Spring Survey 2023

Charity reg. 299 154

1 FOREWORD AND INTRODUCTION

As we set out in *Time to act: A roadmap for reforming care and support in England* earlier this year, care and support for those of us who are older or disabled, who care or work in care, can be brilliant, but it's stretched ever more thinly. Adult social care transforms lives, provides care, support and safeguards that enable us to lead to the lives we want to lead. But it's been underfunded and under-recognised for decades and is overstretched.

In last year's survey we said that adult social care is far from fixed, and that Directors had never been more concerned about the winter ahead. Sadly, these concerns became the reality. This report paints a picture that demonstrates challenges and that some short-term funding has made a positive difference. We know too that there are some key opportunities. There remains however, an ongoing slow slide into an increasingly unsustainable situation for adult social care, despite councils, providers and their staff making every effort to turn the tide.

This slide into unsustainability is characterised by increased needs arising from mental ill health, domestic abuse in relation to people needing care and support, people waiting for NHS treatment, carers becoming exhausted, more need in prisons and from people sleeping rough. This is together with an unstable financial position for adult social care, with an increasing proportion of Directors reporting overspends and funding gaps being filled using one-off council reserves. The investment of more short-term resources from government has made a difference. More hours of home care have been delivered and fewer people are waiting for assessments (though of those waiting, more are waiting more than six months), for care or direct payments or for reviews. But those hours of care at home have been allocated to fewer people because there is more intensity and complexity of needs.

Government is also focussed on discharge from hospital more than supporting our wellbeing and health at home via social care, primary, community and mental health services. The NHS is also funding fewer people with Continuing Health Care, despite an ageing population and more people with disabilities living for longer. And, of course, with everything costing more, so much of that investment has had to be used to offset the impact of inflation and demography.

We are stuck in a vicious cycle where too many people are waiting for health and social care, meaning that in many cases their health and wellbeing is deteriorating and their needs are increasing. The focus on discharge from hospital, rather than on **both** discharge and crisis resolution and supporting people at home so they don't get acutely ill or need residential care, means that resources are not being channelled into the right place to make a real difference to people's lives. To make a difference we need the right kinds of support for people at home and in their communities: more social care, more 'prevention', accompanied by investment in community, primary and social care.

Directors have told us that in many cases those of us that are unpaid carers are left to pick up the pieces, which has resulted negatively on their health and wellbeing. Consequently, an increased proportion of carers are coming forward with higher levels of need to councils than in the past, in a large part because of burnout. This is not a situation that can continue.

It makes no sense for carers to give up work for want of care when the economy needs workers. It makes no sense for them to sacrifice their own health and eventually cost the NHS more. We know that international recruitment is starting to make a difference in some areas but that is not a long-term solution. We need investment in the pay and conditions of care workers so we can grow and develop our own workforce.

Much of what needs to bring about positive change is an open secret, with the Government's own Adult Social Care White Paper touching on the many elements required for change. There is consensus about the kind of care and support system we need. A fair system that enables everyone to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing what matters to us. But what we have not had is the collective and political will to make it happen.

There are some green shoots of hope. Directors know where investment would have the biggest impact on enabling people to live healthier, more independent and connected lives. Positive action is being taken by Directors and their teams within the challenging context that we've set out above. There has been a slight increase in the proportion of adult social care budgets that is being invested in preventative approaches, including those centred around digital, housing and the Voluntary and Community, Faith and Social Enterprise sector.

Adult social care is an opportunity, not a problem. After all it employs over 1.5 million people in England (more than the NHS) and contributes £51.5 billion to the economy in England.[1]

Now is the time for action. We have a Spending Review and General Election on the horizon, every political party should take the opportunity to put adult social care at the forefront of their agendas. We've provided a clear plan for change in 'Time to Act'.[2] We don't expect this or the next Government to wave a magic wand, but we do need the political will to invest in a long-term plan to ensure good care is available to everyone, everywhere.

We would like to thank ADASS members for taking the time to complete this survey, Mike Chard in the ADASS team for setting it up, undertaking the analysis and drafting the report, Tom Noon and Julian Beach of Cordis Bright for their help with the report, including the visualisation of results, and all of the ADASS staff team and Trustees for their input and advice in shaping the messages that arise from their experiences locally, regionally and nationally.

Beverley Tarka ADASS President	**Cathie Williams** ADASS Joint Chief Executive	**Sheila Norris** ADASS Joint Chief Executive

[1] The state of the adult social care sector and workforce in England, Skills for Care, October 2022

[2] Time to act A roadmap for reforming care and support in England, Association of Directors of Adult Social Services, April 2023

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KEY MESSAGES

The number of people approaching or being referred to adult social care with mental health issues, safeguarding needs from domestic abuse and in relation to rough sleeping has increased in the majority of council areas over the past 12 months. 81% of Directors reported an increase in the number of people presenting need or being referred to adult social care service with needs associated with mental ill health, 64% in domestic abuse of people with care and support needs and 51% in rough sleeping. There are also additional needs from people in prisons.

Unpaid carers are being left to pick up the pieces of shortages in health and social care support to the detriment of their own health and wellbeing. 91% of Directors strongly agree or agree that unpaid carers are coming forward with an increased level of need in their local area over the past 12 months, with Directors ranking burnout as the number one reason that has contributed to an increase in carer breakdown over the past year.

Care markets are still unstable with more people being impacted by provider closure or contract hand backs. In the past six months 66% of Directors reported that providers in their area had closed, ceased trading or handed back council contracts, with over 8,000 people affected in those council areas.

Directors are becoming less confident that their budgets are sufficient to meet all of their legal duties for adult social care. Over three-quarters (76%) of Directors are concerned that they won't be able to fully meet their duties around market sustainability- the availability of the right care, in the right place at the right time- in 2024/25.

NHS pressures and the national focus on hospital discharge are leading to additional strain on adult social care, which is already severely stretched. Three quarters of councils say the size of care packages for people being discharged from hospital – the number of hours and numbers of care workers they need - has increased. In addition, over half say they've seen an increase in the number of people needing adult social care due to delays in hospital admissions or not being admitted at all. 81% of Directors either strongly agreed or agreed that increased NHS pressures will lead to adult social care taking responsibility for services which previously the NHS would have arranged or delivered**.** If resources are focussed on discharge, then there is less to support people's wellbeing at home.

There has been a continued increase in the number of home care hours delivered, but significantly more were needed. Over half a million hours of homecare were unable to be delivered across England due to lack of social care staff. This is equivalent to around £14.7 million worth of care that could have helped people stay independent at home, supporting carers and providing jobs.

Fewer people are now waiting for an assessment of their needs, care and support or a direct payment to begin, or for a review of their care plan than in August 2022. However, this number is still extremely high with 434,243 people waiting in some shape or form and of those people waiting, those waiting for more than six months has increased. Some of these people will inevitably deteriorate whilst waiting, either becoming ill and needing hospital or relying on unpaid carers.

Directors are investing a little more in prevention. The proportion of adult social care net budgets being invested in prevention is 8.2% (£1.5bn) in 2023/24, this is an increase from 7.9% in 2022/23. However, 52% of Directors are less than confident that their budgets will be sufficient to meet their statutory duties relating to prevention and wellbeing in 2023/24, a concerning increase from 40% in 2022/23.

Directors have had to identify an increased level of savings from their adult social care budgets for 2023/24. For the current financial year Directors have planned to deliver £806m in savings to their budgets, up from £597m in 2022/23. Only 17% of Directors are fully confident in delivering their planned savings for 2023/24.

More councils overspent on their adult social care budget last year and there has been an increase in those relying on reserves to fund these pressures. Nearly two-thirds (63%) of councils in England overspent on their adult social care budgets in 2022/23, with 72% of those councils using one-off reserves to fund the gap.

2 METHODOLOGY

The ADASS Spring Survey is an annual survey conducted by the Association of Directors of Adult Social Services (ADASS) and is sent to every Director of Adult Social Services (referred to as Directors in this report) in the 153 English councils with social care responsibilities. These Directors are all full members of ADASS.

The survey is conducted around the same period each year to enable comparability. Where possible the core survey questions have remained consistent to track trends over time, specifically focusing on budgets, levels of savings and where they have been made, demographic pressures and Director confidence in delivering on their statutory (legal) duties.

Additional questions have been included to further strengthen our understanding of the financial position of, and other challenges facing adult social care. A number of specific topical questions are asked in each survey to reflect issues at that time.

There were 143 completed returns to this survey, a 94% response rate. The survey was distributed via an online link and remained open between 19 April and 31 May 2023. To ensure that results are comparable from year to year for the financial data contained within this report, we take the figure from the number of responses that we have received and extrapolate then to represent pressures on 153 councils. Where this is not the case, we have made it explicit in the report.

The survey report is anonymised and aggregated to a national level. No individual council data is shared with third parties unless this was agreed prior to the survey, and we have received consent from each individual council. The data and details in the report remain the property of ADASS.

3 FINANCIAL CONTEXT

This section covers the resources that are available for councils' funding of adult social care:

- Council and Adult Social Care Budgets (and over/underspends)
- Council Tax and Adult Social Care Precept
- Social Care Grant

The cost of funding adult social care services rises year on year and in the last year has, like the rest of the wider economy, experienced inflation at a rate that has been above 9% for most of the past year, with this only falling to 8.7% in April 2023.[3]

Some of the impact of these costs pressures for adult social care has been offset by council's use of underspends from other departments, and an increasing number of councils relying upon their reserves to balance social care budgets. This is not a sustainable approach for the longer term. Although there is now greater clarity over levels of central government funding for the next two financial years, it is painfully clear that adult social care is a very long way from being 'fixed'.

The utilisation of Council Tax and Adult Social Care Precept flexibilities to increase council resources are local political decisions and must balance the need for additional resources to deliver a legally required balanced budget against the economic circumstances facing local people. For 2023/24 the ongoing impact of high levels of inflation on the cost-of-living together with council tax arrears is likely to have been a particular consideration for local councillors.

Where financial figures are presented below, they will be extrapolated to a figure for 153 councils from the number of responses received for comparative purposes, unless it is stated otherwise.

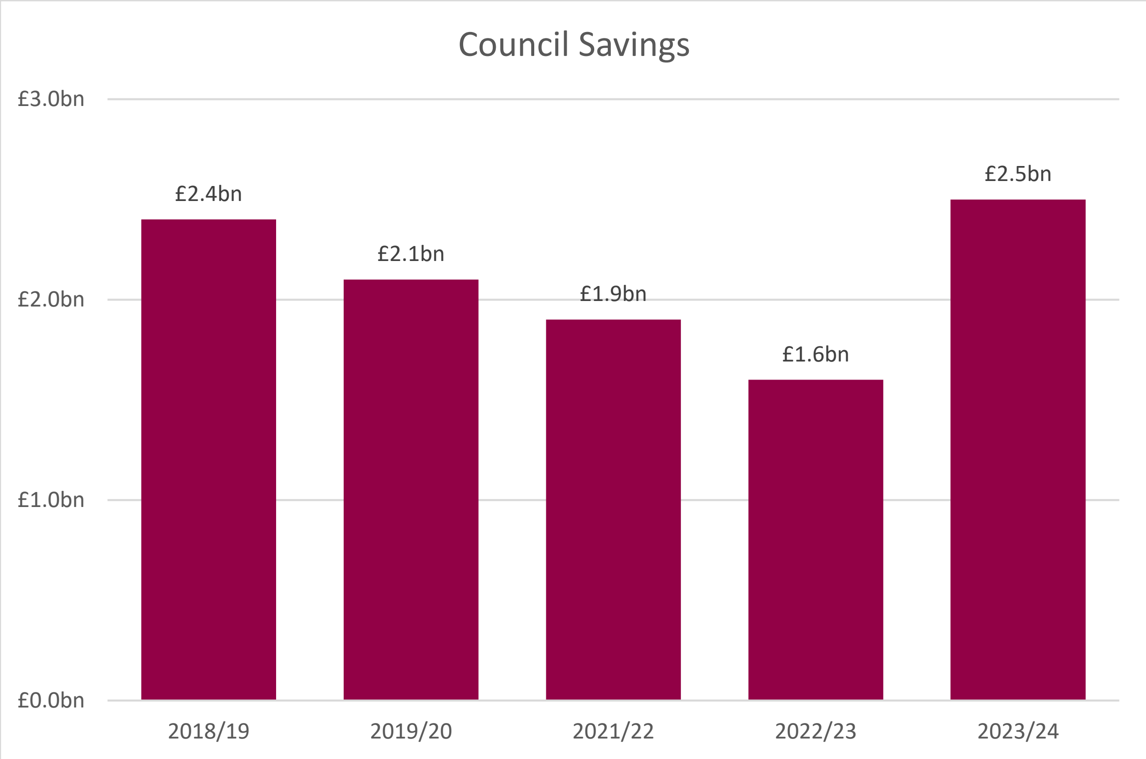
3.1 COUNCIL BUDGETS

Councils have a broad range of responsibilities in supporting people's lives and wellbeing, as well as commissioning, delivering and co-ordinating services locally. To balance income and expenditure in the face of challenging Local Government Finance Settlements, councils must make annual savings to deliver a legally required balanced budget year on year.

The expected council total net budget 2023/24 (excluding schools) is **£51bn**. Councils have also planned to make £2.5bn of savings in 2023/24 in order to deliver a balanced budget.

[3] Consumer price inflation, UK: April 2023, Office for National Statistics, 24 May 2023

Figure 1 - Council Savings 2018-19 to 2023/24. Totals are extrapolated up to 151 councils in 2018/19 and 2019/20, totals for 152 councils in 2021/22 and 2022/23 and 153 councils for 2023/24



Over the last two years Government made several short-term grants to councils in response to the onset of Covid-19, including in relation to infection control, testing, hospital discharge and winter workforce. These have influenced the overall position of council (and Adult Social Care) budgets and reserves. Inflation and the upward pressure that this has put on the cost of living have led to an increase in cost for councils and adult social care more recently. The general understanding is that these will have a significant impact for some time, making savings to budgets for the current financial year more challenging to achieve.

3.2 ADULT SOCIAL CARE BUDGETS

Each year, Directors of Adult Social Services must make critical decisions about their budgets which attempt to balance the following key pressures:

- The numbers of people who get care and support (and those who don't)
- The levels and types of support that individuals get
- The price that is paid to providers
- The quality of provision
- The legal requirement that they balance their budgets.

Budgeted spend by councils on adult social care rose from £17.7 billion in 2022/23 (adjusted from ADASS Spring 2022 report based on returns to this survey) to £18.9 billion in 2023/24. The proportion of councils' overall budgets being spent on adult social care has decreased from 37.2% in 2022/23 to 36.7% in 2023/24. The average proportion spent by councils in the last five years has been 37.1%.

Figure 2 - Adult Social Care (ASC) Net Budgets 2019/20 to 2023/24

	2019/20	2020/21	2021/22	2022/23	2023/24
ASC net budget	£15.1bn	£15.6bn	£16.5bn	£17.7bn	£18.9bn
ASC actual	£15.3bn	£15.6bn	£16.4bn	£17.8bn	
Outturn for the year	**- £197mn**	**+61.1mn**	**-£103.1mn**	**+£73.7mn**	
ASC net budget as % of whole council net budget	37.4%	37.4%	36.9%	37.2%	36.7%

3.2.1 Overspends/Underspends

Just under two-thirds (63%) of councils in England overspent on their adult social care budgets in 2022/23, with the overspend totalling £73.66mn nationally. These figures oversimplify what is a complex national picture, with 34% of councils that reported an outturn position for 2022/23 indicating that they underspent on their budgets. The remaining 3% of councils reported a breakeven position in the last financial year.

A range of reasons were given by Directors as to why their budgets were underspent in 2022/23, these included the provision of one-off/time-limited Government grants (74%) and increased levels of efficiency (46%). Corporate in-year savings requirements (28%) were ranked the third highest. 23% of those that responded to this question reported that they underspent due to the earlier than expected delivery of savings. Just over one-fifth Directors (21%) indicated that delays in major projects starting led to them reporting an underspend for 2022/23.

