

2024 SPRING SURVEY



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1 FOREWORD AND INTRODUCTION

This report has been published just weeks after the 2024 General Election that saw a change of Government. We hope that it will be essential reading for the new Secretary of State for Health and Social Care and Minister for Social Care.

At ADASS, we already have solutions to many of the issues outlined in this Survey, in our independently commissioned report [*Time to act: A roadmap for reforming care and support in England.*](#)

The message from this year's Spring Survey is clear, more of the same is not an option. We need a change of approach, or the challenges set out in this report will continue to intensify to the detriment of people's lives. The one-year funding settlements from Government that have been the norm for several years have failed to create the conditions for adult social care to thrive. In fact, quite the opposite. Directors are in a place where, collectively, they overspent more on adult social care budgets than in recent history; where complexity of need is increasing and where over 400,000 people are waiting for an assessment, care to begin or an assessment of their needs.

The impact of long waiting lists for NHS treatment, GP appointments and adult social care also means that in many cases, people are requiring more complex support in the longer run as they wait longer with unmet needs whilst their health, wellbeing and independence deteriorates.

What's the answer? We need to invest in people, whether that be improved terms and conditions for care staff, more support for unpaid carers, or in care and support that is focused on early support that enables people to live as independently as possible, for as long as possible. Government must seize this opportunity to engage with people who work in social care and who access care and support to proactively shape policy and spending decisions. Co-production must be at the heart of this Government's approach to adult social care.

We need Government to provide greater stability and certainty for councils, care providers, the voluntary, community, faith and social enterprise (VCFSE) sector and people who draw on care and support through multi-year funding settlements. This will enable adult social care to innovate and evolve away from traditional models of care to those which seek to enable people to live as independently for as long as possible in their community.

We need Government to view adult social care and the NHS as interdependent, rather than separate entities. Pressures from one feed into the other. With intense budgetary pressures on the NHS, this survey shows that fewer people with complex needs can access Continuing Healthcare (CHC) or Joint Funding, where the NHS

pays for all or some of a person's care needs. This is resulting either in council-funded adult social care supporting more people than previously, or in people having to pay for their own care and/or unpaid carers providing more support than would previously have been the case. We can't go on just simply passing responsibility and funding pressures from one part of the system to another.

It's imperative that our new Government prioritises adult social care. *Time to Act* provides a clear blueprint for change. While we don't expect immediate solutions, we urge the Government to demonstrate the political will to invest in social care and recognise the importance of adult social care to all of our lives.

We extend our gratitude to ADASS members and their staff for taking the time to collate answers and complete the survey. We'd like to thank policy and communication colleagues in the ADASS national team for working to analyse the results and pull this report together, with support from our partners at Cordis Bright. We also appreciate the invaluable input and advice from ADASS Trustees, our Resources Co-Leads, and the National Care & Health Improvement Adviser for Finance in Partners in Care and Health, whose collective experiences inform the messages shared here, both locally and nationally.

Melanie Williams
ADASS President

Anna Hemmings
ADASS Chief Executive

2 KEY FINDINGS

The financial situation facing Directors of Adult Social Care is as bad as it has been in recent history. Adult social care budgets in 2023/24 were overspent by £586mn, the highest levels for at least a decade. The £903mn savings required for 2024/25 are at their highest levels since 2016/17 and there is an increasing reliance on one-off reserves to prop up budgets.

This challenging financial situation, coupled with the increasing complexity of need, means that Directors' confidence in delivering on their legal duties is faltering. 90% of Directors indicated that they are either partially confident or have no confidence that their budgets will be sufficient to fully meet their statutory duties in 2024/25. 60% of Directors lack confidence that their budgets will enable them to meet their legal duties relating to care market sustainability.

The complexity of people's adult social care needs means that more people now require more intensive care and support. For those people accessing council-funded care from community-based settings in 2023, 67% of Directors reported increases or significant increases in the size of care packages, for 2024 this has risen to 74%. Council-funded homecare requiring more than one member of staff rose by 7.4% over the last year.

