

ADASS Member Survey

**Changing the way that adult social care is funded, delivered,
and experienced**

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1 KEY MESSAGES

The Government has set out several planned changes to the way that adult social care is funded, paid for by individuals, works with the NHS, how its workforce is developed, how mental health and Liberty Protection works and pilots for different models of care. These changes are referred to in this report as 'reform'. These plans are starting, or are planned to start, over the next two years. They are taking place in a backdrop of extremely challenging circumstances in relation to increased needs, more people waiting and reducing staff.

In that context, Directors are not confident about the deliverability of reform. ADASS has asked that the priority is funding to support care at home, workforce and unpaid carers.

The majority of Directors (71%) are **not confident that there is sufficient funding to deliver what is currently scheduled**, whilst 22% said it was too early to say. No Directors were fully confident.

Directors are also not confident that the current timescales for key aspects of reform are deliverable. 57% have no confidence, and **no Directors are fully confident that the current timescales are sufficient to deliver what is currently proposed**.

Work is underway in relation to the establishment of **Integrated Care Systems (ICS)**, consultations with providers in relation to the actual cost of care provision (**Fair Cost of Care**) and a small number of pilots, **'Trailblazers,' for changes to what people are charged** for care and support.

A majority of Directors say that the **establishment of, Liberty Protection Safeguards (LPS), Building the Right Support (BtRS) and Mental Health Act changes should proceed as planned**.

A majority of Directors (58%) said that the £86,000 cap on what individuals will pay for their care should be delayed by 1 year.

41% of Directors suggest implementation as proposed for Fair Cost of Care arrangements, which would give people who pay for their own care to access the same rates as councils, whilst 40% suggested a delay of a year.

A significant proportion of councils are struggling to achieve a high level of provider engagement in response to their Cost of Care Exercises with 37% of Directors reporting that no home care providers have engaged, whilst 32% reporting that no care home providers have engaged to date.

Despite concerns about engagement of providers, **over 90% of Directors were either confident or very confident of meeting the 14 October deadline** for all the returns relating to the Market Sustainability and Fair Cost of Care Fund.

Just 8% of Directors agreed that the 18(3)-provision relating to the duty to arrange care and support should be implemented as planned. This relates to the provision whereby people with assets can ask their council to arrange the care they want at a fee rate that the council would pay (rather than the typically higher rate that providers would charge for people who are paying for themselves privately).

Directors are **reasonably confident that their council will be ready to implement the Liberty Protection Safeguards (LPS) system in 2023 (exact date yet to be announced).**

Most Directors report that they have been engaged in the development of their local ICSs with 92% saying they have either been quite engaged or actively engaged. That means that 8% of Directors report that they are seldom engaged by their ICS.

Whilst there has been an emphasis on the potential for ICSs to support the transition to more care and support in people's homes and communities, **72% of Directors report that ICS development has had little impact on local investment in adult social care to date** and 5% of Directors said that ICSs were reducing investment in adult social care.

More promisingly, **42% of Director say that the level of investment in mental health services locally has increased for 2022/23.**

27% of Directors said that adult social care 'assurance' (the inspection of councils' adult social care) should be implemented according to the current timetable, with most of the remainder favouring a delay of at least a year.

2 METHODOLOGY

The data contained in this report was collected as part of the ADASS Spring Survey 2022 and is presented here as a standalone report.¹

The 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 152 English councils with responsibility for adult social care. These Directors are all members of ADASS.

There were 144 completed returns to this survey, a 95% response rate. The survey was distributed via an online link and remained open between 5 May and 15 June 2022. The survey is conducted around the same period each year to enable comparability.

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

3 INTRODUCTION & CONTEXT

This report covers responses to the ADASS Spring Survey relating to adult social care reforms:

- In parts of the Health and Care Act 2022 - including aspects of the setting up of Integrated Care Systems, 'assurance' (regulation of councils' Adult social care,) and who is charged for care and how much.²
- Those that are planned for or aspired to in the *People at the Heart of Care: Adult Social Care Reform White Paper*.³

¹ [ADASS Spring Budget Survey, Association of Directors of Adult Social Services, July 2022](#)

² [Health and Care Act, HM Government, April 2022](#)

³ [People at the Heart of Care: Adult Social Care White Paper, Department of Health and Social Care, December 2021](#)

- The changes to how people's liberty is protected if they lack capacity to make specific decisions by the planned Liberty Protection Safeguards (LPS).
- Mental Health Act changes, and
- 'Building the Right Support' – plans to continue the work to reduce the numbers of people with a learning disability and/or autism who are living in Assessment and Treatment Units.⁴

These changes are taking place, or are planned to take place, in the context of the financial, workforce and capacity shortfalls set out in the ADASS's Spring Survey and other member surveys.