Of those councils that indicated that they overspent on their adult social care budget in 2022/2023, Figure 3 below sets out how sources of funding have been used by their councils to address their overspends. Concerningly there has been a significant increase in the proportion of councils using reserves from 37% in 2021/22 to 72% in 2022/23.

Utilisation of underspends from other council departments has decreased slightly from 60% of respondents in 2021/22 to 51% in 2022/23.

Figure 3 - Planned sources of funding to cover overspends on adult social care (90 responses)

Response (respondents were able to select more than one)	2017/18	2018/19	2020/21	2021/22	2022/23
From council reserves (which do not have to be paid back)	1%	4%	34%	37%	**72%**
From under spending in previous financial year by other council departments (which does not have to be paid back)	41%	51%	30%	60%	**51%**
Use of Government Grants e.g discharge funding (in 2020/21 & 2021/22 this option was Covid-19 funding)	N/A	N/A	75%	46%	**16%**

Response (respondents were able to select more than one)	2017/18	2018/19	2020/21	2021/22	2022/23
Other one-off sources of funding	8%	25%	16%	8%	**14%**
Using a proportion of iBCF allocation	27%	27%	4%	10%	**6%**
By requiring adult social care to pay back by making additional savings in the following financial year	50%	43%	1%	0%	**3%**

For the current financial year, 2023/24, 29% of councils said that they would be using non-recurrent funding, for example council reserves, to fund their adult social care base budgets. This is an increase from 15% in 2022/23. The use of reserves is one-off and an unsustainable way to fund budget pressures going forward. The remainder, 71% are not using non-recurrent funds.

3.2.2 Council Tax

As this report highlights, adult social care continues to be faced with challenging budgetary issues. One means of increasing the budget available to councils is by raising Council Tax and the Adult Social Care Precept.

Our survey asked how much councils were planning to increase Council Tax for 2023/24 (excluding the Adult Social Care Precept). 71% of councils settled on or about the maximum level of increase which does not require a referendum, with only 5% of councils reporting no increase at all.

Figure 4 - Level of Council Tax increase and percentage of councils applying it

Percentage of councils	Level of council tax increase
40%	3%
31%	2.99%
10%	2%
13%	Average 1.48%
1%	1%
5%	0%

3.3 ADULT SOCIAL CARE PRECEPT

Directors were asked the level at which their council levied the adult social care precept for 2023/24. 94% of councils chose to charge the maximum amount before a referendum is required with only 1% of councils not charging the precept at all.

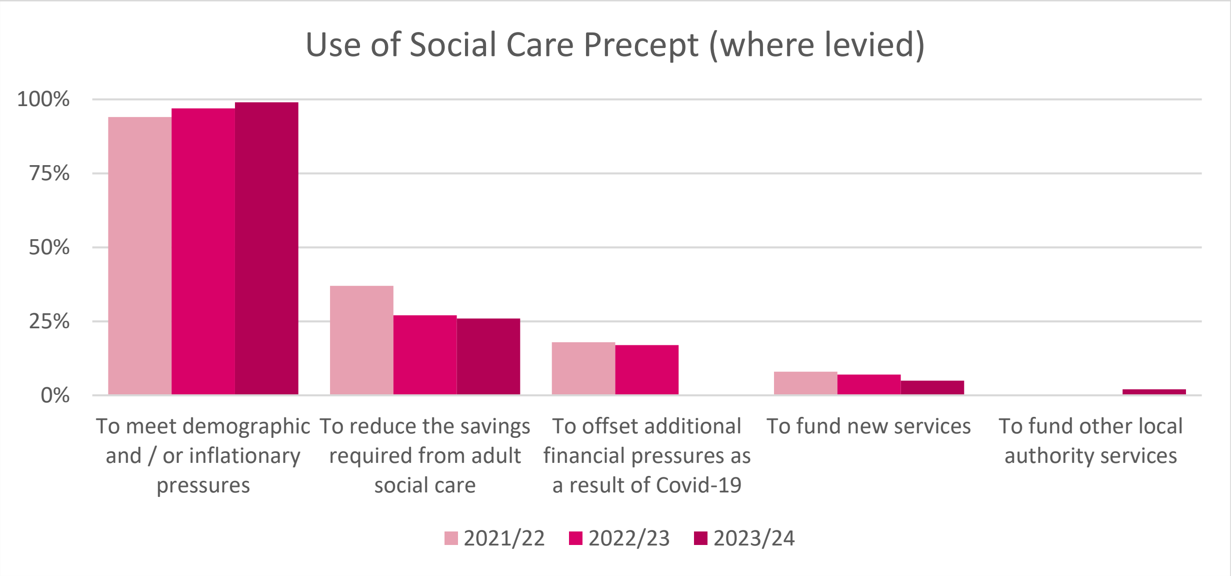
Figure 5- Adult Social Care Precept 2023/24

Percentage of councils	Level of Precept Increase
94%	Referendum Limit (2%)
1%	1.5%
4%	1%
1%	Not levied

3.3.1 Using the Adult Social Care Precept

Of those councils that took the decision to use the precept in 2023/24, 99% plan to use the funding raised to meet demographic or inflationary pressures (Figure 6), up from 97% in 2022/23. The proportion planning to use the precept to reduce savings required from adult social care reduced marginally from to 27% in 2022/23 to 26% in 2023/24. Because of cost pressures and savings, very little of the funding raised by the precept is able to fund new services.

Figure 6- Use of social care precent on Council Tax, where levied. 137 responses, Directors could choose all that applied.



3.4 SOCIAL CARE GRANT

The local government finance settlement for 2023/24 included the continuation of the Social Care Grant, which now totals £3.852 billion, an increase of £1.345bn from 2022/23. The grant can be used for either children's or adult social care, the proportion allocated to each service area is determined by each council and is made by locally elected councillors.

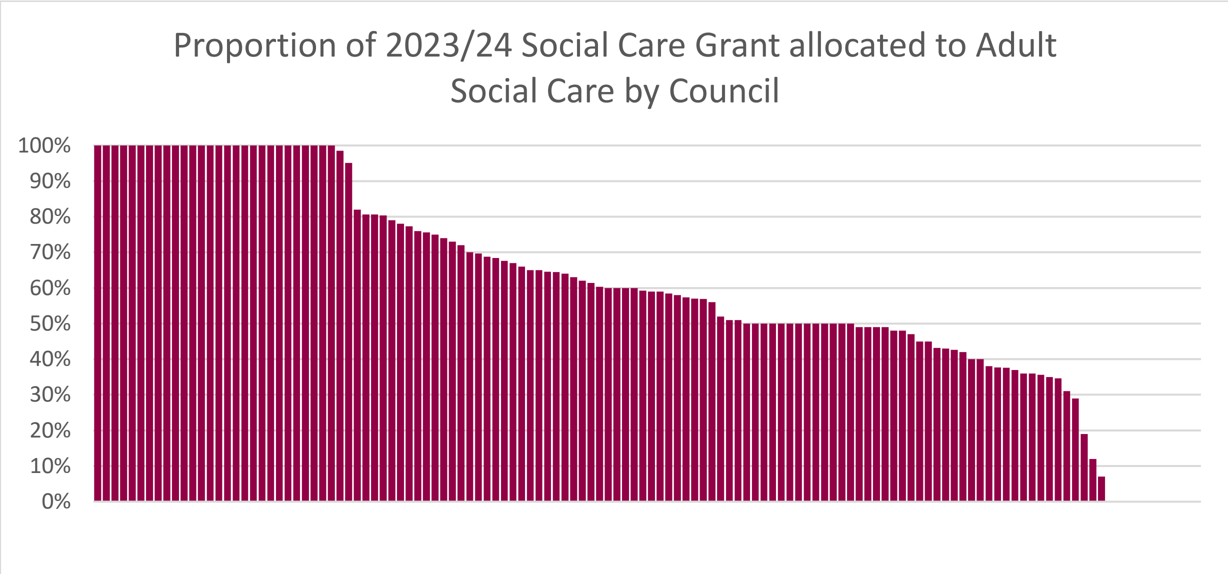
This year the proportion allocated to adult social care was 61%, an increase of 2% on the previous survey result.

Figure 7 - Social Care Grant Allocation

	2022/23	2023/24
Social Care Grant Total	£2.51bn	£3.85bn
Percent allocated to adult social care	59%	61%
Percent allocated to children's social care	41%	39%

It's important to note that the proportion allocated to adult social care varies greatly from council to council from 100% of the grant, to 0%.

Figure 8 - Chart showing proportion of 2023/24 Social Care Grant to adult social care by council



4 AN INCREASINGLY UNSTABLE OUTLOOK FOR ADULT SOCIAL CARE

The ability to meet older, carers and disabled people's needs in such a way as to support them to live the lives they want to lead has, over the years, become increasingly difficult. Adult social care was already in an incredibly fragile state, but EU exit, the pandemic, and growing economic turbulence has rapidly deepened the challenges. Rising unit costs of care packages has further reduced Directors' confidence in being able to achieve planned savings and meet statutory responsibilities, particularly in relation to market sustainability and prevention.

This section covers:

- Adult Social Care Budgets & Savings
- Cost Pressures
- Origins of financial pressures
- Demographic pressures
- National Living Wage pressures
- Ability to meet statutory duties

Directors have historically relied on making savings to help to balance adult social care budgets given that the number of people who are ageing or living with disabilities for longer is increasing. The NHS is increasingly relying on adult social care to meet needs it would once have met and in particular to accelerate discharge from hospital and free up resources within the service.

This approach would always be difficult but is compounded by stubbornly high inflation which has led to a cost-of-living crisis for many lower paid workers and people who access care and support, growing levels of complexity of need (often linked to the consequences of the pandemic) and a justifiably significant increase to National Living Wage which is welcomed by Directors as absolutely necessary.

This level of the challenge is demonstrated by the fact that only a quarter of Directors are confident that planned savings will be fully delivered in 2023/24. This is despite the fact Directors and their teams are utilising a range of approaches to deliver savings including developing asset-based approaches and delivering services more efficiently.

Given the points set out above, it should come as no surprise that Directors are increasingly pessimistic about their ability to meet their legal duties within their budgets in the current and following year.

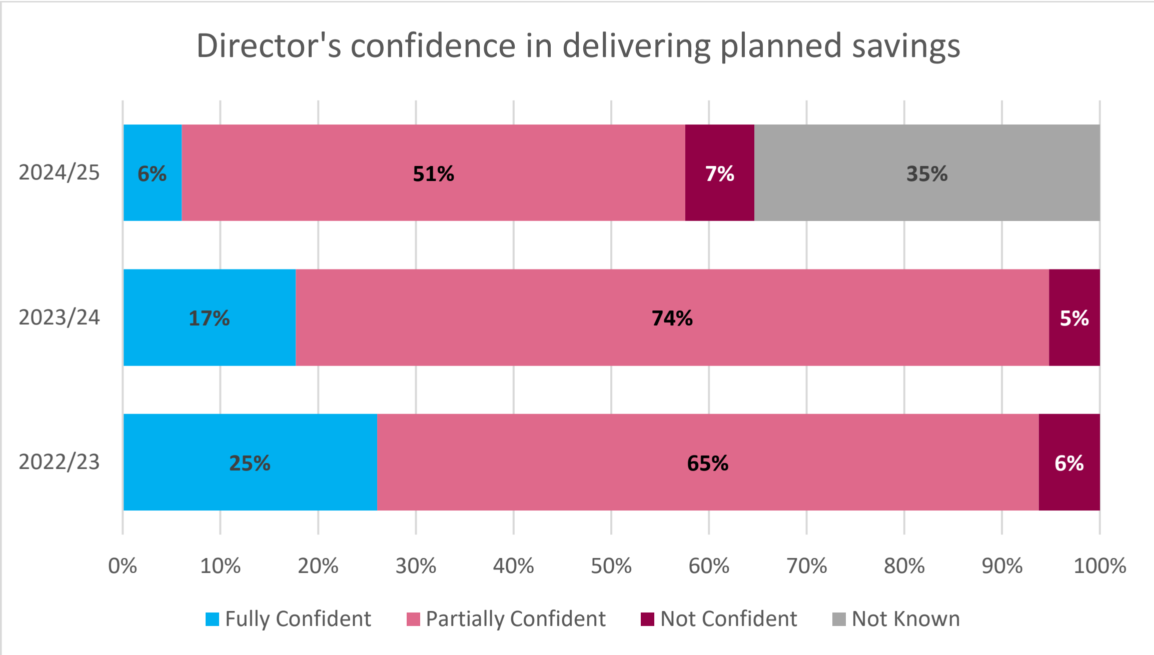
4.1 BUDGETS AND SAVINGS

4.1.1 Adult Social Care

Directors of Adult Social Services are reporting that for the current financial year (2023/24) they have planned to deliver £806m in savings to their budgets, equating to around 4% of net adult social care budgets.[4] By comparison, in 2022/23 the planned savings were £597m, or 3.5% of net adult social care budgets. In the past four years Directors have reported cumulative savings of £2.6bn to adult social care budgets; over the previous decade this figure was £7.7bn.

Directors were asked about their confidence levels in delivering their planned savings in 2023/24 and 2024/25. Only a quarter are fully confident they can make these savings.

Figure 9 - Directors' Confidence in delivering planned savings



4.1.2 Areas where savings are planned

Directors were asked how they would make savings in 2023/24. Overall, the priorities highlighted in Figure 10 suggest that councils are trying to manage the financial challenges by working more efficiently, with 31% of Directors reporting that this is the case, up from 24% in 2022/23.

There is a continued shift towards the use of asset-based approaches (working with older and disabled people to identify their strengths, networks and communities that could support them), with Directors indicating that this is second in approaches take by councils to deliver savings in 2023/24 with 29% of respondents saying they are using this approach - though down marginally from 31% the previous year.

4 Figure extrapolated from responses up to 153 councils for comparative purposes.

Figure 10 - Breakdown of planned savings 2021/22- 2023/24- (% figures calculated from answers to this question and not total planned savings figure set out above)

Response	Savings 2021/22	Savings 2022/23	Savings 2023/24
Efficiency - doing more for less	40%	24%	**31%**
Developing asset-based and self-help approaches so as to reduce the numbers of people receiving long-term care	34%	31%	**29%**
Other	13%	15%	**28%**
Reducing services/personal budgets	8%	17%	**6%**
Income from charges increased above inflation	4%	7%	**4%**
Provider fees increased by less than inflation	1%	5%	**3%**
Pay increased by less than inflation	0%	0%	**0%**

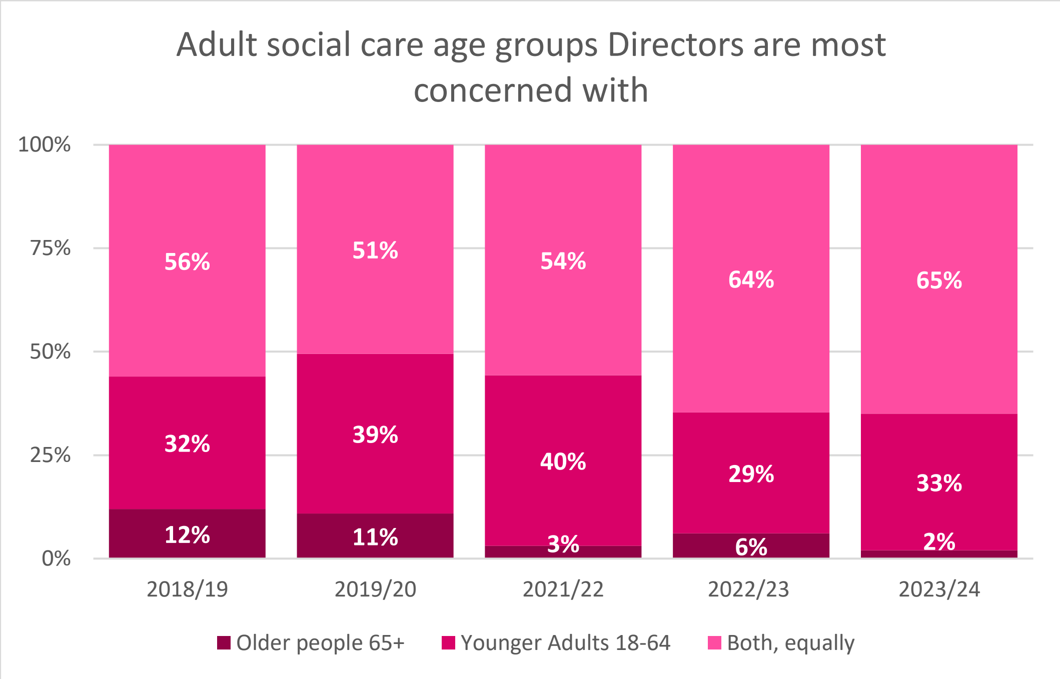
These approaches have risks as well as benefits. Asset based and self-help approaches, for instance, can result in carers being overwhelmed, or neighbours and friends feeling over obligated. There is a fine line between 'independence' and 'abandonment'. Reducing prices paid to providers, part of being 'efficient' over the years, has led to low staff pay and market instability.

