather than providing a joined-up picture across people's experiences of health and social care.

People who draw on adult social care are not simply "patients". They are disabled people, older people and others living independently in their communities. The insight, advocacy and scrutiny that informs service improvement therefore needs to be broader than a patient voice and rooted in community experience and independent living.

The Committee should seek assurances that the abolition of Healthwatch will not weaken independent, community-based advocacy and insight across both health and adult social care, and that any replacement arrangements retain a clear role in representing the experiences of older people and disabled people who draw on care and support, as well as unpaid carers.

7. Success Should Be Measured Through Outcomes for People, Not Institutions

The success of these reforms should be judged by whether people's lives improve, rather than solely by organisational performance measures.

While NHS productivity and performance are important, they do not provide a complete picture of whether integration is working.

The Committee should encourage accountability arrangements that consider outcomes across both health and social care, including:

- independence and wellbeing;
- quality of life;
- access to timely care and support;
- prevention of avoidable hospital admissions;
- timely and safe hospital discharge;
- support for unpaid carers;
- reduced unmet need; and
- people's experience of joined-up care.

A genuinely integrated system should be assessed against outcomes that matter to people, not only outcomes that matter to institutions.

Conclusion

The CSA supports the Government's ambition to improve integration, strengthen prevention and deliver more care closer to home.

However, there is a significant risk that the Bill treats social care as peripheral to reforms. The NHS and social care systems are interdependent. Delayed discharge, avoidable hospital admissions, pressure on emergency services and the effectiveness of community-based care are all shaped by the capacity and quality of social care provision. This interdependence is further reinforced by the importance of independent community-based insight and advocacy, such as that previously provided through Healthwatch, which captured people's experiences across both health and social care systems.

If Parliament wishes to realise the Bill's ambitions, adult social care must be recognised as an equal partner within the health and care system. This includes ensuring that the voices of people who draw on care and support, and unpaid carers, continue to be heard through independent, trusted and community-rooted mechanisms.

The Committee should therefore consider amendments and assurances that:

1. Strengthen adult social care representation within governance and decision-making structures.
2. Embed social care within the design and delivery of neighbourhood health services.
3. Ensure the Single Patient Record supports genuine health and care integration while protecting individual rights.
4. Improve recognition and support for unpaid carers.
5. Introduce stronger accountability for outcomes across both health and social care.
6. Ensure the success of reform is measured through improvements in people's lives as well as NHS performance.

Annex: Why Social Care Matters to the Success of this Bill

The Government has set out ambitions to improve patient experience, shift care closer to home, reduce avoidable hospital admissions and support people to live independently in their communities. These ambitions cannot be realised without a sustainable adult social care system.

The following evidence illustrates why social care must be recognised as an equal partner in the reforms proposed by this Bill.

1. Many older and disabled people are not receiving the support they need

There is substantial unmet and under-met need for adult social care. People who cannot access timely support are more likely to experience deteriorating health, loss of independence and avoidable crises that increase demand on NHS services.

Without sufficient social care capacity, efforts to prevent ill health and support people at home will be undermined.

2. Delays in arranging social care contribute to pressure on hospitals

Thousands of people each month remain in hospital despite being medically fit to leave because the care and support needed in the community is unavailable or delayed.

This has consequences across the NHS, including:

- reduced availability of hospital beds;
- longer waits in emergency departments;
- cancelled procedures; and
- poorer outcomes for patients who remain in hospital unnecessarily.

Effective discharge arrangements depend on the availability of high-quality social care.

3. The social care workforce faces significant challenges

Adult social care relies on a large workforce delivering support in people's homes, supported living settings and residential care.

However, the sector continues to experience:

- high vacancy rates;

- difficulties recruiting and retaining staff;
- turnover driven by low pay and limited career progression; and
- increasing complexity of need among those receiving support.

Without addressing workforce pressures, ambitions to expand neighbourhood and community-based care may prove difficult to achieve.

4. Unpaid carers underpin the health and care system

Millions of family members and friends provide unpaid care to loved ones.

Unpaid carers:

- help people remain independent;
- prevent escalation of need;
- reduce demand on formal services; and
- support hospital discharge and recovery.

Yet many carers report insufficient support, financial strain and negative impacts on their own health and wellbeing.

Integrated care should recognise carers as partners in care and ensure they are identified and supported appropriately.

5. Social care improves health outcomes and independence

Adult social care is not simply an adjunct to healthcare.

Good social care:

- enables people to live independently;
- supports participation in community life;
- promotes dignity and choice;
- prevents deterioration;
- facilitates rehabilitation and recovery; and
- helps people manage long-term conditions.

Success should therefore be measured not only through NHS activity indicators but through outcomes that matter to people who draw on care and support.

6. Neighbourhood health services require strong social care partnerships

The Bill envisages care being delivered increasingly within communities.

For this approach to succeed, neighbourhood services must be developed jointly with:

- local authorities;
- adult social care providers;
- disabled people's organisations;
- organisations representing older people;
- voluntary and community organisations; and
- unpaid carers.

A neighbourhood model led primarily through NHS structures risks overlooking the wider determinants of health and the practical support people need to remain independent.