4 ADULT SOCIAL CARE REFORM

This section looks at what Directors told us about different aspects of reform, including:

- Adult Social Care Reform.
- Charging Reform & Fair Cost of Care.
- Assurance
- Liberty Protection Safeguards.
- Integration / Integrated Care Systems.

4.1 ADULT SOCIAL CARE REFORM

The programme of adult social care reform planned and underway presents a range of financial, capacity, and logistical challenges to councils.

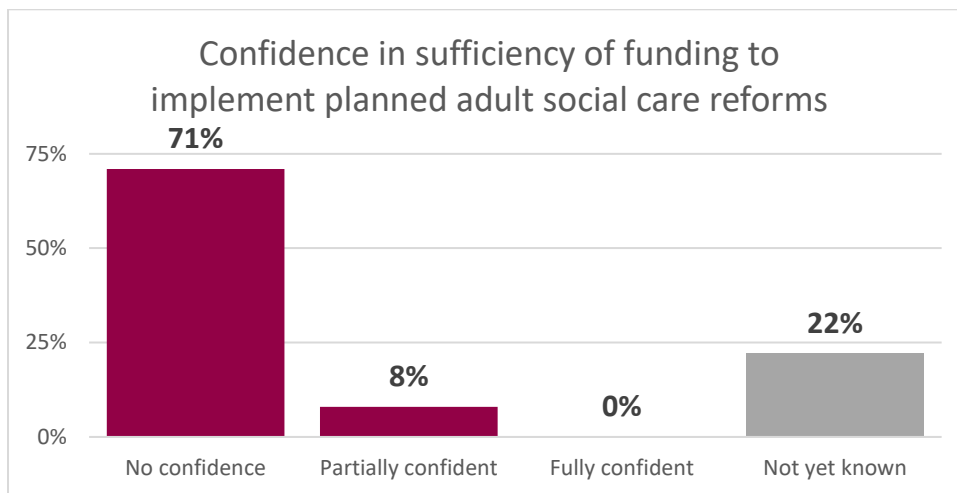
Work is currently underway in relation to the establishment of **Integrated Care Systems (ICSs)**, which went live in July 2022, consultations with providers in relation to the actual cost of care provision (**Fair Cost of Care**), and a small number of pilots, **'Trailblazers,' for changes to what people are charged** for care and support.

We asked Directors how confident they felt that there is sufficient funding available and whether timescales are practicable to deliver all the proposed reforms to adult social care.

71% of the 139 respondents to this question said that they were not confident that sufficient funding is in place to implement the planned adult social care reforms across the board, with 8% saying that they were partially confident. No Directors said they were fully confident that funding is sufficient, however 22% said it is too early to say.

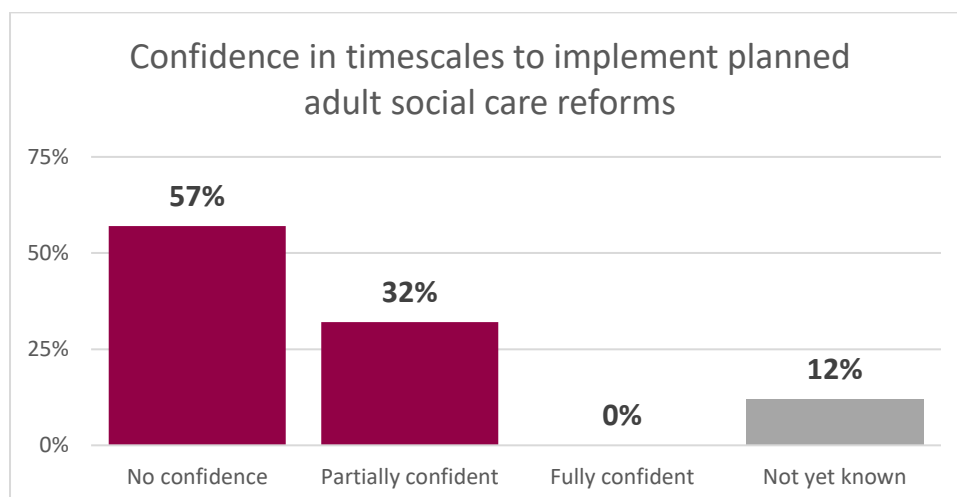
⁴ [Building the Right Support for people with a learning disability and autistic people, Department of Health and Social Care, July 2022](#)