4.2 COST PRESSURES

4.2.1 Pressures associated with adult social care budgets

Directors are concerned about budget pressures in adult social care for both older people and younger adults, who access state-funded care and support. Just under two-thirds of Directors (65%) reported that this is their main area of concern in 2023/24, a marginal increase on 64% of Directors in 2022/23. There has also been a slight increase in the number of Directors reporting concern in relation to people aged 18-64 from 29% in 2022/23 to 33% in 2023/24.

Figure 11 - Proportion of councils identifying older people, younger adults 18-64 or both as the greatest areas of concern in terms of budgetary pressure (This question was not asked in 2020/21 due to the need to focus on Covid-19 related questions)



4.3 ORIGINS OF FINANCIAL PRESSURES

Directors have ranked the unit cost of care packages to support people with increasing complexity of care needs as the main area of concern in terms of financial pressures for the past three years. The unit cost of care relating to staffing costs driven by the National Minimum Wage / National Living Wage was ranked 3rd, down from 2nd in 2022. The unit price of care increasing for other reasons has jumped from 4th in 2022 to 2nd in 2022. This is likely to reflect the impact of wider inflationary pressures, including transport costs, on care providers, impacting on the cost of delivering care packages.

Figure 12 - Ranking of the financial pressures on adult social care budgets- Ranking an item 1 indicates the area of greatest concern. No two items could be given the same ranking.

	Ranking 2021	Ranking 2022	Ranking 2023
Unit price for care packages to support people with increasing complexity of care needs	1	1 (=)	**1 (=)**
Unit price of care increasing for other reasons	7	4 (↑)	**2 (↑)**
Unit price of care relating to staffing costs (NMW/NLW)	4	2 (↑)	**3 (↓)**
Demographic Pressures	2	5 (↓)	**4 (↑)**
Reducing capacity in the market driving up costs	6	3 (↑)	**5 (↓)**

	Ranking 2021	Ranking 2022	Ranking 2023
Reduced occupancy/client levels driving up costs	5	7 (↓)	**6 (↑)**
Covid-19 related pressures	3	6 (↓)	**N/A**

4.4 DEMOGRAPHIC PRESSURES

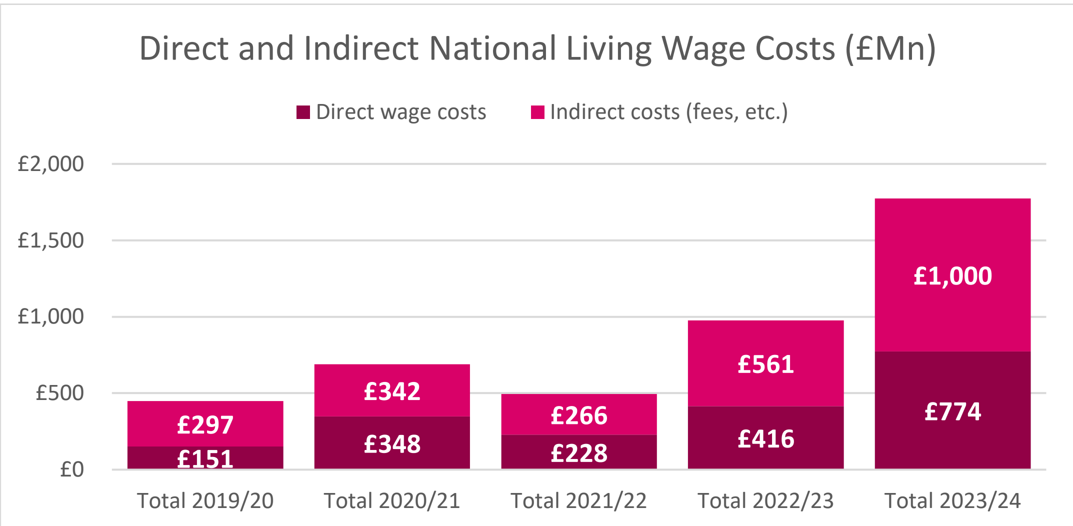
In cash terms, £692m of additional funding is required in 2023/24 to meet the same level as need as the previous financial year, up marginally from £686m in 2022/23.[5] Demographic cost pressures from increasing numbers of older and disabled people needing care equate to 3.7% of adult social care budgets in 2023/24. A majority (91%) of demographic pressures will be funded in 2023/24, this compares to 92% in 2022/23.

Over half (53%) of the demographic pressure on adult social care budgets relate to people aged 18-64 in 2023/24, compared to 55% in 2022/23. Older adults account for 47% in 2023/24 compared to 45% in 2022/23.

4.5 NATIONAL LIVING WAGE PRESSURES

The National Living Wage (NLW) rate increased from £9.50 per hour in 2022 to £10.42 from 1 April 2023. This increase of 9.7% from the previous year will cost councils in the region of £1.02bn in directs costs plus at least £774m in indirect costs for adult social care in the current financial year. This additional financial pressure totals £1.8bn (See Figure 13). These figures comprise of both costs of council-run services (direct) and independent sector provision purchased by councils or by individuals with direct payments (indirect).

Figure 13- Estimated cost to councils in 2019/20-2023/4 of the National Living Wage relating to adult social care (Answers extrapolated from number of responses stated to 151 councils for 2018/19-2020/21, 152 LAs for 2021/22-2022/23 and 153 for 2023/24



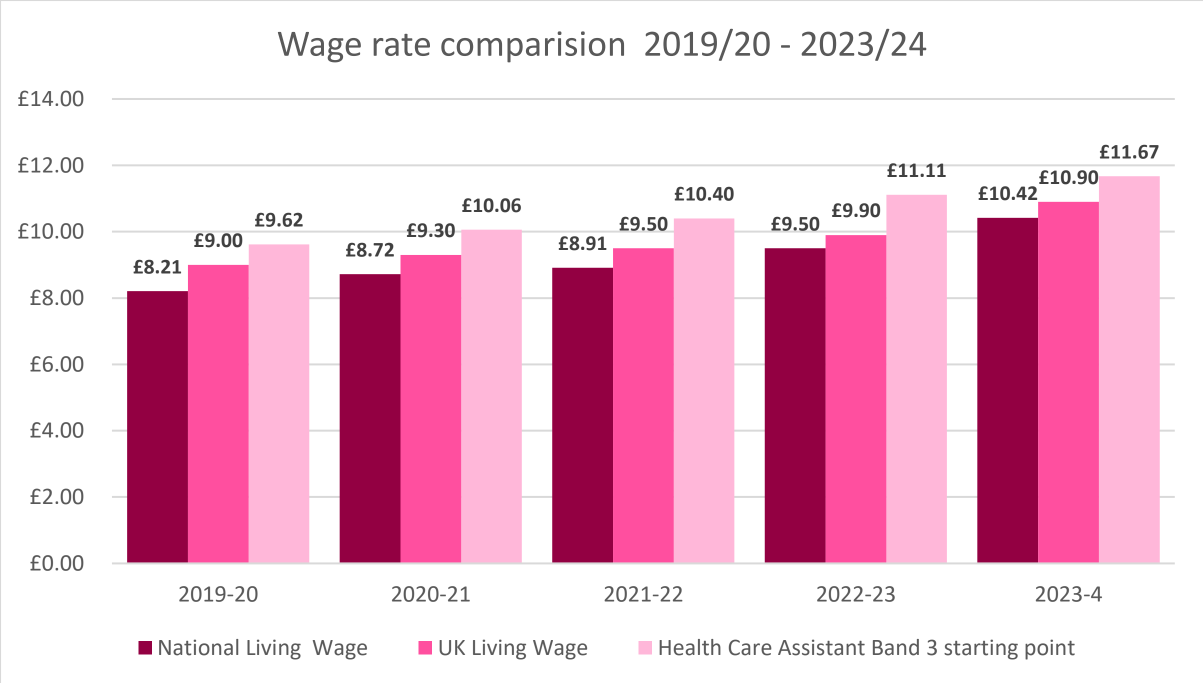
5 The 2022/23 figures have been extrapolated to represent pressures on 153 councils to enable a comparison from year to year to account for additional councils.

ADASS continues to be supportive of the Government's policy of increasing the wages of the lowest paid workers, especially as adult social care has been defined as a low-paying industry by the Low Pay Commission (LPC) since 1998.[6] The importance of NLW increases to people working in social care should not be underestimated, Skills for Care stated that in March 2022, ahead of the previous year's increase, around a half (46%) of independent sector workers (590,000 people) were paid less than the then mandatory NLW rate (£9.50).

We have advocated for a minimum adult social care wage above the level of the NLW which is equivalent to the mid-point of Healthcare Assistant NHS Band 3. At current rates this would be a difference of some £1.64 per hour or 16% higher than the current National Living Wage rate. Such an approach is particularly important when considering that supermarkets such as ALDI are now paying hourly rates for new starters outside of London of £11.40, which could rise to £12.30 per hour dependent upon length of service.[7] Making the NLW a minimum recognises the skilled and compassionate work that social care staff undertake every day and will help tackle the high vacancy rate of 165,000 people and turnover of staff, particularly in the context of pay in the NHS, retail and hospitality and EU Exit. However, we have, and continue to be clear that the Government need to fully fund this.

The Low Pay Commission has modelled an increase of 6.3% for 2024/25, or £11.08 per hour, to achieve the target of the NLW being two-thirds of median earnings.[8]

Figure 14 - Wage Rate comparison 2019/20 to 2023/24 for National Living Wage, UK Living Wage and NHS HCA Band 3 hourly rates[9]



[6] The state of the adult social care sector and workforce in England, Skills for Care, October 2022
[7] ALDI GIVES ALL STORE COLLEAGUES A FURTHER PAY RISE, ALDI, March 2023
[8] National Living Wage and National Minimum Wage Rates for 2023, Low Pay Commission, 24 October 2022
[9] National Living Wage rates apply from 1st April, Real Living Wage rates apply from November. This table shows the Real Living Wage rate from the preceding November each year. A new Real Living Wage rate will be announced in November 2023

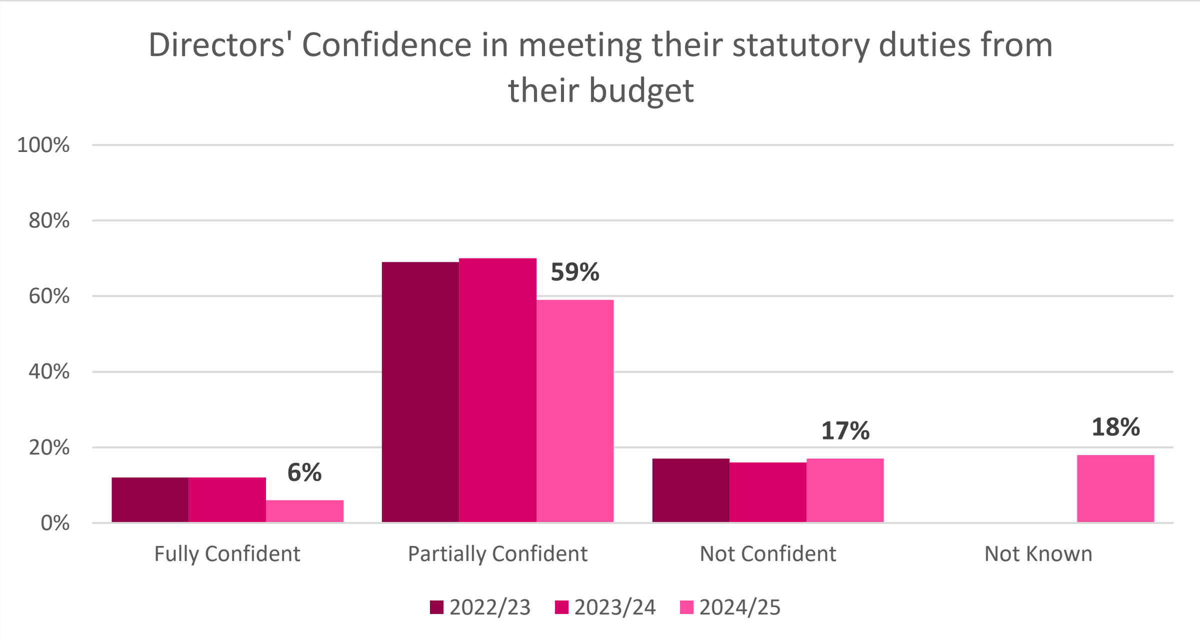
4.5.1 Confidence in ability to meet statutory duties

Respondents were asked about levels of confidence in being able to do what they are required to by law, their specific 'statutory duties' over the next two years. These duties include but are not limited to:

- Information and advice
- Prevention and wellbeing
- Assessment (carers and people using services)
- Personal Budgets/services sufficient to meet eligible needs
- Safeguarding
- DoLS and the requirements of the Mental Capacity Act
- Market Sustainability (including National Living Wage)

Directors' confidence that their budgets will be sufficient to meet their statutory duties has remained fairly consistent between 2022/23 and 2023/24. A smaller proportion are fully confident in 2024/25, but 18% of Directors say they don't know for that year.

Figure 15 - Directors' Confidence in meeting their statutory from within the budget 2022/23 to 2024/25



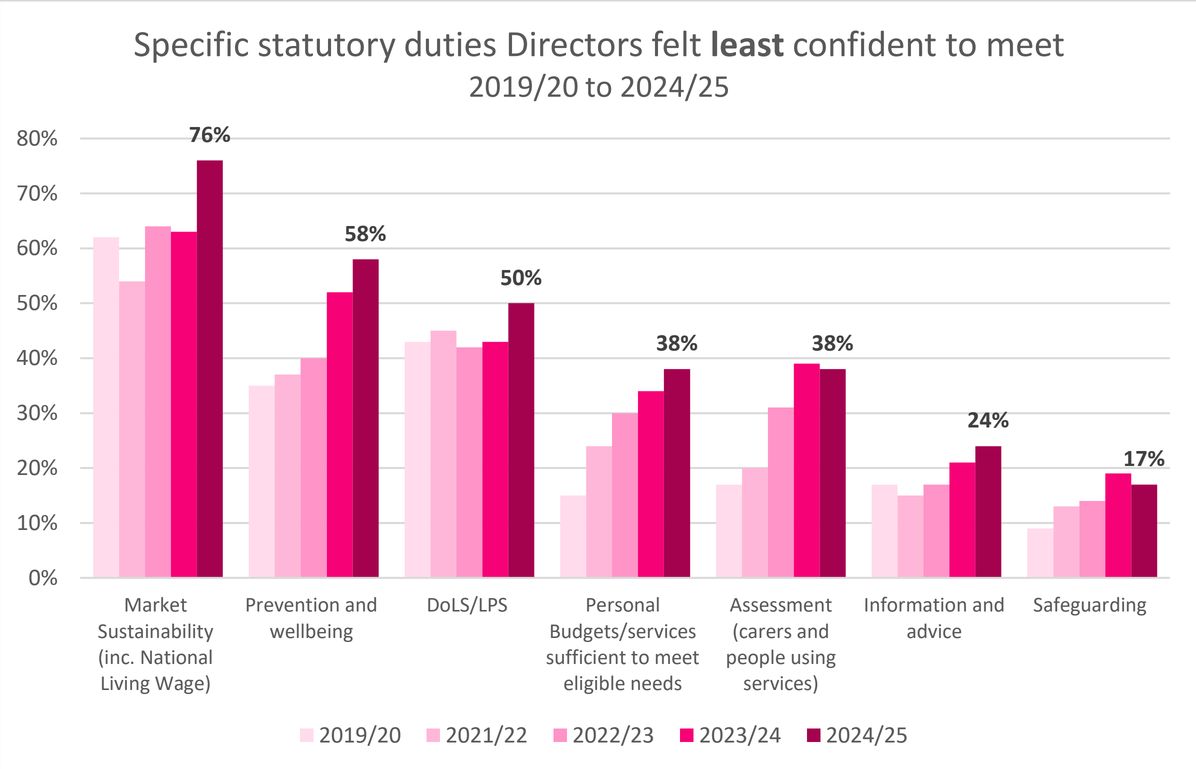
Specific statutory duties

Directors were also asked which statutory duties they felt least confident about being able to meet for 2023/24 and 2024/25. Directors are least confident that their budgets will be sufficient to meet their statutory duties on market sustainability, with just under two-thirds (63%) indicating that this is the case for 2023/24. This was followed by prevention and wellbeing, with just over half (52%) of Directors reporting that this was the case, concerningly this increased from 40% in 2022/23.