Directors want to invest more in early support and care closer to home. However, the stretched funding available for adult social care means this has to be prioritised towards those people with the most complex needs. Investment in prevention fell from £1,549mn in 2023/24 to £1,428mn in 2024/25. As such it is hardly surprising that just over half of Directors (51%) are less than confident that their budgets are adequate to meet their legal duties relating to prevention and wellbeing. The proportion of councils taking a positive investment strategy for preventative social care services has also dropped significantly from 44% in 2023/24 to 29% in 2024/25.

Funding and service pressures in the NHS are having a knock-on effect in adult social care. The number of Directors reporting a significant increase in the number of new people failing to qualify for Continuing Healthcare (CHC) has increased from 56% last year to 76% this year. This despite an ageing population and increased acuity and complexity of need.¹ There is also an increasing trend of people who previously qualified for CHC being reviewed to find they no longer qualify. This means more people require council-funded social care, with 79% of Directors reporting this was the case in 2023 compared to 94% in 2024.

¹ For more detail on increasing acuity and complexity of need in older people see [*Chief Medical Officer's annual report 2023: health in an ageing society*](#) (2023).

Adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff on an unfunded basis. 84% of Directors reported that this was the case compared to 70% in Autumn 2023. For delegated tasks from the NHS, 67% of Directors reported that social care staff in their local area are undertaking them without training, supervision and/or funding from the NHS. The skill and compassion demonstrated by social care staff every day is why ADASS has and continues to advocate for better pay, terms and conditions.

There are fewer people waiting for assessment, care and support to begin or for a review of their care plan. Whilst on the face of it this is good news, there remains significant unmet needs impacting quality of life for many people. Some 418,029 people were waiting for an assessment, care or direct payments to begin or a review of their care plan as of 31 March 2024, which is a reduction of 11.1% from 470,576 at the end of August 2023.

Councils continue to invest in care closer to home, increasing the amount of homecare hours available and reducing reliance on residential care. The number of homecare hours delivered between January and March 2024 (45mn hours) was 30% higher than between January and April 2021 (35mn hours). Supporting as many people as possible to live in a place they call home- as expressed in the Social Care Futures vision²- is a step in the right direction, with more still to be done to enable people to live the lives they want to lead.

Care markets remain unstable, with many providers struggling. In the past six months 65% of Directors reported that providers in their area had closed, ceased trading or handed back council contracts, affecting just over 5,000 people. This compares to 66% in our 2023 Spring Survey,

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. 88% of Directors agreed that unpaid carers are coming forward with an increased level of need in their local area over the past 12 months.

² <https://socialcarefuture.org.uk/about-us/>

3 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 this year to strengthen our understanding of both financial and wider challenges facing adult social care. Several topical questions are asked in each survey to reflect current issues.

There were 145 completed returns to this survey, a 95% response rate. The survey was distributed via an online link and remained open between 17 April and 4 June 2024.

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 them 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.

4 FINANCIAL CONTEXT

The financial situation facing Directors of Adult Social Care is as bad as it has been in recent history. This section of the report looks at the resources that are available for councils' funding and the pressures on these resources.

This section covers:

- Council and Adult Social Care Budget, Overspends/Underspends
- Council Tax and Adult Social Care Precept
- Social Care Grant
- Planned Savings

The cost of funding adult social care rises year on year and in the last few years it has, like the rest of the wider economy, experienced high inflation rates that have impacted on the costs of the workforce, utilities and transport.

Councils have limited routes by which they can raise income outside of direct funding from central Government. These include council tax and adult social care precept flexibilities which can be levied locally to increase council resources. These 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.

4.1 COUNCIL BUDGETS

Councils have a broad range of responsibilities. These include adults and children's social care, leisure and environment, housing and planning and waste collection, and also lesser-known services such as licensing, business support, registrar services and pest control.³ Many of these services contribute to people's wellbeing in their own right. Factors such as appropriate affordable housing have a significant impact on people's mental health, and on people's ability to live independently in their communities.

Councils and their democratically elected councillors must set and deliver a legally required balanced budget year on year. This includes a fiduciary duty to council taxpayers which means that the council must manage public funds in a responsible way, maximising their value and use for public benefit whilst ensuring that public money is not put at unnecessary risk.

The expected council total net budget 2024/25 (excluding schools) is £55bn. Councils have also planned to make £2.8bn of savings in 2024/25 to deliver a balanced budget (based on 143 responses).