Figure 1 - Confidence in sufficiency of funding to implement planned adult social care reforms (139 responses)



The majority of Directors (89%) either have no confidence or are only partially confident that the timescales to implement planned adult social care reforms are practicable. This breaks down as 57% of Directors have no confidence that the timescales are practicable and 32% who are only partially confident. No Directors are fully confident and for 12% this is not yet known.

Figure 2 - Confidence in the timescales to implement planned adult social care reforms (139 responses)



This lack of confidence about the do-ability of reform, reflects Directors wider concerns about their ability to meet their wider legal responsibilities (Statutory Duties), with just 12% of Directors confident that they have the resources to deliver on all their responsibilities this year, and just 3% next year.⁵

Looking at the changes, Directors were asked what importance they would place on the implementation of Government adult social care reform proposals based on their council's capacity to deliver and to mitigate the level of risk to councils, whilst enabling a greater focus on recovery. They were asked to indicate their preferred course of action for each of the reforms listed.

⁵ ADASS Spring Survey, Association of Directors of Adult Social Services, July 2022

A majority of Directors agree that the establishment of ICSs, Liberty Protection Safeguards, Mental Health Act and Building the Right Support (BtRS) should be implemented as planned.

A majority of Directors agreed that the £86,000 care cap, Section 18(3) Duty to Arrange Care and Support, revised capital thresholds and assurance of ICSs and adult social care should be delayed by at least 1 year.

On the Fair Cost of Care responses were more mixed, with the largest proportion (41%) of Directors suggesting implementation as proposed, but 40% suggesting a delay of a year. The highest proportion of respondents for each implementation proposal is highlighted in the table below.

Figure 3 – Preferred course of action to reduce level of risk on councils for implementation of each reform area (135 respondents)

Reform Area	Implement as proposed	Delay Implementation		
		by 1 year	by 2 years	Indefinitely
Fair cost of care	41%	40%	16%	3%
£86,000 Care Cap	9%	58%	22%	11%
18(3)- duty to arrange	8%	49%	31%	12%
Revised lower & upper capital thresholds	22%	49%	23%	7%
Establishment of ICSs	85%	11%	2%	3%
Assurance of adult social care	27%	46%	21%	6%
Assurance of ICSs	30%	47%	17%	5%
Liberty Protection Safeguards	55%	36%	8%	2%
Mental Health Act	63%	29%	8%	0%
Building the Right Support	61%	31%	7%	2%

4.2 CHARGING REFORM & THE FAIR COST OF CARE

Charging Reform

In September 2021 Government published *Build Back Better: Our Plan for Health and Social Care* which set out its plan for adult social care reform in England.⁶ This included a lifetime cap on the amount anyone in England will need to spend on their care of £86,000, alongside a more generous means-test for council financial support.

Directors were asked to rank what they deem to be the greatest risk to the successful implementation of the Government's Charging Reforms, with 1 being the area of greatest risk. In line with the findings on funding set out earlier in this report, insufficient funding was identified as the area of greatest risk. The availability of workforce to undertake needs assessments and financial assessments were ranked second and third respectively. This should come as no surprise given the findings presented in the latest ADASS member survey on waiting for care which showed that the number of people awaiting an assessment of any kind was 294,449 on 30th April 2022.⁷ This figure had increased by 90,000 people since November 2021.