Lack of confidence increases significantly for all the specific responsibilities for 2024/25, with over 76% of Directors reporting that ensuring market sustainability (i.e., having continuity of care and sufficient, suitable services to support people and provide essential care) was the area of most concern. This was followed by prevention and wellbeing, with 58% of Directors identifying this as a statutory duty that they are less than confident their budgets will meet.

Deprivation of Liberty Safeguards (DoLS) was the third highest area of concern with 50% of Directors ranking this as statutory duty that are less than confident in meeting for 2024/25. This is likely to be impacted by the further delay by Government to the implementation of the change from DoLS to Liberty Protection Safeguards.

Figure 16 - Which statutory duties Directors felt least confident about being able to meet 2019/20 to 2023/24 (136 responses)



5 CARE MARKET INSTABILITY

Care market instability remains a major concern for Directors. Uncertainty about fuel, other costs and availability of staff due to pay rates and career progression are having a direct impact on provider capacity.

This section covers provider:

- Providers
- Cost drivers
- Fees
- Closure and contract hand-backs
- Homecare hours
- Workforce Issues

Providers faced significant challenges throughout the pandemic, some of which were mitigated by short-term grants from Government. However, coming into 2023/24 those grants have come to an end, inflationary pressures are driving-up costs, and the cost-of-living crisis is having a direct impact on recruitment and retention of staff.

These challenges are reflected by the fact that Directors identify staff related costs as the key cost drivers for care homes and home care. Overheads are of particular concern for care homes, which is likely to be a direct consequence of spiralling costs for energy, fuel and food. The proportion of Directors indicating that they've experienced closures of care homes or home care providers has significantly increased over the past year, demonstrating the fragility of the market. These challenges are likely, in part at least, to be the reason why Directors have indicated a decline in quality and choice of care and support. Whilst not asked or reported here, difficulties in recruiting personal assistants by people who draw on direct payments from councils to manage their own support are also reported as increasing.[10] The capacity issue in local care markets could be improved by significantly increasing staff pay and terms and conditions for the social care workforce.

5.1 PROVIDERS

5.1.1 Provider Cost Drivers

Directors identified overheads (food costs, rent, borrowing costs, etc) and workforce (recruitment and retention) as key cost drivers for residential and nursing care, with 93% and 84% of Directors reporting these as high importance in 2022/23. 80% of Directors reported the National Living Wage as a high importance cost driver in 2023/24 compared to 77% in 2022/23. Occupancy levels, which are a concern to 22% of Directors, has decreased substantially from 59% in 2022/23.

[10] Personal Assistant Survey - The Forgotten Workforce, Think Local Act Personal, July 2022

Figure 172- Key drivers for increases in unit costs for residential/nursing care in 2019/20 ,2021/22, 2022/23 & 2023/24 (141 responses)

Driver	Importance 2019/20	Importance 2021/22	Importance 2022/23	Importance 2023/24
Overheads (food costs, rent, borrowing costs etc.)	16%	16%	85%	**93%**
Workforce - recruitment and retention	65%	54%	84%	**84%**
National living wage	86%	54%	77%	**80%**
Other pay pressures (uplifts, difficulties recruiting staff, etc.)	68%	39%	66%	**50%**
Local market issues (lack of capacity, competition etc.)	46%	19%	35%	**30%**
New burdens, e.g. increased insurance premiums, infection control, impact of accelerated hospital discharge, etc...	N/A	76%	50%	**29%**
Occupancy levels	N/A	59%	21%	**22%**
Premia to cover winter pressures, quality issues	12%	8%	12%	**13%**
Reduction in cross subsidisation	9%	18%	22%	**9%**
Travel time	7%	1%	1%	**1%**

For home care, 87% of Directors reported workforce (recruitment and retention) as the highest importance cost driver in 2023/24, compared to 91% in 2022/23, although this was the highest percentage in both years. The costs associated with increasing the National Living Wage were seen as a key driver of unit costs by 82% Directors, up from 76% in 2022/23. Other pay pressures (uplifts, recruitment difficulties) were reported by 57% of Directors as a key driver of unit costs, a significant drop from 78% in 2022/23.

Figure 18 - Key drivers for increases in unit costs for home care in 2019/20, 2021/22, 2022/23 & 2023/24 (141 responses)

Driver	Importance 2019/20	Importance 2021/22	Importance 2022/23	Importance 2023/24
Workforce - recruitment and retention	75%	65%	91%	**87%**
National living wage	89%	58%	76%	**82%**
Other pay pressures (uplifts, difficulties recruiting staff, etc.)	76%	50%	78%	**57%**
Overheads (food costs, rent, borrowing costs etc.)	10%	5%	50%	**44%**
Travel time	36%	17%	44%	**42%**
Local market issues (lack of capacity, competition etc.)	49%	24%	50%	**26%**
New burdens, e.g. increased insurance premiums, infection control, impact of accelerated hospital discharge, etc...	N/A	54%	47%	**24%**

Driver	Importance 2019/20	Importance 2021/22	Importance 2022/23	Importance 2023/24
Changes in number of people accessing care & support	N/A	12%	25%	**21%**
Premia to cover winter pressures, quality issues	13%	12%	13%	**14%**
Reduction in cross subsidisation	7%	3%	44%	**7%**

5.1.2 Provider fees

Average hourly rates for home care were requested for each council area. At the time of completing the survey, the national average hourly rate for home care was £21.30 (based upon 139 responses). This figure represents an increase of 10.2% when compared to last year's average rate of £19.33. For comparative purposes, the Homecare Association's calculation for the Minimum Price for Homecare is £25.95 per hour.[11]

These figures do not include temporary uplifts in hourly rates; instead, they provide an indication of the base rates paid. It is important to understand that it is impossible for such a national average to reflect the complexities of the economic circumstances of different council areas, or the variations in geography and demographic make-up.

5.1.3 Service closure and disruption

In the past six months a total 8,334 people have been directly impacted by provider closures, cessation of trading or contract hand backs (an average of 1,389 people per month), this compares to 4,883 people in the four-month period prior to November 2022 (an average of 1,221 people per month).

66% of councils that responded to this survey reported that providers in their area had closed, ceased trading or handed back council contracts. This compares to 64% reported in the four months prior to the ADASS Autumn Survey (published November 2022).[12]

Figure 19 - Councils experiencing contract handbacks

Councils Experiencing Contract Hand Backs	Jul 2022 to Oct 2022	Nov 2022 to May 2023
All Providers	64%	66%
Home Care Providers	31%	36%
Residential / Nursing Care Providers	41%	44%

More Home Care providers have closed during this period

The proportion of councils reporting closures, or providers ceasing to trade for home care is 36% for the past six months. This compares to 31% for the 4 months prior to November 2022.

[11] Minimum Price for Homecare 2023-2024, Homecare Association, December 2022
[12] Autumn Survey, Association of Directors of Adult Social Services, November 2022

More Residential / Nursing providers have closed in this period

The proportion of Directors reporting nursing or residential home closures or providers ceasing trading over the last 6 months was 44%. It was 41% when this was last reported in November 2022.

Numbers of people affected by Home Care providers closing down or ceasing trading

Respondents reported a total of 2,066 people who were affected by the closure or cessation of trading of home care providers in the past six months. This is an average of 48 people per council, compared to an average of 35 people in the four months prior to November 2022.

People who have been affected by Residential / Nursing home closures

Respondents reported that a total of 2,235 people were affected by the closure or cessation of trading of residential / nursing care providers. This is an average of 35 people impacted per council where it was reported one or more providers closing or ceasing trading in the past six months. This compares to an average of 30 people per council in the in the four months prior to November 2022.

Contract Hand-backs

3,113 people have been impacted by contract hand-backs by home care providers in the past six months, which is equivalent to 59 people per council that reported they have been subject to contract hand-backs. This compares to 45 people per council in the four months prior to November 2022.

For residential or nursing care providers, 920 people have been impacted by contract hand-backs in the past six months, which is equivalent to 38 people per council area that has been subject to contract hand-backs. This compares to 30 people per council reported in the ADASS Autumn Survey which was published in November 2022.

These changes can have a significant impact on people's lives, changes in the people who give support and care, or highly disruptive moves of home. Closures of care homes can be managed well, but if unplanned they can cause major upset and increased mortality.

5.2 HOMECARE HOURS

The number of homecare hours that have been delivered has continued to increase. From January to March 2023 54,544,949 hours were delivered, an increase of nearly 30% on the hours delivered in the last quarter we measured, April to June 2022. However, 564,584 hours could not be delivered due to lack of staff.

A significant number of people are not getting the essential care and support that they need, leading to increases in unmet, under met and wrongly met need. The increasing volume and complexity of need is far outstripping the capacity to meet it.

The Homecare Association recently published a report that set out the explanations that homecare providers gave for being unable to meet the high level of demand for homecare.[13] The top three explanations were:

- Not being able to recruit enough new care workers: 91%
- Existing care workers are leaving: 69%
- The fee rates being offered are too low: 59%.

Figure 20 - Table showing homecare delivery and undelivered hours, February 2021 to May 2023

Homecare	1 February – 30 April 2021	% change, Feb-Apr to May – Jul 2021	1 May – 31 July 2021	% change, May-Jul to Aug- Oct 2021	1 August - 31 October 2021	% change, Aug-Oct 2021 to Jan-Mar 2022	1 January – 31 March 2022*	% change, Jan-Mar 2022 to Apr-June 2022	1 April – 30 June 2022	% change, Apr-June 2022 to Jan-Mar 2023	1 January – 31 March 2023
Homecare hours delivered	34,635,217	4.0	36,028,857	14.9	41,395,909	-2.7	40,288,271	4.5	42,110,712	29.5%	54,544,949
Homecare hours not delivered due to staffing capacity	286,148	103.1	581,282	164.4	1,536,993	43.5	2,206,187	-50.7	1,086,580	-48%	564,584

[13] Care Provision & Workforce Survey, Homecare Association, 25 May 2023

5.3 COMPLEXITY OF NEED- HOMECARE

Directors were asked about the average number of homecare hours provided per person, per week, with this being seen as an indicator of whether complexity of care has increased or not. For 2021/22 the average number of hours per week per person was 13.67, for 2022/23 this figure increased by just over 30 minutes per week per person to 13.99 hours.

Based on the 188,000 older adults accessing community-based long-term support that is managed or commissioned by the local authority, these 30 minutes of additional support would equate to an additional £2m cost for home care per week, based on the average home care price of £21.30 per hour.

5.4 WORKFORCE ISSUES

ADASS has advocated for central government to increase care worker pay so as to increase recruitment and retention and the value of care staff's work, with the specific ask for starting pay for social care staff to be at the NHS Healthcare Assistant Band 3 rate, which would mean a starting salary of £22,816.[14] We want to move from a workforce which is poorly paid and feels undervalued and often dissatisfied with their work, and a labour market beset with problems in both recruitment and retention. Key to this will be the development of funded national and local workforce plans across health and social care.

The need to improve social care recruitment and retention via increased pay is something that NHS leaders have also advocated for. 96% indicated that this would be an effective or very effective means of supporting the challenges that are currently facing the social care sector.[15]

5.4.1 International Recruitment

In February 2022 the Government amended the Shortage of Occupation List for overseas workers to include care staff earning at least £10.75 per hour, equivalent to an annual salary of £20,960, and some 3.1% above National Living Wage rate. To put this salary level into context it is useful to consider costs of accommodation for people coming to live and work in England.
The average annual cost of rented accommodation for an individual in England is around £9,600, but there are significant regional variations with an average annual cost of rented accommodation in London for example being £17,700 and the average in the North-East region being £6,300. The impact of this change in regulation to bring workers to England to fill roles in social care was always therefore going to be variable.

Directors were asked about the extent to which they agree or disagree with two statements relating to the Government's International Recruitment policies when thinking about their own local health and social care system(s). Responses will inevitably be impacted by the extent to which international recruitment has happened in their local areas and whether providers have had their licences revoked.

- There was a 52%/48% split of Directors agreeing or strongly agreeing that this change had a positive impact on social care recruitment and retention in their areas.
- There was a 34%/66% split of Directors agreeing or strongly agreeing suspensions or revocations of international recruitment visa sponsorships have had a negative impact upon the availability of care and support in their local health and social care system(s).

[14] Time to act A roadmap for reforming care and support in England, Association of Directors of Adult Social Services, April 2023

[15] System on a cliff edge: addressing challenges in social care capacity, NHS Confederation, 28 July 2022.

Figure 21 - Directors' views on international recruitment

	Strongly Agree	Agreed	Disagreed	Strongly Disagreed
Inclusion of social care workers on the Shortage Occupancy List has had a positive impact on local recruitment and retention	14%	38%	44%	4%
Suspension or revocation of visa sponsorships have had a negative impact on local recruitment and retention	11%	44%	42%	3%

6 UNPAID CARERS

This section covers:
- Carers needs and available support

The challenges and pressures set out throughout this report would have been significantly worse had it not been for unpaid carers. According to the 2021 Census there are approximately 5 million people across England and Wales with caring responsibilities.[16] Most notably there has been an increase in the number of people providing substantial care between 2011 and 2021, with an increase of 152,000 people who provide 50 hours of unpaid care per week to just over 1.5 million people.

Carers need to be valued and given access to greater levels of financial and practical support. It is estimated that carers in England and Wales provide unpaid care to the value of £162 billion a year, equivalent to £445 million to the economy every day. Investing more in their health and wellbeing should be a priority.[17]

We want to move from a situation in which many family carers have to care out of necessity, sometimes having to give up work, facing negative impacts on their health and incomes and doing so without the financial, practical or emotional support they need. For example, recent Health Foundation analysis of Understanding Society data showed that 4 in 10 carers under retirement age were not working as much as they might otherwise be due to their caring responsibilities.[18] This inevitably impacts on the economy.

In the future, we want family care to be truly voluntary. Where people choose to provide substantial care, this should be recognised and rewarded with financial, as well as practical and emotional support.[19]

6.1.1 Carers Needs and Available Support

Directors are clear that unpaid carers are presenting with increasing levels of need and this is compounded by a reduced ability to meet the needs of carers at this time. Directors can also see that a number of unpaid carers who are also employees of the council are having to take time out to care for their loved ones.

Directors were asked how referrals to adult social care changed over 2022/23 because of carer breakdown. Over two-thirds of Directors (68%) reported an increase in referrals relating to carer breakdown, which is an increase from 65% in 2021/22. This figure includes 19% of Directors who reported increases of more than 10%. Only 6% of Directors indicated that there had been a decline in referrals for this reason in 2022/23.