³ LGA, [What is local government?](#)

Figure 1 – Council Savings 2018/19 to 2024/25. 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 and 2024/25.



4.2 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 access care and support (and those who don't)
- The levels and types of support available to individuals
- The price that is paid to providers of care services
- The quality of provision
- The legal requirement that the council balances its budget.

The amount budgeted by councils for adult social care rose from £19.2bn in 2023/24 (adjusted from ADASS Spring 2023 report based on returns to this survey) to £20.5bn in 2024/25 (see figure 2 below).

The proportion of councils' overall budgets being spent on adult social care increased to 37.2% in 2024/25 from 36.7% in 2023/24. The average proportion of their budgets spent by councils on adult social care in the last five years has been 37.1%.

Concerningly, for 2024/25, 37% of Directors said that they would be using one-off funding, for example council reserves, to fund their adult social care *base* budgets, with the remaining 63% not planning to use one-off funding. This is up from 29% in 2023/24 and a significant increase from 15% in 2022/23. The use of reserves, which

is one-off funding which does not have to be paid back, is an unsustainable way to fund budget pressures going forward.

Figure 2 – Adult Social Care (ASC) net and actual budgets and ASC net budget as a % of whole council net budget 2019/20 to 2024/25.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
ASC net budget	£15.1bn	£15.6bn	£16.5bn	£17.7bn	£19.2bn	£20.5bn
ASC actual	£15.3bn	£15.6bn	£16.4bn	£17.8bn	£19.8bn	
Outturn for the year	- £197mn	+61.1mn	-£103.1mn	+£73.7mn	+£586mn	
ASC net budget as % of whole council net budget	37.4%	37.4%	36.9%	37.2%	36.7%	37.2%

4.2.1 Overspends/Underspends

The level of overspending on adult social care budgets in England increased substantially from 2022/23 to 2023/24. Nearly three-quarters (72%) of councils in England overspent on their adult social care budgets in 2023/24, compared to 63% in 2022/23. The overspend nationally for 2023/24 totalled £586mn (based on 145 responses), up significantly from £74mn in 2022/23.

For those councils that overspent on their adult social care budgets in 2023/24, our survey asked to what extent the following three options were contributing factors:

1. 92% of the Directors whose councils overspent on their adult social care budgets indicated that the average cost of each care package exceeding their assumptions when their budget was set had some or a significant contribution to their overspend.
2. This was closely followed by 89% of Directors indicating that the number of people requiring council funded long-term care exceeding the numbers budgeted for, contributing to their overspend.
3. For just under half of councils (45%), planned savings not being delivered within the financial year had some or a significant contribution to them overspending on their adult social care budget.

Figure 3 below sets out the extent to which different sources of funding have been used by councils to address their overspends from 2023/24. Nearly every Director (95%) that indicated that their council overspent on their adult social care budget in 2023/24 said their council accessed reserves to fund some or all of their overspend. This figure has increased significantly from 37% two years ago.

Utilisation of underspends to offset overspends in adult social care from other council departments has increased slightly from 51% in 2022/23 to 56% in 2023/24.

Directors indicated that on average 10.7% (£63mn) of overspends from 2023/24 have been carried forward into 2024/25 budgets and will need to be funded from adult social care budgets or by making additional savings (based on 99 responses).

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

Response (respondents were able to select more than one)	2020/21	2021/22	2022/23	2023/24
From council reserves (which do not have to be paid back)	34%	37%	72%	95%
From underspending in previous financial year by other council departments (which does not have to be paid back)	30%	60%	51%	56%
Use of Government Grants e.g discharge funding (in 2020/21 & 2021/22 this option was Covid-19 funding)	75%	46%	16%	23%
Other one-off sources of funding	16%	8%	14%	8%
Using a proportion of Improved Better Care Fund (iBCF) allocation	4%	10%	6%	12%
By requiring adult social care to pay back by making additional savings in the following financial year	1%	0%	3%	6%

4.2.2 Council tax and the adult social care precept

The well-documented financial challenges facing adult social care, and local government more broadly, mean that councils have little option but to increase council tax and the adult social care precept to deliver a legally required balanced budget. Other sources of income include funding from central government and fees and charges to individuals.