⁶ [Build Back Better: Our Plan for Health and Social Care, Department of Health and Social Care, September 2022](#)

⁷ [ADASS Waiting for Care & Support, Association of Directors of Adult Social Care, May 2022](#)

Figure 4: Directors views on the greatest risks to the successful implementation of the Government's Charging Reforms (Ranked from the perceived area of greatest risk (1) to the least risk (6))

	Ranking
Insufficient funding	1
Availability of workforce to undertake needs assessments	2
Availability of workforce to undertake financial assessments	3
Overarching timelines for implementation	4
Implementation of IT systems required for care accounts	5
Mismatched public expectations and representations and complaints	6

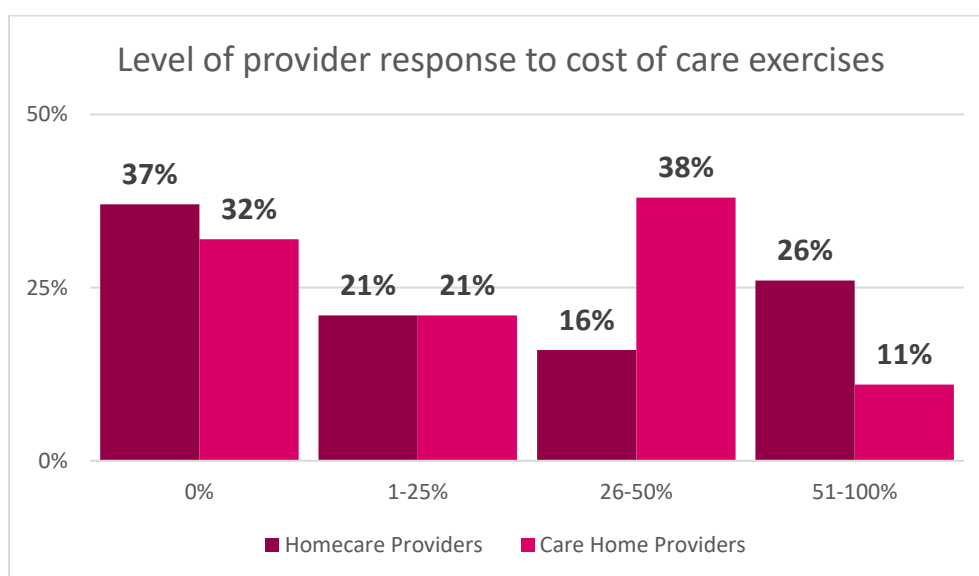
Fair Cost of Care

In September 2021 the Prime Minister also announced that the government would provide funding to support councils to move towards paying adult social care providers a 'Fair Cost of Care'. The purpose of this government policy is stated as being to deliver a sustainable care market.

Fair Cost of Care exercises are a high priority for councils, due to the short amount of time available between the formal announcement of the grant conditions in late March 2022 and the deadline for submitting the responses required by DHSC.⁸ Councils are required to make a submission of Cost of Care Exercises, a Provisional Market Sustainability Plan, and a Spend Plan by the deadline of 14 October 2022. Directors were asked several questions about how this work was progressing and their confidence in meeting the 14 October deadline.

On provider responses to cost of care exercises, at the time of the survey, home care providers were more responsive to the exercise, with 26% of Directors reporting that over 50% of home care providers had engaged in the process, compared to 11% of Directors reporting that over 50% of care home providers had engaged. There was, however, at the time of the survey, a high percentage of Directors reporting that no providers had engaged – 37% for home care providers and 32% of care home providers.

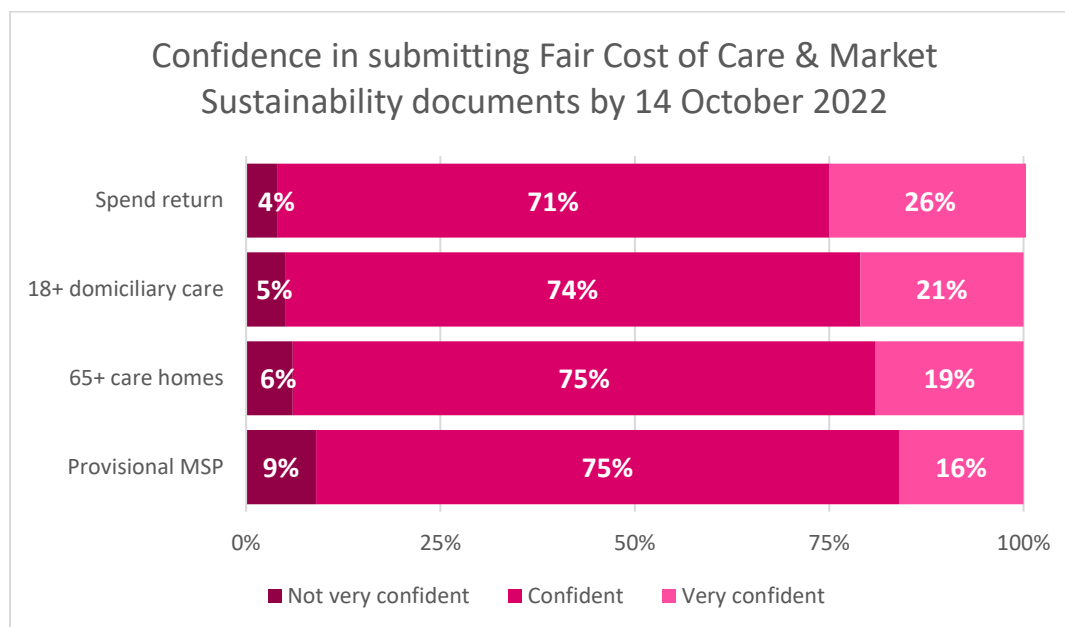
Figure 5: Level of provider engagement for those councils that have completed cost of care exercises