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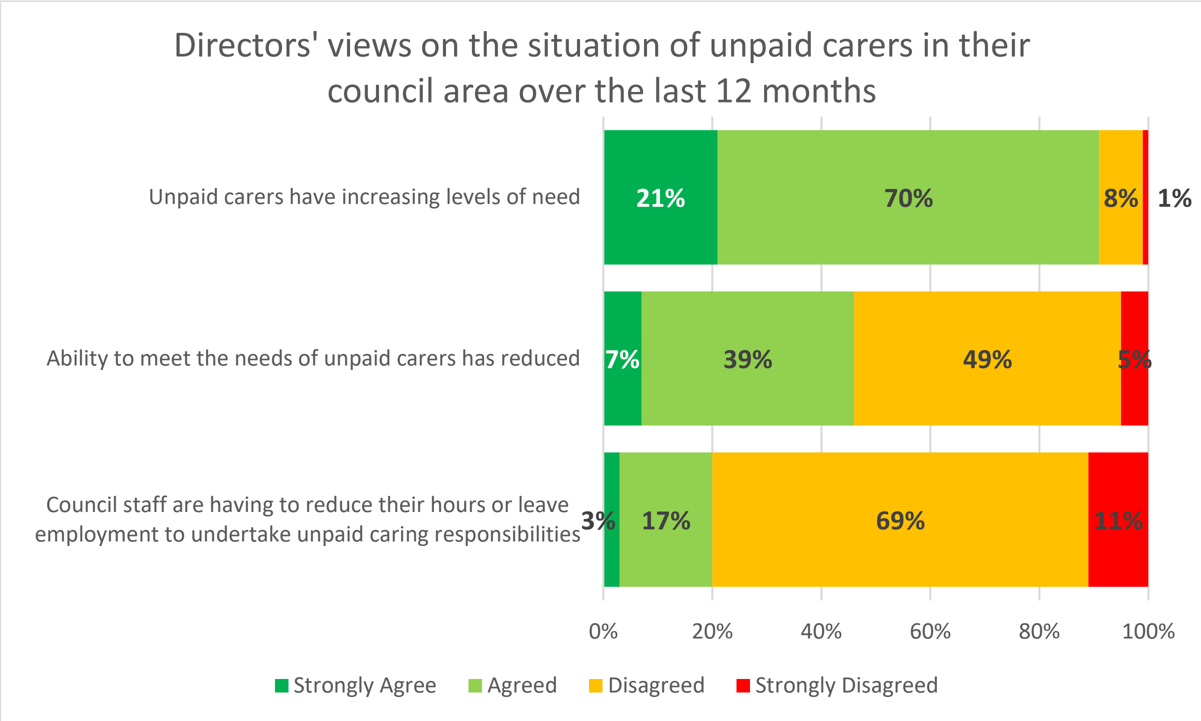
[16] Census 2021 data shows increase in substantial unpaid care in England and Wales, Carers UK, 19 January 2023
[17] Unpaid care in England and Wales valued at £445 million per day, Carers UK, 3 May 2023
[18] Understanding unpaid carers and their access to support, Health Foundation, 12 April 2023
[19] Time to act A roadmap for reforming care and support in England, Association of Directors of Adult Social Services, April 2023

Where Directors have seen an increase in carer breakdown the main drivers appear to be, burnout, lack of access to health support and the struggle to find the right support services.

Directors were asked about the extent to which three statements reflect the situation for unpaid carers in their council area over the past 12 months.

Figure 22 - Directors' views on the situation of unpaid carers in their council area over the last 12 months (138 responses)



Most (91%) Directors either strongly agreed or agreed that unpaid carers are coming forward with increased levels of need in their local area. This breaks down as 21% of Directors who strongly agree with this statement, with the remaining 70% agreeing.

When asked whether the ability of their council to fully meet the needs of unpaid carers in their local area has reduced, nearly half (46%) of Directors either strongly agreed or agreed with that statement. Of these, 7% strongly agreed and 39% of Directors agreed. Conversely, 54% of Directors did not agree that the ability of their council to fully meet the needs of unpaid carers in their local area had reduced, with 5% strongly disagreeing.

Linked to this, Directors were also asked for the first time about their council's investment strategy for carer support. For 2023/24 just under two-fifths of Directors (36%) reported that their council is taking a positive investment strategy for carers support, with 63% indicating that they are maintaining investment levels from 2022/23. The remaining 1% of councils are disinvesting in this support area.

Four-fifths of Directors (80%) either strongly disagreed or disagreed that council staff are being forced to reduce their hours / leave employment to undertake unpaid caring responsibilities in their local areas. This breaks down as 11% of Directors strongly disagreeing with the statement and 69% disagreeing. Of the remaining Directors, 17% agreed with the statement, with 3% strongly agreeing.

7 PEOPLE PRESENTING WITH SOCIAL CARE NEEDS TO COUNCILS

70% of respondents reported increases in people being referred from the community, 25% reported no change and 5% reduced numbers of people. More details about additional changes are included in the table below.

Figure 23 - Reported level of change that councils have experienced in people presenting need/being referred to adult social care as a result of the following over the course of 2022/23 (135 responses)

	Increased more than 10%	Increased less than 10%	No Change	Decreased less than 10%	Decreased more than 10%
People being referred from the community (inc. PA breakdown, sickness or unavailability, etc...).	30% *(29%)*	40% *(43%)*	25% *(24%)*	5% *(2%)*	**0%** *(2%)*
Temporary closure of services	6% *(22%)*	20% *(33%)*	67% *(40%)*	4% *(3%)*	**4%** *(2%)*
Unavailability of community or voluntary support	7% *(15%)*	29% *(35%)*	59% *(44%)*	5% *(3%)*	**0%** *(3%)*
Providers concerned about accepting new clients	22% *(26%)*	29% *(38%)*	44% *(34%)*	4% *(2%)*	**0%** *(0%)*

In terms of the people presenting need or being referred to adult social care services during 2022/23, 81% of Directors report an increase in the number of people approaching their council with mental ill health, up from 78% in 2022/23. This included 46% of Directors who reported increases of more than 10%. This figure has concerningly increased from 68% when mental ill health was first asked about in the May 2021.[20]

64% of Directors reported an increase in referrals in relation to the domestic abuse of people with care and support needs (safeguarding), including 33% reporting an increase of more than 10%. This is a slight reduction from 67% of Directors reporting an increase in 2021/22.

In 2022/23 51% of Directors indicated that their council has seen an increase in the number of rough sleepers presenting with social care needs or being referred. This included 24% of Directors who reported increases of more than 10%. The overarching figure has marginally further increased from the 49% reporting increases in our 2022 report.

[20] ADASS Spring Survey, Association of Directors of Adult Social Services, June 2021

Figure 24 - Changes in referrals arising from mental ill health, domestic abuse and, rough sleeping (2021/22 figures in brackets for comparative purposes)

	Increased more than 10%	Increased less than 10%	No Change	Decreased less than 10%	Decreased more than 10%
Mental ill health	**46%** *(45%)*	**35%** *(33%)*	**8%** *(9%)*	**4%** *(6%)*	**7%** *(7%)*
Domestic abuse of people with care and support needs (safeguarding)	**33%** *(37%)*	**31%** *(30%)*	**22%** *(16%)*	**7%** *(9%)*	**6%** *(9%)*
Rough sleepers	**24%** *(18%)*	**27%** *(31%)*	**40%** *(42%)*	**5%** *(4%)*	**4%** *(4%)*

8 People waiting for assessments, care and support, direct payments, or reviews

The number of people waiting for an assessment of their needs, care and support or a direct payment to begin, or for a review of their care plan has increased by 10% from November 2021 to the end of March 2023.

Since November 2021 the number of people waiting for an assessment has increased by 10% from 204,241 people to 224,978 in March 2023. Of those people waiting for an assessment of any kind, 82,087 or 36% of people have been waiting for six months or more, an increase of 30% since 30 April 2022 and nearly double (99%) the figure reported in November 2021.

The number of people awaiting care and support or a direct payment to begin has reduced by 25% (25,468 in November 2021 to 22,152 in March 2023) and the number of people whose review of their care plans is overdue has also reduced (14% decrease from November 2021 to March 2023). The significant growth in the number of people waiting for reviews underlines the risk that Directors are unable to fulfil Care Act duties as they are already in crisis management mode going into this winter

In the past few months, the overall number of people on adult social care waiting lists for assessments, reviews, care and support or direct payments to begin has reduced by 12% during the period from 31 August 2022 to 31 March 2023. Whilst this is positive news and reflects a degree of recovery, the number of people who are waiting is at an extremely high and concerning level at 434,243 -- nearly half a million.

Increase in the number of people awaiting assessment, care or direct payment, or review	Increase in the number of people who have waited over 6 months for an assessment of any kind	Increase in the number of people awaiting care and support or a direct payment to begin	Increase in number of people whose Care Act reviews are overdue by 12+ months
10%	**99%**	**-13%**	**13%**
From Nov 2021 to Mar 2023	From Nov 2021 to Mar 2023	From Nov 2021 to Mar 2023	From Nov 2021 to Mar 2023

Figure 25 - Number of people waiting for assessments, care and support, direct payments, or reviews and percentage change[21]

Assessment category reported	People on 30 Nov 2021	People on 31 Jan 2022	Change Nov 2021-Jan 2022)	People on 28 Feb 2022	People on 31 March 22	People % Feb-Mar 2022	Number on 30 Apr 2022	Change % Mar-Apr 2022	Number on 31 Aug 2022	Change % Apr-Aug 2022	**Number on 31 March 2023**	**Change % Aug 2022-Mar 2023**
Awaiting assessment, care or direct payments, or reviews	395,845	461,269	17%	506,131	456,816	-10%	542,002	19%	491,663	-9%	**434,243**	**-12%**
Awaiting assessment	204,241	217,557	7%	245,537	226,032	-8%	294,449	30%	245,821	-17%	**224,978**	**-9%**
Awaiting assessment for over 6 months	41,192	61,226	49%	64,772	63,128	-3%	73,792	17%	80,967	10%	**82,087**	**1%**
Awaiting care and support or direct payments to begin	25,468	27,406	8%	43,503	26,785	-38%	37,447	40%	29,571	-21%	**22,152**	**-25%**
Overdue 12+ months Care Act reviews	166,136	216,326	30%	217,090	203,999	-6%	210,106	3%	216,271	3%	**187,112**	**-14%**
DASS Respondents	*84*	*101*		*94*	*138*		*83*		*115*		***142***	

[21] *Please note that in terms of respondents, there is a core of the 153 DASSs in England that have responded to all surveys. Of the remainder, the majority have responded to more than one.*

9 Preventative approaches to social care

This section covers:
- Early intervention and prevention
- Investment strategies- innovation- digital, technology and housing
- Reablement

Directors are fully aware of where investment would have the biggest impact on enabling people to live healthier lives that are both more independent and more connected, such as investment in accommodation and support at home. They want to invest in different models of care and other preventative approaches that enable people to live good lives and in services that get people back on track after crisis or illness, such as reablement or intermediate care. However, councils remain trapped in a vicious circle of having insufficient funds to be confident they can meet all their statutory duties, whilst being unable to release funding to invest in approaches that might reduce the number of people with higher needs in the future.

The recently published Hewitt Review highlighted the ongoing reticence to shift the emphasis towards increased investment in prevention:

'There will never be a perfect time to shift the dial toward focusing more on preventative services and interventions. It is easy to argue - especially in the current climate of financial constraints and performance issues - that addressing these issues should be something we consider when the current pressures have died down. But that has always been the case.' [22]

9.1 EARLY INTERVENTION AND PREVENTION

The proportion of adult social care net budgets being invested in prevention is 8.2% in 2023/24. This is a slight increase from 7.9% in 2022/23. This proportion of expenditure has nearly returned to pre-Covid-19 levels when this figure was 8.4% (2019/20).

Figure 26 - Spend on prevention services that can be accessed by people whose needs did not cross the National Eligibility threshold from 2017/18-2022/23 (2022/23 figures based on 119 responses, extrapolated to 152 councils)

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Spend on prevention	£1,201m	£1,187m	£1,251m	£1,163m	£1,204m	£1,352m	**£1,549m**
% spend on prevention as % of ASC net budget	8.3%	8.0%	8.4%	7.4%	7.5%	7.9%	**8.2%**
Difference in spend from previous year	N/A	-1.2%	+5.4%	-7%	+3.5%	+12%	**+14.6%**

[22] The Hewitt Review- An independent review of integrated care systems, 4 April 2023

9.2 INVESTMENT STRATEGIES

Directors were asked about their council's investment strategy in relation to preventative services, digital and technology and housing-based models of care. Whilst some councils are investing in preventative services in adult social care, the focus on meeting the care and support needs of those people with most complex needs remains the priority within limited resources and therefore whilst this section covers relative investment or disinvestment, the actual levels could be low.

9.2.1 Preventative Services

In 2023/24 the proportion of Directors that indicated that their councils are taking a positive investment strategy for preventative services is 44%, with half of Directors (52%) reporting that this has stayed the same and only a very small proportion (4%) stated that their council is disinvesting. The proportion of councils taking a positive investment strategy for the current financial year has increased from 38% in 2022/23

9.2.2 Innovation: Digital, Technology and Housing

Directors were asked about their council's investment strategy for digital and technology and housing/accommodation models of care and support.

For digital and technology just over three-quarters of Directors (78%) indicated that their council has a positive investment strategy for digital and technology for adult social care; this has increased from 65% in 2022/23. The remaining 22% indicated that investment levels are staying the same as the previous 12 months for 2023/24.

Just over half (56%) of Directors reported that their council is taking a positive investment strategy for housing/accommodation models of care and support in 2023/24, which is a notable reduction from 62% in 2022/23. It is perhaps influenced by the deferral of the housing aspects of the Government's reform programme. A significant proportion of Directors (43%) indicated that their investment levels have remained the same as 2022/23, with the remaining 1% stating that they are disinvesting compared to the previous year.

This is also consistent with the areas that are seen as most important to delivering savings in the current financial year (See Figure 10).

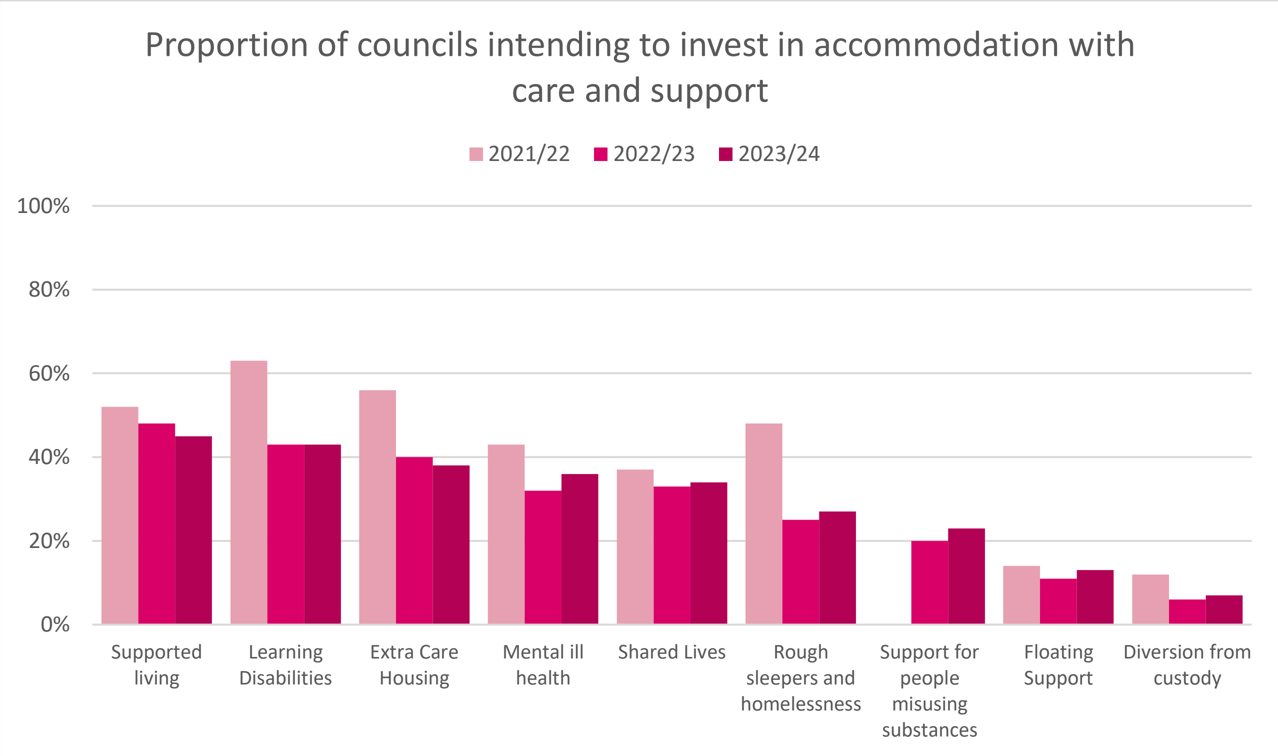
Although such approaches may deliver savings to adult social care budgets, they most importantly are key to supporting people to living more independent, connected and healthier lives.