Our survey asked by how much councils were planning to increase council tax for 2024/25 by (excluding the adult social care precept). 94% of councils settled on or

about 3% – the maximum level of increase which does not require a referendum. This has increased significantly from 71% in 2023/24.

It is important to note that of the 6% of councils that fall into the ‘other’ category, three reported levying above the 3% referendum limit. These councils were given permission to do so by Government because of the challenging budgetary circumstances that they are facing locally.

Figure 4 – Level of council tax increase and percentage of councils applying it (136 responses)

Level of council tax increase	Percentage of councils
At or near referendum limit (3%)	94%
Other	6%

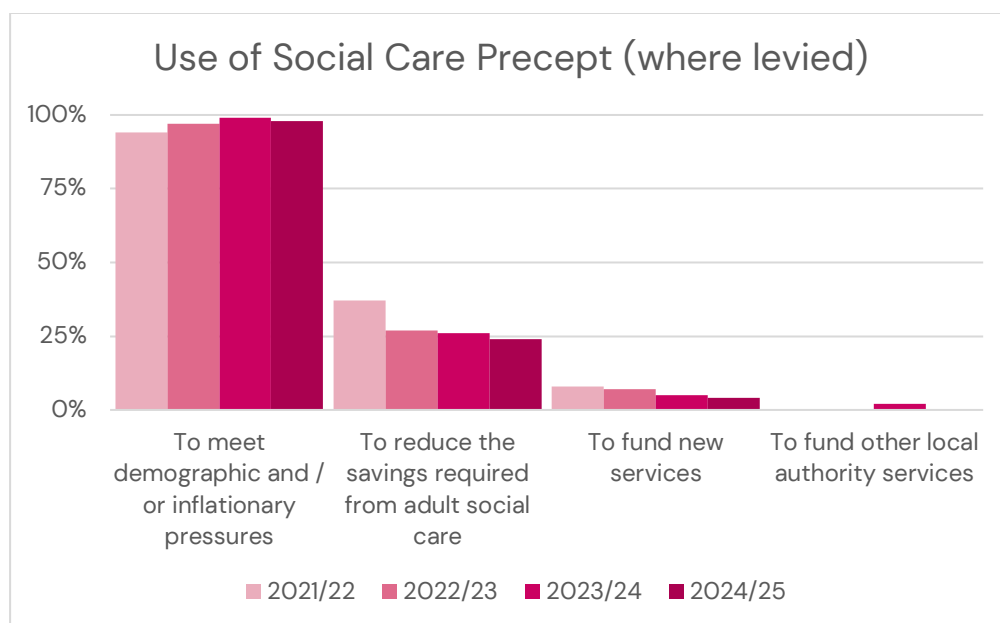
Directors were asked the level at which their council planned to levy the adult social care precept for 2024/25. 100% of councils said they would be using the levy. 98% of councils will charge the maximum amount before a referendum is required, up slightly from 94% in 2023/24. 2% of councils levied a different amount, averaging 1.4%.

Figure 5 – Level of Adult social care precept and percentage of councils applying it 2024/25

Level of Precept Increase	Percentage of councils
Referendum Limit (2%)	98%
‘Other’ averaging 1.4%	2%
Not levied	0%

Similar to last year, 98% of the councils that decided to use the precept in 2024/25 plan to allocate the funding raised to address demographic or inflationary pressures. The proportion planning to use the precept to offset savings required from adult social was also consistent at 24%. Because of cost pressures and savings, only 4% of councils are using funding raised by the precept for the provision of new services.

Figure 6 – Use of social care precept where levied. Directors could choose all that applied (137 responses)



4.2.3 Social Care Grant

As part of the 2024/25 Local Government Finance Settlement, the Government announced that the Social Care Grant would be increased by £1.192bn compared to 2023/24, which means it now totals £5.044bn. 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 decided by locally elected councillors.

60% of the Social Care Grant was allocated to adult social care for the current financial year. The proportion allocated to adult social care has remained broadly consistent over the past three years, averaging 60%.