⁸ [Market Sustainability and Fair Cost of Care Fund 2022 to 2023: guidance, Department of Health and Social Care, March 22](#)

Notwithstanding the relatively low levels of provider engagement to-date, over 90% of Directors were either confident or very confident of meeting the 14 October deadline for all the returns required by the Market Sustainability and Fair Cost of Care Fund. On average, 20% of Directors are very confident about delivering in the timescales. However, it should be noted that nearly one in ten Directors are not very confident about submitting their provisional Market Sustainability Plan by the October deadline. However, it is already clear that there is going to be a gap between what is sustainable, including if 18(3) is implemented, and what is affordable.

Figure 6 - Confidence in submitting returns to the Department of Health and Social Care by the deadline of 14th October 2022



4.3 'ASSURANCE'

Government announced in *the Integration and innovation: Working together to improve health and social care for all* White Paper, published in February 2021, the intention to develop a new regulatory inspection and assurance framework for adult social care.⁹

These proposals included a new duty for the Care Quality Commission (CQC) to assess councils' delivery of their adult social care duties. The intention was also to include powers for the Secretary of State (SoS) to intervene where, following assessment under the new CQC duty, it is considered that a council is failing to meet their duties. These high-level proposals were formalised in the Health and Care Act 2022.

As part of the CQC assurance process it is expected that councils will receive a judgement on their performance. To-date there is no published position on the approach that would be taken. Directors were asked to rank three potential approaches that could be taken in order of preference. The table below shows that Directors would prefer to receive a narrative judgement. This was followed by sub-ratings which would be scored a cross several categories and their lowest preference was a single-word judgement, such as 'inadequate' which are used for the inspection of Children's Services.

⁹ [Integration and innovation: working together to improve health and social care for all, Department of Health and Social Care, February 2022](#)

Figure 7: Director preferences in terms of how the outcomes of CQC assessments are reported ranked in order of preference (140 responses)

Ranking	Type of Judgement	Average Score
1	Narrative judgement	1.34
2	Sub-ratings	2.08
3	Single word ranking (e.g. inadequate, good, etc...)	2.57

4.4 DEPRIVATION OF LIBERTY AND LIBERTY PROTECTION SAFEGUARDS

Directors were asked how confident they were that their council would be ready to implement the Liberty Protection Safeguards (LPS) in 2023 (exact date yet to be announced), from 0% (Not confident at all) to 100% (Extremely confident). The average from the 137 Directors that responded was 63%.

When the LPS scheme replaces the Deprivation of Liberty Safeguards (DoLS) scheme, cases that were made under NHS Continuing Healthcare (CHC) arrangements or within NHS hospitals will transfer from councils to ICSs or to NHS Trusts (in the case of cases made in hospitals). In order to assess the number of cases that would transfer with the LPS scheme, Directors were asked what proportion of DoLS applications were made in each setting:

Figure 8 - Percentage of DoLS applications by setting, 2020/21 and 2021/22

DoLS Application Setting	2020/21	2021/22
Made under Continuing Healthcare	11%	12%
Within NHS Hospitals	32%	31%

Directors were asked how many applications their council made in 2021/22 to the Court of Protection for authorisation of deprivations of liberty in settings other than hospitals or care homes. In total, 111 Directors responded to this question, indicating that a total of 3,679 applications were made to the Court of Protection in 2021/22.