Directors were also asked to give more detailed information about their authority's current investment strategy in relation to a range of accommodation and different supports (Figure).

The types of accommodation where Directors indicated that their councils are making the greatest levels of investment are supported living (45%), people with learning disabilities (43%) and extra care housing (38%). However, it's important to note that the proportion of councils investing in each of the accommodation types listed in Figure have all see reductions since 2021/22 though a significant proportion of councils are maintaining existing levels of investment in all of the accommodation and care and support options listed below. The top three areas where councils are maintaining existing levels of investment are diversion from custody (93%), floating support (95%) and accommodation and/or support options for rough sleepers and homelessness (63%).

The areas where the largest proportion of Directors indicated that their councils are disinvesting are Shared Lives (17%), extra care housing (15%), and for younger adults with mental ill health (14%).

Figure 27 - Proportion of Directors stating that their council is investing in the following forms of accommodation and care and support 2021/22 & 2022/23



9.2.3 Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector

Nearly one-third (29%) of Directors indicated that their council is investing in the VCFSE sector in 2023/24 for adult social care, a notable reduction compared to 37% in 2022/23. Just over two-thirds of Directors (67%) indicated that their council is maintaining existing levels of funding, compared to 60% in 2022/23. The remaining 4% of Directors stated that their council has disinvested.

9.3 Reablement

Directors are asked to assess the impact of their reablement services in terms of whether residential reablement services enable people to go home and for their reablement at home services, whether these reduce the level of ongoing support required.

The results are broadly positive, with 75% of respondents reporting that over 50% of residential reablement services enable people to return home. This has increased slightly from the 72% reported in 2022/23.

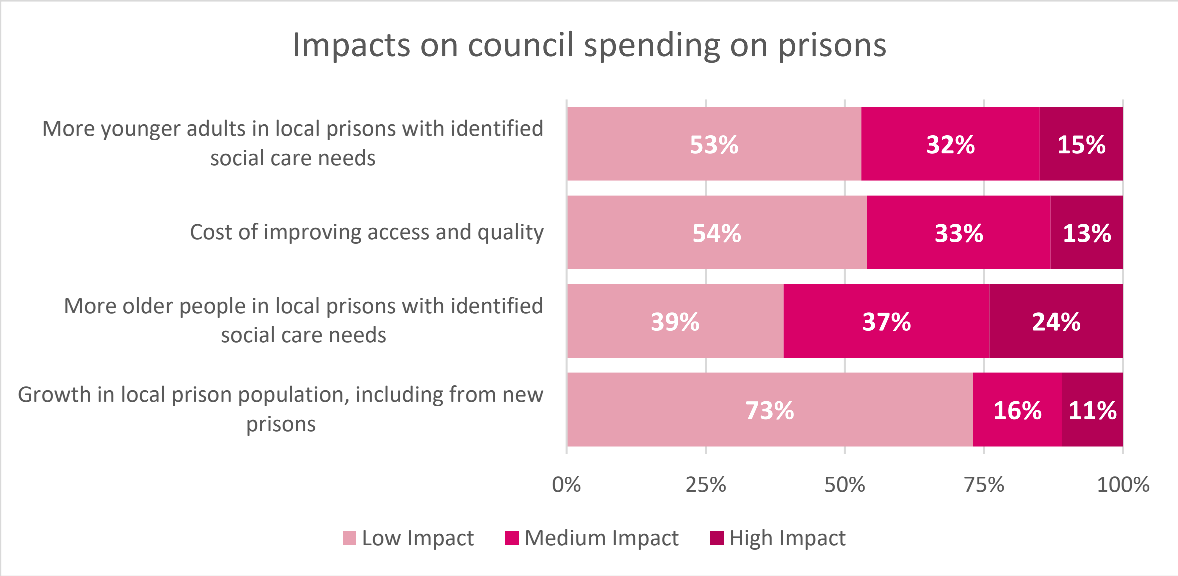
For reablement services at home, 52% of respondents report that over 50% of the services reduce the level of long-term need, this figure has reduced slightly from 2022/23 when this figure 60%. This is significant for the future wellbeing of people in crisis both in terms of avoiding the need for hospital and in supporting people home afterwards and is worthy of evaluation in much more detail and then significant investment from both the NHS and government.

10 PRISONS

60% of respondents had prisons in their area and responsibility for providing social care to prisoners. These respondents reported the main financial impacts as coming from more older people and younger adults in prisons with social care needs, together with costs of improving access to care and support and quality.

What are the main drivers of costs pressures on your council's spending in this area? (56 responses)

Figure 28 - Chart showing main cost drivers of council spending on prisons



In terms of other areas of cost, Directors identified the following cost pressures:

- Small numbers of adults in prison requiring adult social care support; however, a high proportion of those people require mental health support.
- The provision of equipment, which comes from council budgets, such as OT and sensory assessments/equipment.
- Some areas are seeing an increase in referrals from prisons, not because the population is increasing, but due to more people living with long-term conditions.
- Additional pressures are emerging in some areas as a result of prisons expanding certain types of provision, such as for older prisoners, or due to newly established prisons linking with council services.

11 NHS INTERFACE

This section covers:

- The impact of NHS pressures on adult social care
- Mental Health and Deprivation of Liberty Safeguards
- Better Care Fund and Integrated Care System Investment
- Improving the Impact of Intermediate Care
- Building a Better Relationship with the NHS

The unprecedented pressures on the NHS, the numbers of people waiting for hospital treatment, delays in ambulance response times, the impact of industrial action and workforce shortages are well reported. Declining performance and lengthening waiting times have negative impacts on people’s health and wellbeing and knock-on effects on social care and community services. Also well reported, and a key focus of government are delays to hospital discharge. However, there is a widely held view amongst Directors that one of the consequences of this pressure is that it is leading to Adult Social Care taking responsibility for services which previously the NHS would have arranged or delivered.

National direction means that there appears to be a near single focus by government on hospital discharge. Directors of Adult Social Care are very clear that simply focusing on discharge, together with insufficient resources and staff, is resulting in more people waiting at home for social care – many of whom will inevitably deteriorate and need hospital admission - and equally that people waiting for tests or operations will need social care (for example, people waiting for a hip replacement may become immobile and need care). One of the critical opportunities for the winter to come is to invest in more ‘intermediate care’ that both supports crisis resolution and rehabilitation at home, avoiding the need for admission to hospital or residential care and more time for recovery and rehabilitation after hospital admission. It should support more people to get back home and if they do need longer term care give them time to weigh up the risks, benefits and costs of different options. Key to this approach are the twin strategies of reablement/rehabilitation and more importantly still avoidance of admission in the first place.

Directors, on the basis of this survey, are committed to working positively and collaboratively with colleagues in health but are clear of the equity needed in this partnership if it is truly to deliver.

The survey has captured the realities and impacts of this pressure on the NHS and its effect on its relationship with adult social care.

The Impact of NHS Pressures on Adult Social Care

Directors were asked for the first time about their views on whether increased NHS pressures in 2023/24 will result in additional pressures for adult social care. 99% of Directors either strongly agreed or agreed that increased NHS pressures in 2023/24 will result in additional pressures for adult social care. Of these, 84% of Directors strongly agreed.

Four-fifths of Directors (81%) either strongly agreed or agreed that increased NHS pressures will lead to adult social care taking responsibility for services which previously the NHS would have arranged or delivered.

The interdependency between health and social care pressures is further evidenced by the opinions of NHS Leaders. The majority of NHS Leaders (98%) either agreed or strongly agreed in an NHS Confederation survey that the knock-on impact of understaffing in the social care sector is putting the care and safety of NHS patients at risk.[23]

11.1.1 Referrals to Adult Social Care from hospital or as a result of not being admitted to hospital

There has been a very small decrease in the proportion of Directors reporting an increase in the number of people presenting a need or being referred to adult social care from discharges and assessment from hospitals, down from 82% in our 2022 report to 81% of Directors in this year's report.

There has been an increase in the proportion of councils seeing in an increase in referrals from Discharges from Assessment and Treatment Units (ATUs or inpatient units for people with learning disabilities or autism and mental ill health) over the course of 2022/23, with just over half of Directors (53%) reporting this. This compares to 45% of Directors in 2021/22.

52% of Directors indicated that there were increases in the numbers of people presenting with need in their council areas as a result of not being admitted to hospital, up marginally from 46% of Directors reported in the 2022 Spring Survey report.

Figure 29 - Reported level of change that councils have experienced in people presenting need/being referred to adult social care as a result of the following over the course of 2021/22 (135 responses)

	Increased more than 10%	Increased less than 10%	No Change	Decreased less than 10%	Decreased more than 10%
People not being admitted to hospital	21% *(20%)*	31% *(26%)*	40% *(50%)*	3% *(0%)*	**5%** *(5%)*
Discharges from Assessment and Treatment Units (ATUs)	21% *(18%)*	32% *(27%)*	44% *(54%)*	2% *(1%)*	**2%** *(0%)*
Discharges and Assessment from hospitals	53% *(66%)*	28% *(17%)*	11% *(10%)*	4% *(4%)*	**5%** *(3%)*

[23] System on a cliff edge: addressing challenges in social care capacity, NHS Confederation, 28 July 2022.

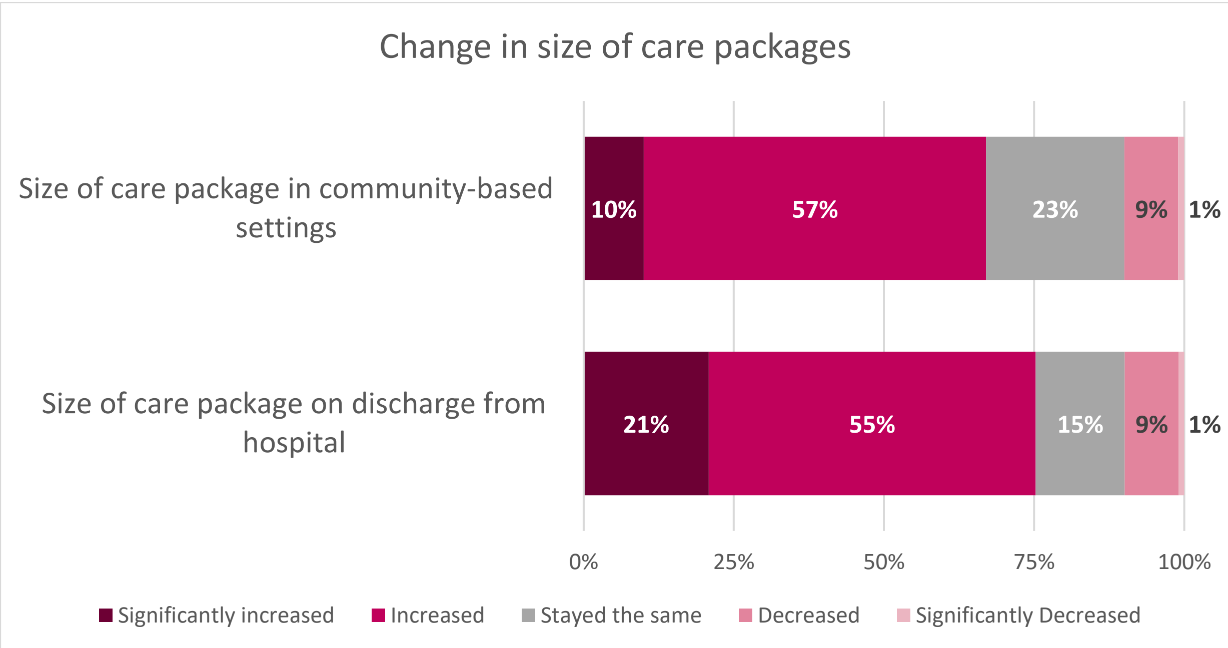
11.1.2 Complexity of Need

As set out above, four-fifths (81%) of Directors have experienced an increase in referrals from hospitals. The increased flow of people being referred to adult social care is being further exacerbated by the fact that the average size of care packages required has increased in the majority of council areas. Directors report that the average size of care packages for people being discharged from hospital more rapidly has either increased or increased significantly in 76% of council areas over the past 12 months. This is a lower increase than that reported in the 2022 ADASS Spring Survey which was 92%. However, it should be noted that the 2022 survey asked about the changes in average care package size since March 2020 when the Covid-19 pandemic was first declared in England.

Of these, the average size of care package (which might require more time or more than one care worker, for example) had increased or increased significantly in 76% of council areas over the past 12 months. 10% of Directors reported that the average size of care packages for people being discharged has decreased.

In addition, there has been either a significant increase or an increase in the size of care packages for those people drawing on funded care and support in community-based settings in 67% of council areas, which compares to 83% reported in our 2022 survey. This breaks down as 10% of councils have seen a significant increase, with 57% of Directors reporting an increase.

Figure 30 - Change in the average size of care packages for people entering state-funded care and support over the past 12 month



11.1.3 Continuing Health Care

Continuing Healthcare (CHC), where the NHS pays for all or some of a person's care needs because they are assessed as falling within the remit of health, has always been a contentious area. Tensions over this funding tend to increase at times of greatest pressure on resources.

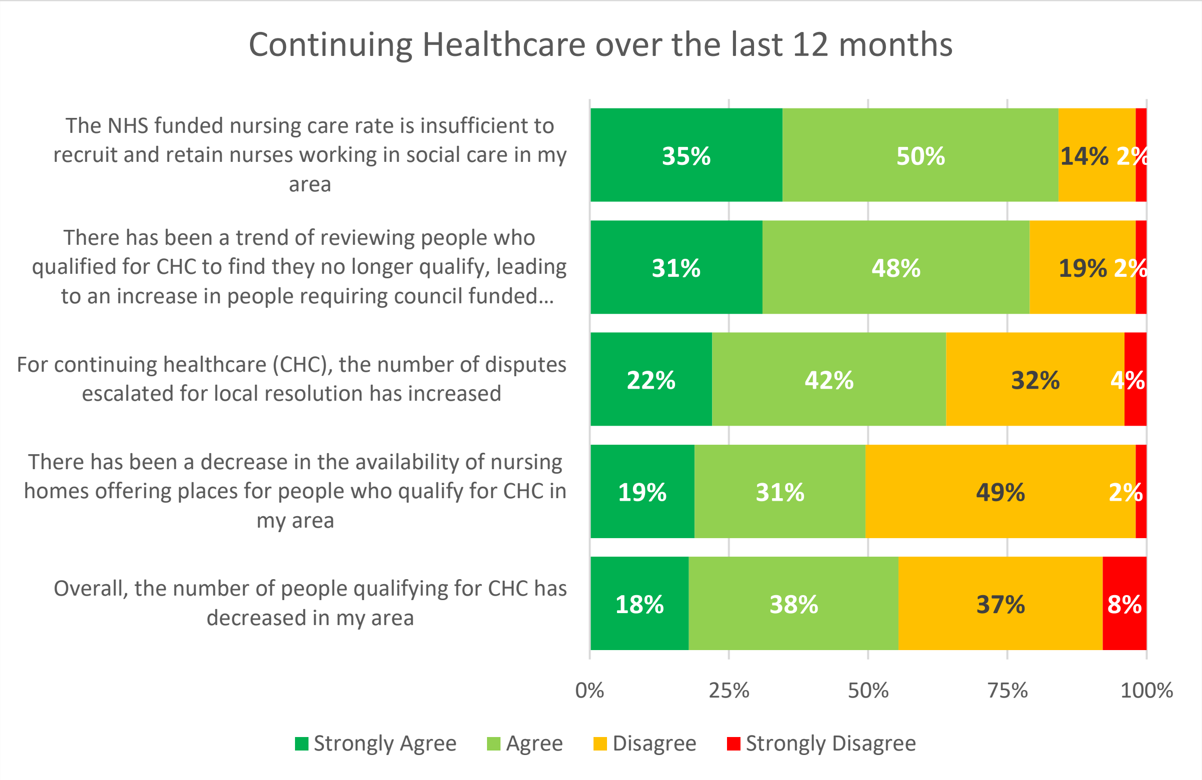
If the NHS does not agree to funding or withdraws from it then either the council or the individual (if they have savings or income) must pay for it.