Figure 7- Social Care Grant allocation 2022/23 to 2024/25

	2022/23	2023/24	2024/25
Per cent allocated to adult social care	59%	61%	60%
Per cent allocated to children’s social care	41%	39%	40%

It’s important to note that the proportion of the additional Social Care Grant for 2024/25 allocated to adult social care varies greatly from council to council from 100% of the grant to 0%.

4.3 SAVINGS

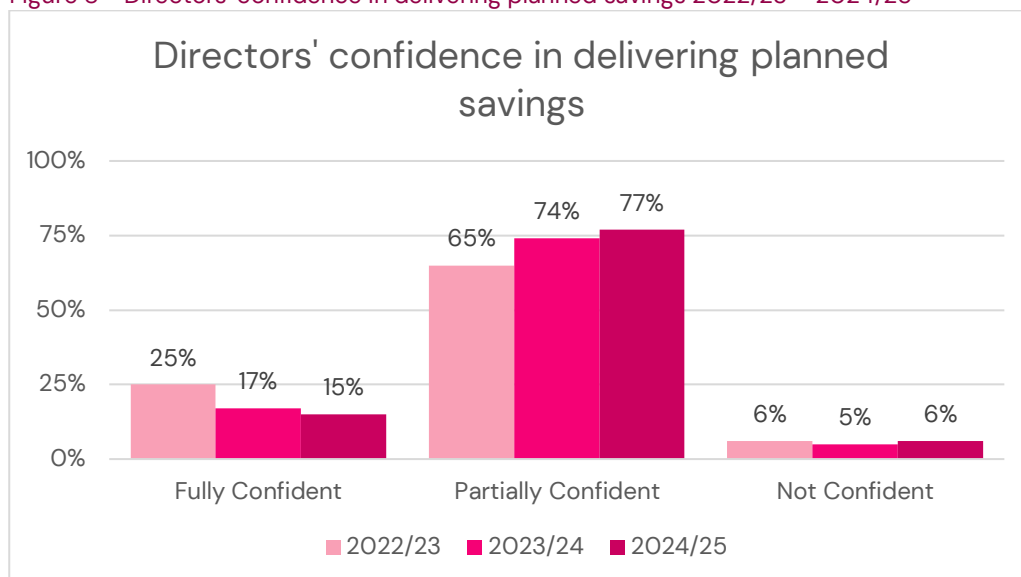
Directors are reporting that for the current financial year (2024/25) they have planned to deliver £903mn in savings, equivalent to 4.4% of net adult social care

budgets (based on 140 responses), an increase from £865mn in 2023/24. This is the highest level of planned savings since 2016/17 when the figure was £941mn.

Directors indicated that for 2025/26 they are estimating that they will be required to make a further £905mn of savings (based on 91 responses and extrapolated to represent 153 councils). In the past five years Directors have reported cumulative savings of £3.5bn to adult social care budgets; for the previous decade this figure is £7.7bn.

Just over three-quarters (77%) of Directors had partial confidence in delivering their planned savings in full for 2024/25, up slightly from 74% in 2023/24, whilst 6% of Directors have no confidence. Only 15% of Directors were fully confident that they will be able to deliver planned savings in full, down from 17% in 2023/24.

Figure 8 - Directors' confidence in delivering planned savings 2022/23 – 2024/25



4.4 ORIGINS OF FINANCIAL PRESSURES

Directors ranked increased costs due to increasing complexity of care needs as the main area of concern in terms of financial pressure for 2024/25, this was closely followed by Increased costs due to inflationary pressures.

Figure 9 – 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 2024
Increased costs due to increased complexity of needs	1
Increased costs due to inflationary pressures	2
Increased costs due to market pressures	3
Demographic pressures	4
Reduced occupancy/client levels driving up costs	5