Extrapolated up to 152 councils this figure is 5,038. This averages out at 33 applications per council. This is an increase from an average of 28 applications per council in 2020/21.

4.5 INTEGRATION AND ICS DEVELOPMENT

42 Integrated Care Systems (ICSs) were established across England on a statutory basis on 1 July 2022, covering populations of around 500,000 to 3 million people.¹⁰

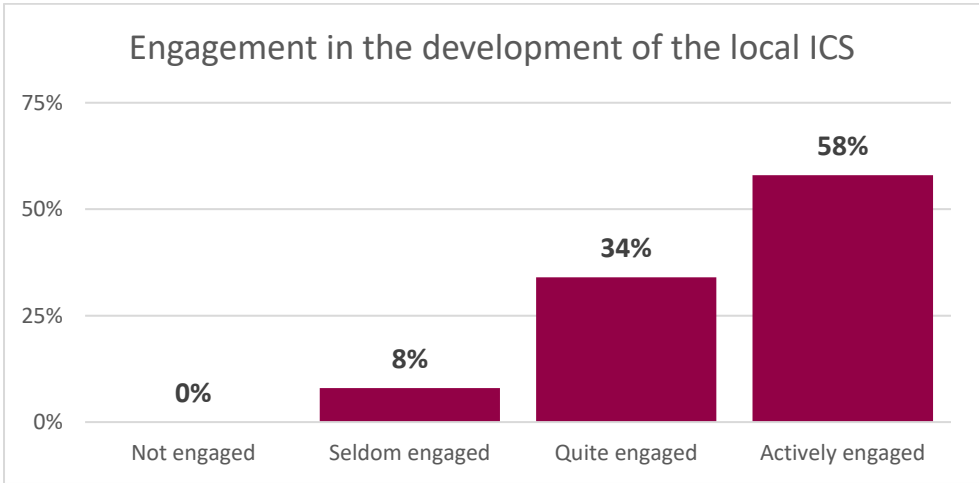
ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with councils and other local partners with the intention that they work together to plan and deliver health and care services to meet the needs of their population.

¹⁰ [Integrated care systems: what do they look like?, Health Foundation, June 2022](#)

Directors were asked a series of questions in the run-up to the date that ICSs became statutory bodies. This information will provide a temperature check on engagement and ICS impact on local investment in adult social care through ICSs, now and in the coming years.

92% of Directors reported that they have been either quite engaged or actively engaged in the development of the ICS(s) in their local area. Of those, 58% reported that they have been actively engaged and the remaining 34% stating that they’ve been quite engaged.

Figure 9 - Level of engagement and involvement in the development of local ICS to-date (140 responses)

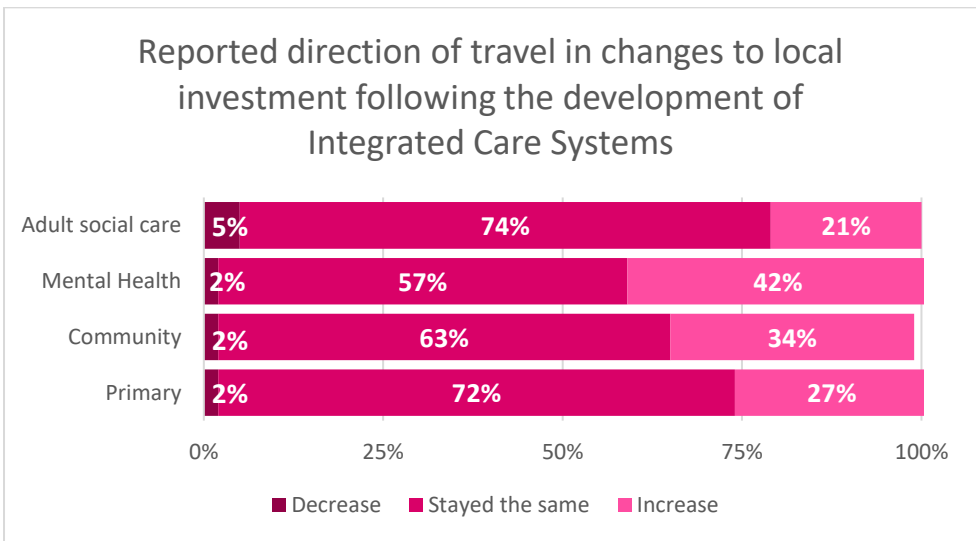


The majority of Directors (74%) report that the development of ICSs has not impacted investment in local adult social care services in 2022/23, with investment levels staying the same. In 21% of council areas there has been a commitment to increase investment in adult social care.