The survey results indicate that Continuing Healthcare is one of the key areas of interface between the NHS and social care which is proving particularly problematic at this time.

85% of Directors either Strongly Agreed or Agreed that funding from the NHS which supports people in Care Homes with nursing is insufficient to attract and retain sufficient numbers of qualified nursing staff. There are a number of consequences for people who use social care services. Probably the most obvious is that the quality of care homes with nursing are substantially worse in terms of CQC inspection than any other form of social care, yet they make up the smallest part of the regulated social care market.

Directors are also concerned that there appears to be a shift in the outcome of CHC assessments where people who were previously assessed as qualifying for this status no longer do so. The survey also shows that the consequence for the relationship between health and social care is an increase in disputes between the parties. There is no obvious explanation for such a shift, particularly in the context of an ageing population with higher rates of dementia and younger people with significantly more complex health and care needs living longer and more fulfilling lives. NHS data confirms that fewer people are qualifying for CHC.

Figure 31 - Directors' views on Continuing Healthcare



There is a more mixed picture overall reported by Directors with some experiencing a decrease in the availably of nursing home places for people who qualify for CHC, but more than half not experiencing this and roughly equal numbers agreeing and disagreeing with the statement that overall numbers of people qualifying for CHC has decreased in their area.

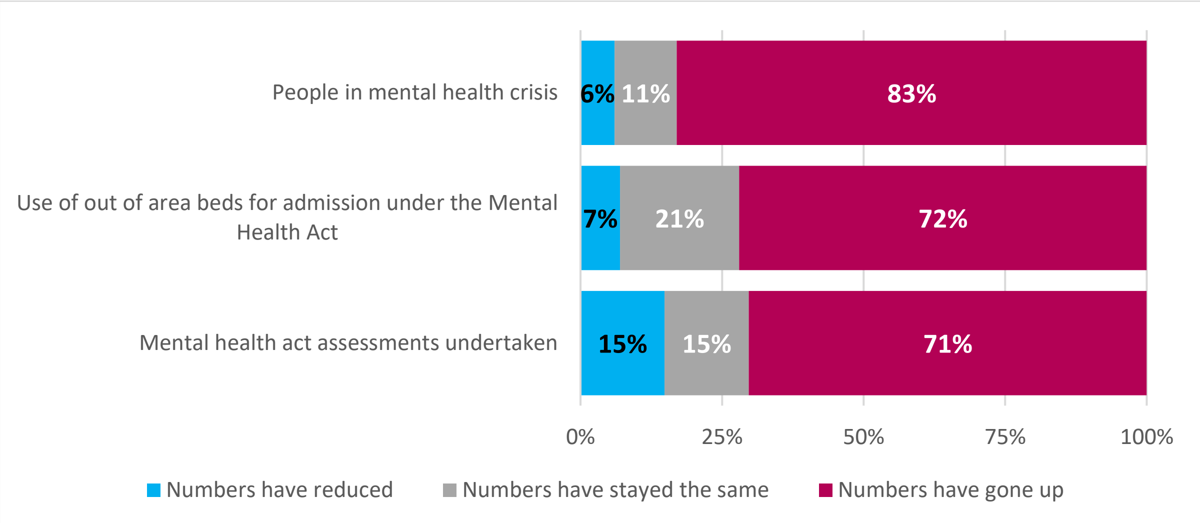
11.1.4 Mental Health

Directors are reporting a significant increase in activity in relation to community mental health with over 80% reporting an increase in the number of people in mental health crisis, an increase in the number of people placed in out of area NHS funded beds under the Mental Health Act and a consequential increase in the number of assessments undertaken. This is consistent with the proportion of Directors (81%) reporting an increase in the number of people approaching their council with mental ill health in the past 12 months earlier in this report.

This would appear to be a continuation of the pattern established last year where the post pandemic legacy of mental ill health had continued for another year and at this point shows no indication of reducing. Only 6% of Directors reported a reduction in the numbers of people in mental health crisis.

The interdependencies between health and social care in this are further illustrated by the views of healthcare leaders. Nearly two-thirds (63%) agreed that a lack of social care capacity is also resulting in increased demand for mental health services

Figure 32 - Changes in numbers accessing mental health services



11.1.5 Deprivation of Liberty Safeguards

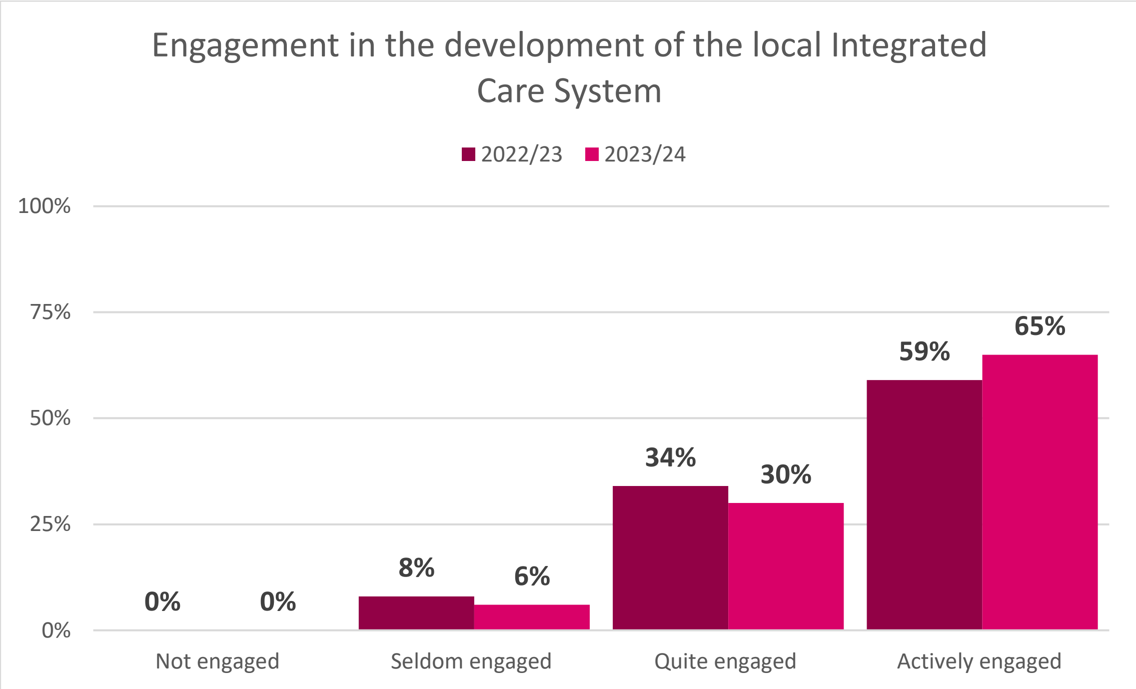
Directors were asked how many applications their council made in 2022/23 to the Court of Protection for authorisation of deprivations of liberty (DoLs) in settings other than hospitals or care homes. In total, 104 Directors responded to this question, indicating that a total of 4,429 applications were made to the Court of Protection in 2022/23. Extrapolated up to 153 councils this figure is 6,516. This averages out at 43 applications per council. This is an increase from an average of 33 applications per council in 2021/22.

There has been a steady increase in the numbers of people assessed in relation to DoLS and Continuing Health Care. However, there has equally been a continuing decrease in the numbers of people assessed in hospitals. We know that there are waits for assessments. However, given the initiatives over winter by government to discharge people, part of which was to care homes and given the likely proportion of those people who would not have had the capacity to make that decision themselves, this does warrant a closer look over the months to come.

11.1.6 Engagement with the new NHS structures

Levels of 'active engagement' in Integrated Care Systems have increased somewhat from last year. This suggests that both Adult Social care is seeking to positively engage with colleagues in the NHS and that they are accepting of this so as to facilitate the successful implementation of these changes.

Figure 33 - Engagement with the local Integrated Care System



11.1.7 Data driven decision-making in health and social care

On a positive note, the majority of Directors (85%) either strongly agree or agree that data is collected and used on the numbers of people discharged from hospital who require care and support (either state or self-funded).

Most Directors also agree that data is being well used to facilitate safe, sustainable and timely discharge from hospital both for people who are self-funding and for those paid for by the state. Around two thirds (72%) of Directors either strongly agreed or agreed that local discharge procedures are appropriately personalised.

However, over a quarter of respondents said that they did not think that data is collected and used on safe and effective hospital discharge and that they knew that people's safeguarding needs are addressed – including safeguards from abuse, neglect and Deprivation of Liberty Safeguards.

Figure 34 - Directors' views on features of their local health and social care system (hospital discharge, reablement and intermediate care)

	Strongly Agree	Agree	Disagree	Strongly Disagree
Data is collected and used on the numbers of people discharged from hospital who require care and support (either state or self-funded)	18%	67%	14%	0%
Data is collected and used on safe and effective hospital discharge and we know that people's safeguarding needs are addressed – including safeguards from abuse, neglect and Deprivation of Liberty Safeguards	17%	55%	26%	3%

11.1.8 Discharge and Admissions Avoidance

Directors were asked to what extent they agreed or disagreed with a range of statements. Two-thirds of Directors (66%) either strongly agreed or agreed that admission and discharge data, transfer of care pathway decisions and post-discharge outcomes are collected and shared.

Nearly two-thirds of Directors (63%) either strongly agreed or agreed that local discharge processes are personalised for the individual leaving acute care. This leaves a concerning 37% that weren't.

Just over four-fifths of Directors (81%) either agreed or strongly agreed that multi-agency transfer of care hubs have been established in their local areas.

Looking at trying to reduce the number of people going into hospital, only 58% of Directors either agreed or strongly agreed that there is an agreed multi-agency admission avoidance plan for their local health and social care system(s). The remaining Directors either disagreed or strongly disagreed that this was the case.

More positively nearly three-quarters of Directors (73%) either agreed or strongly agreed that there are agreed processes for market shaping and capacity building for out of hospital services in their local area.

Figure 35 - Directors' views on features of their local health and social care system (discharge & market shaping)

	Strongly Agree	Agree	Disagree	Strongly Disagree
Multi-agency transfer of care hubs have been established	29%	52%	18%	1%
There are agreed processes for market shaping and capacity building for out of hospital services	14%	59%	27%	1%
Admission and discharge data, transfer of care pathway decisions and post-discharge outcomes are collected and shared	17%	49%	25%	9%
Local discharge processes are personalised for the individual leaving acute care	10%	53%	33%	4%
There is an agreed multi-agency admission avoidance plan for my local health and social care system(s)	9%	49%	40%	3%

11.1.9 Improving the capacity and impact of intermediate care

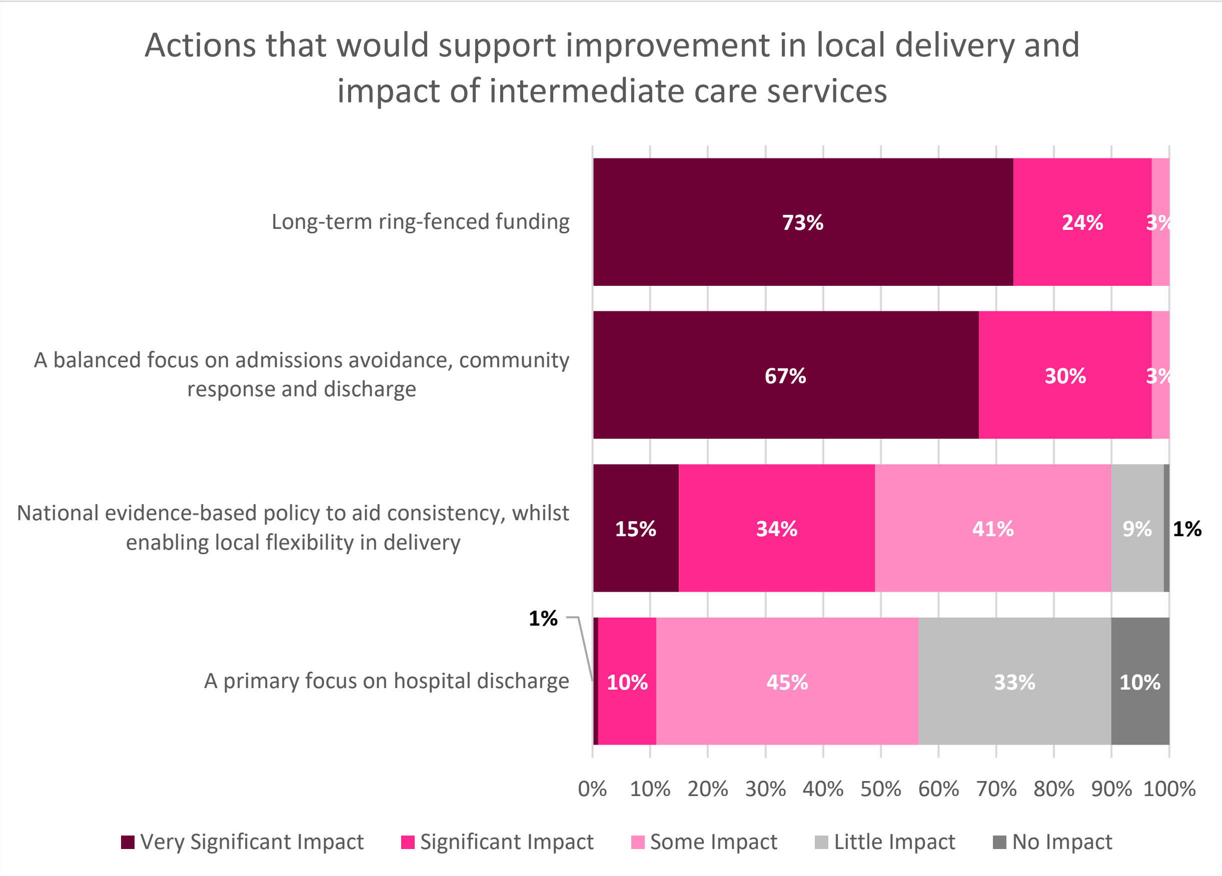
Intermediate care (crisis resolution and rehabilitation at home to avoid hospital or residential care admission and recovery, rehabilitation and reablement on discharge) could contribute to better outcomes for people, less need for hospital or residential care and increased independence after admission to hospital.

Directors were asked to what extent they agreed or disagreed with the statement that people have access to effective rehabilitation or reablement and make informed choices based on understanding the risks, benefits and costs of different options in their local health and social care system(s). A significant proportion of Directors (69%) either strongly agreed or agreed that this is the case, with the remaining Directors either disagreeing or strongly disagreeing.

Directors were asked whether data is collected and used about the numbers of people needing and accessing intermediate care/ crisis resolution/ rehabilitation/reablement support to avoid hospital admission in their local area across health and social care. 58% of Directors either agreed or strongly agreed that this is the case in their local area, with 42% disagreeing or strongly agreeing that this is the case.