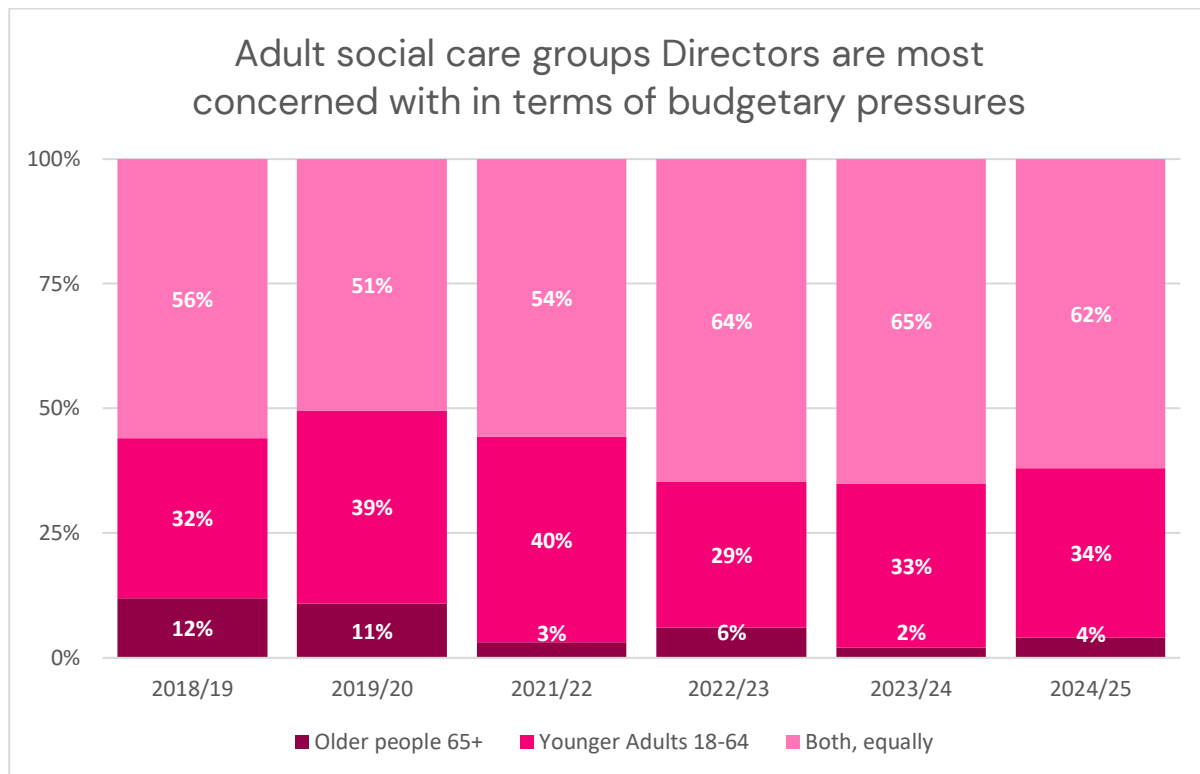
4.4.1 Demographic pressures

When asked about their greatest concern regarding financial pressures on their budget, Directors ranked demographic pressures as number 4 out of 5 (see Figure 9).

Directors were asked which age group they were more concerned about in relation to their budget. 62% of respondents indicated that they are equally concerned about budget pressures in adult social care for both older people and younger adults, who access state-funded care and support, a marginal decrease on 65% in 2023/24. There has also been a slight increase in the number of Directors reporting concern in relation to people aged 18–64, from 33% in 2023/24 to 34% in 2024/25.

Notably, prior to the onset of Covid-19 in 2019/20 Directors had greater levels of concern about budget pressures relating to people aged 18–64, with 39% indicating that this was the case, whilst the figure for people aged 65+ was 11%. There was proportionally less concern about both demographics, with the figure being 51% in 2019/20.

Figure 10 – 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)



Over half (53%) of the demographic pressure on adult social care budgets relates to people aged 18–64 in 2024/25, the same proportion as in 2023/24. Older adults accounted for 47% of budgetary pressures in 2023/24, also the same proportion as 2023/24.

In cash terms, £914mn of additional funding is required in 2024/25 to meet the same level of need as the previous financial year, this equates to 4.5% of adult social care net budgets. This figure is up from £692m in 2023/24.

Of the £914mn, Directors stated that £801mn of this will be funded, enabling 87% of demographic pressures to be met. This means that the remaining £115mn is not being directly funded as part of ASC budgets for the year ahead, and Directors will have to find money from elsewhere in their budgets to fill the gap, such as by reducing spend on non-statutory services, or use of other funding.