Mental health services have the highest reported percentage of increased investment, with 42% of respondents saying that investment has increased, compared to 57% reporting investment stayed the same.

5% of Directors said that ICS development was reducing investment in adult social care, and 2% of Directors that their ICS has reduced investment in primary, community, and mental health services.

Figure 10 – Reported direction of travel in changes to local investment following the development of Integrated Care Systems



5 CONCLUSION & RECOMMENDATIONS

People needing or working in care and support are already significantly impacted by the impacts of austerity and the pandemic; and have now been further hit by the cost-of-living crisis. As we have seen in successive ADASS member surveys over the last year, councils are having to respond to increased requests and referrals, people have more complex needs, more carers are breaking down and, despite incredible efforts to commission and deliver over 40 million home care hours in the first quarter of 2022 (a 16% increase compared to 2021), the reality is that unmet, under met, and wrongly met need are increasing. Even without these constraints, it would have been challenging for councils to deliver the current reform proposals with existing funding and to the current timetable for several reasons:

- **Not enough time** - There are two issues here. First, we still do not have clear dates or timetables for some aspects of reform such as LPS and BTRS, as well as White Paper commitments such as piloting new models of care, support for unpaid carers and enhanced information and advice. Secondly, those aspects of reform that we do have timings for (largely charging, assurance and integration), have deadlines that are such that peaks in staffing and resourcing to deliver them land at the same time.
- **Not enough staff** – Aside from the obvious need for a wider national adult social care workforce strategy which will enable to deliver the care, support and safeguards that we all want and to address the needs of people waiting, we also need a plan that makes clear how we will recruit the staff needed to implement all of the required changes. Currently, it is not clear where all of the social workers, therapists, social care and finance staff are going to come from to deliver all of the additional (needs and financial) assessments and activity that will be required.
- **Not enough money** - Of the £5.4bn that is allocated for adult social care as part of the Health and Social Care Levy, most of this will go towards reducing the amount that people with assets will pay for care and the unfairness of catastrophic care costs – although the split favours those people with higher asset levels rather than the modestly wealthy. Part of it will go towards reducing the amount that people pay for their own care if they have assets through the introduction of Fair Cost of Care, and the ability of individuals with assets to ask councils to arrange their care (but there are significant concerns across the sector that this will further destabilise care markets). Part of it will go towards funding assurance and inspection of councils. Only a small proportion is going towards housing, carers and information and advice. This means that the money from the Levy will neither increase capacity nor enable care staff to be paid enough to recruit and retain them.

In this context, we believe there is an urgent need to re-prioritise and re-order the ‘reform’ programme and the funding for it. We hear candidates to be the next Prime Minister proposing changes to the levy and funding for social care and health. If a decision is taken to delay or cancel the health and social care levy commitments, it is imperative that Government utilises alternative funding streams to deliver on existing commitments, provide additional funding and rebalance investment towards community-based care and support.

We therefore believe there is a need:

I. To review, adjust and rebalance how the funds that there are from the Health and Social Care Levy are used, so that more of the Levy comes to adult social care, and sooner. This will enable a shift of more care and support into people's homes and communities, and reduce the numbers of people waiting for assessments, reviews and care at home. In that way, we give people more of what they need and relieve the pressures on hospitals by keeping people well at home and supporting them to recover.

II. Reschedule and invest in different aspects of reform to fund increasing need and decreasing staff resources:

- Accelerate investment in care at home, workforce pay and support for unpaid carers so as to both address current shortfalls and mitigate some of the impact of what is anticipated as being the worst winter ever for people needing health and social care.
- Leave a gap between the submission of the Fair Cost of Care exercises and provisional Market Sustainability Plans by councils and the publication of these documents. This would enable a) local and national government to review the results, data quality and affordability of the next stages and b) allow for focus can be on maintaining care and support in winter, as well as avoid disrupting already fragile care markets in the middle of a financial year.
- Delay the formal introduction of assurance on 1st April 2023 so that councils can focus on winter and reduce expenditure on inspection preparation and processes, bringing this in later so that this funding can be used to improve care and support and to re-establish levels of care and support for those experiencing unmet, under met and wrongly met need now.