Directors were asked to assess what actions the think would be most effective for improving local delivery and impact of intermediate care services in their local area, to assist in improving people's independence and reducing pressure on acute NHS and adult social care services. As can be seen from 36 below there is a clear and strong consensus that long-term ring-fenced funding coupled with a more balanced focus on admissions avoidance, community response and discharge is likely to deliver a more effective outcome than unbalanced single focus on discharge, which unfortunately is the more prevalent approach as this time. There is also clear support for the development of an evidenced based national policy which Directors believe will increase consistency while enabling local councils to respond flexibly to local needs.

Figure 36 Directors' views of the impact of actions to improve the local delivery and impact of intermediate care services



Overall, Directors were clear that the priorities in terms of impact on improving people's discharge journey from hospital to home were about access to more community-based care, greater access to community nursing and primary care and all of this within the context of realistic timescale to plan and arrange effective and safe discharge.

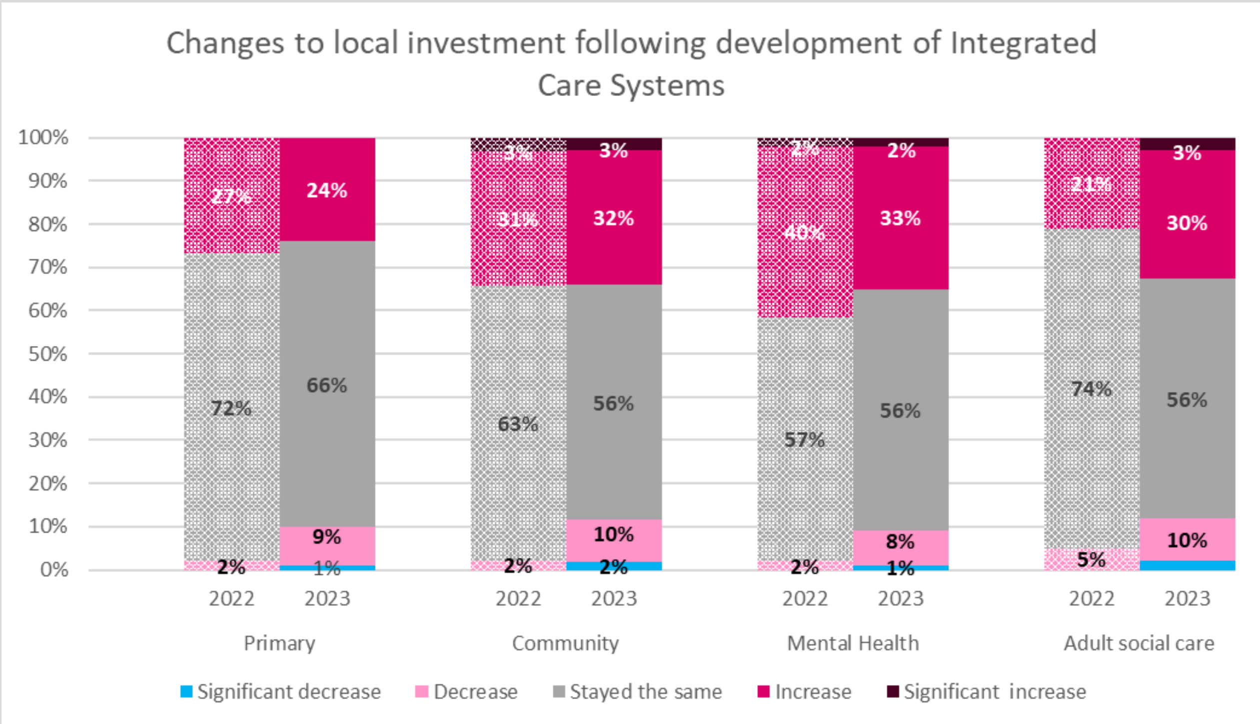
11.2 INTEGRATED CARE SYSTEMS- INVESTMENT

Directors were asked their views on changes to local investment as a result of the development of Integrated Care Systems. There have been some changes to the pattern of investment between last year and this year.

The proportion of Directors indicating that the levels of investment in adult social care has increased or significantly increased from 2022/23 to 2023/24 gone up from just over one-fifth (21%) to one-third (33%) of Directors. However, there has also been an increase in the proportion of Directors indicating that there has been a decrease or significant decrease in investment in adult social care.

In relation to investment in primary care, community care and mental health as a result of the development of Integrated Care Systems, there has been a drop in the proportion of Directors indicating a significant increase or an increase. Notably, there has also been an increase in the proportion of Directors reporting either a significant decrease or decrease in investment in these areas across their locality.

Figure 37 - Directors' views on changes to local investment following the development of Integrated Care Systems



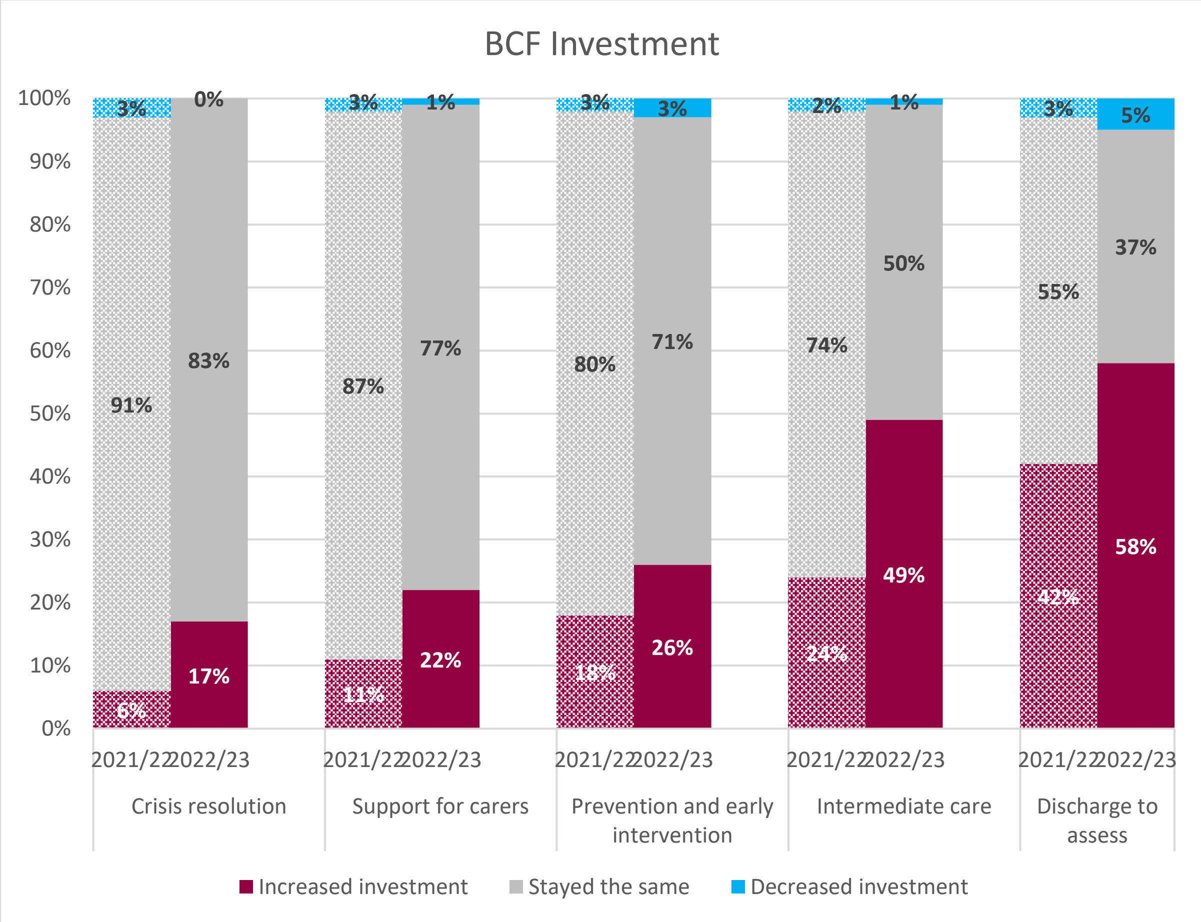
11.3 BETTER CARE FUND INVESTMENT

Directors were asked how the Better Care Fund (BCF) will be spent on the following specific support types in 2023/24 compared to 2022/23.

The area where there has been an increase in investment across the largest proportion of council areas is discharge-to-assess where 58% of Directors reported this is the case, in 2022/23 this figure was 42%. This was followed by intermediate care where nearly half (49%) of Directors reported that there has been an increase in investment in their local area, this figure has doubled from 24% in 2022/23. Prevention and early intervention approaches have seen an increase in investment in just over a quarter (26%) of local areas according to Directors for 2023/24, this has increased from 18% in 2022/23.

For most support types, investment levels have stayed the same in the majority of local areas, with the exception of discharge to assess where this was the case in only 37% of local areas. Very few respondents reported decreased investment in the support types listed below, with an average of 2% reporting decreased investment overall.

Figure 38 - Spending of BCF funding to support specific activities compared to the previous year (137 responses)

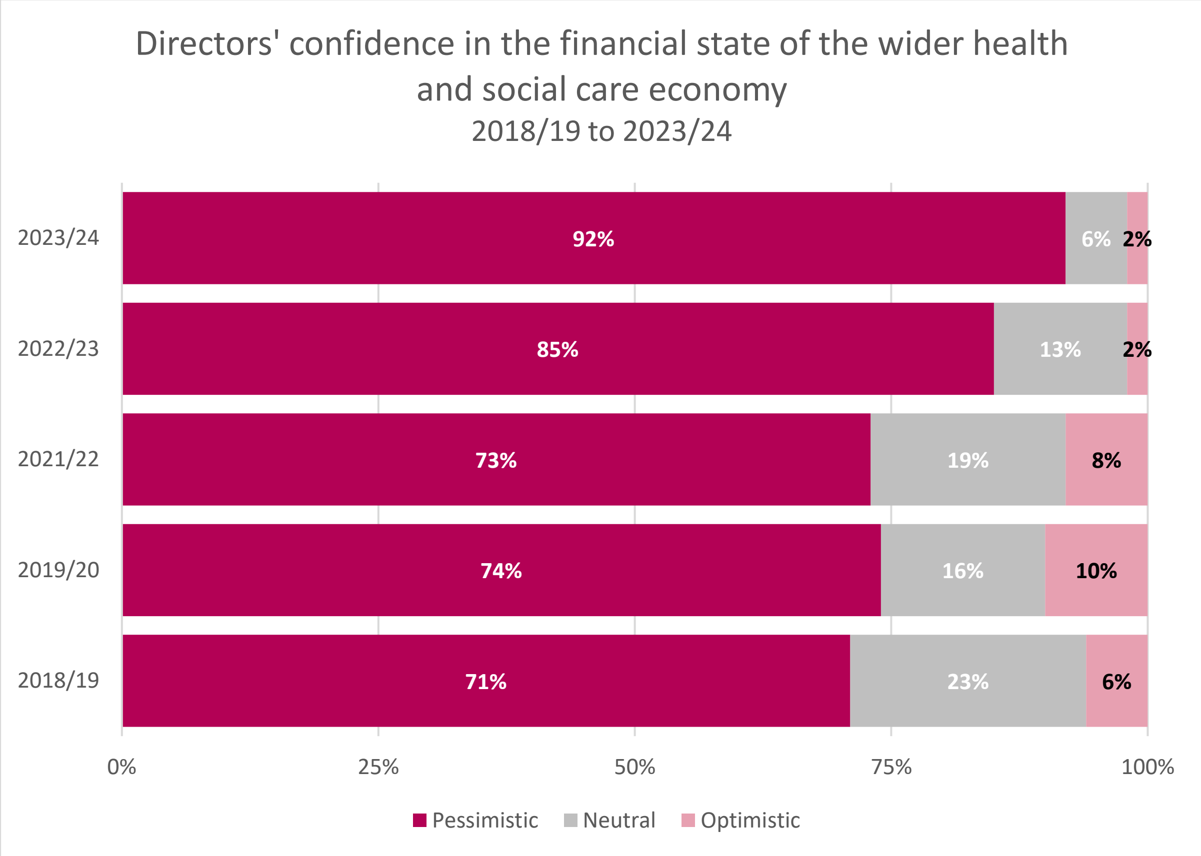


11.4 FINANCIAL OUTLOOK FOR HEALTH AND SOCIAL CARE

Concerns about financial constraints are not limited to adult social care budgets. Directors were asked how they feel about the financial state of the wider health and care economy in their local area (see below).

92% of Directors reported that they feel pessimistic about the financial state of their local health and social care economy, in the 2022 report this figure was 85%. Of these 24% were very pessimistic and 68% were pessimistic.

Figure 39 - Directors' confidence about the financial state of the wider health and social care economy in their local area over the next 12 months? (141 responses)



11.4.1 Building a better relationship with the NHS

The survey revels four main strands that Directors believe will improve joint working between health and social care during the continuing development of Integrated Care Systems.

Firstly, greater and more consistent collaboration between the NHS, Local and National Government to produce national policy that has the support and endorsement of all parties, recognising the complexity and reality of what is needed and what is delivered.

Secondly, data which explains what is happening at the 'place based' level of local councils not just data aggregated to ICS level which main cover up to two million people. Adult social care is keen to engage with and learn from the effective collection and analysis of data, but it is key that data relates to the scope and scale of responsibilities of local councils. Directors responding to this question highlighted the need for a national data sharing agreement to enable councils and health partners to access live data from across their local areas to ensure seamless care and support. Also, that local shared data needs to include the outcome data on discharge and reablement pathways.

Thirdly Directors would like to see far greater emphasis on joint co-production and engagement approaches founded on parity of esteem between the NHS bodies and social care. Directors highlighted a range of areas where joint working would be valuable. These included, but are not limited to, joint commissioning, recruitment (including parity of esteem of pay and terms and conditions across health and social care), greater use of pooled budgets and the need to join up financial planning cycles for councils and Integrated Care Boards.

The fourth component is the strengthening of regional relationships which would include ADASS, LGA, NHSE and could greatly improve joint understanding between the partners to facilitate better and more effective planning. The infrastructure at a regional level for adult social care is incredibly thin, so this would require some investment.

12 CONCLUSION AND RECOMMENDATIONS

Care needs are increasing. More people are being referred in relation to mental ill health, domestic abuse and rough sleeping. More carers are exhausted. The pressures to discharge people from hospital are significant. Over 400,000 people are still waiting for an assessment of their needs, care and support to begin or for a review of their care plan. These are more than numbers, they are our grandparents, mothers, fathers, brothers and sisters. This in turn, along with people waiting for NHS support and treatment, means that unpaid carers are bearing the brunt of the fallout from adult social care and the NHS pressures.

Looking forward, the pressures outlined in this report are only likely to intensify as a result of the further delay of the implementation of Liberty Protection Safeguards, with uncertainty of the continuation of policies and funding for international recruitment and the recent decision of the Metropolitan Police to no longer attend emergency calls related to mental health incidents.

Recommendations - looking for solutions- we need:

In the short-term:

- We urge the Government to unlock the £600m social care reform funding they have held back in order to increase intermediate care both for crisis resolution and the avoidance of hospital or residential care admission and to help more people get back on their feet and make good choices after hospitals and for increasing support to carers.

In the short to medium term:

- International recruitment is not a long-term solution. Pay, conditions, training, progression for both care staff and professional staff all need to be addressed.

In the long-term:

- We need political parties of all colours to set out a long-term plan for investment, as we have set out in Time to act: A roadmap for reforming care and support in England that we published in April. We need the political will to make social care a priority over the next ten years so everyone can get the care they need, when they need it in the future.

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ADASS is the Association of Directors of Adult Social Services in England.

We are a membership charity, a leading, independent voice of adult social care.

We promote higher standards of social care services and influence policies and decision-makers to transform the lives of people needing and providing care - so that all of us needing care and support can live the lives they want regardless of age, disability, status, and social background.

The membership is drawn from serving directors of adult social care employed by local authorities and their direct reports. Associate members are past directors and, since 2019, our wider membership includes principal social workers.

Charity reg.

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