It's important to note that demographic cost pressures have more than doubled since 2016/17 when Directors reported a figure of £413mn.

4.5 CONFIDENCE IN ABILITY TO MEET STATUTORY DUTIES

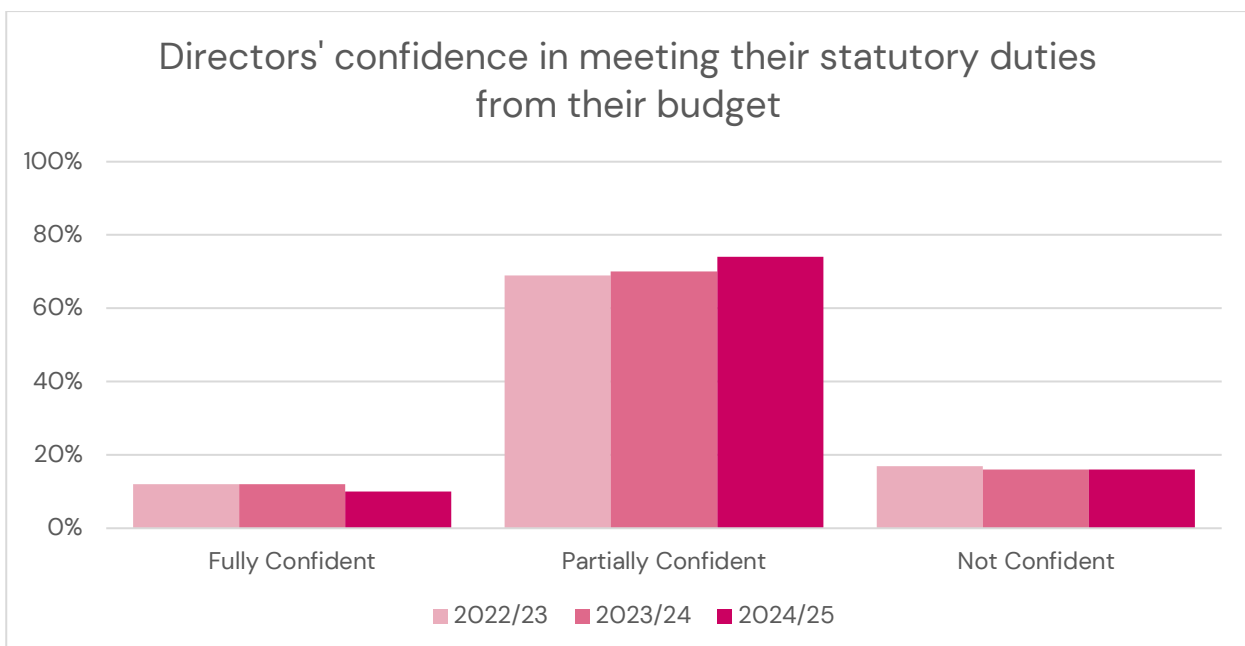
Respondents were asked about levels of confidence in being able to do what they are required to by law – their specific ‘statutory duties’ – over the next two years. These duties include but are not limited to:

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

Nine in ten Directors (90%) indicated that they are either only partially confident or have no confidence that their budgets will be sufficient to fully meet their statutory duties in 2024/25, up from 86% in 2023/24. Of these, 16% have no confidence. Only one in ten Directors (10%) have full confidence that their budgets will be sufficient to fully meet their statutory duties in the current financial year, down from 12% in 2023/24.

Prior to the onset of Covid-19 in 2019/20, 35% of Directors were fully confident that their budgets would be sufficient to meet their statutory duties.

Figure 11 – Directors' confidence in their budgets being sufficient to meet their statutory duties 2022/23 to 2024/25



4.5.1 Specific statutory duties

Directors were also asked which specific statutory duties they felt less than confident about being able to meet for 2024/25 and 2025/26.

The 2014 Care Act placed legal duties on councils to promote the efficient and effective operation of the market for adult care and support as a whole.⁴ As such it remains of significant concern that 60% of Directors are less than confident that their budget will be sufficient to meet their legal duties relating to care market sustainability. This has reduced slightly from 63% in 2023/24 and remains consistent with the year prior to the pandemic.

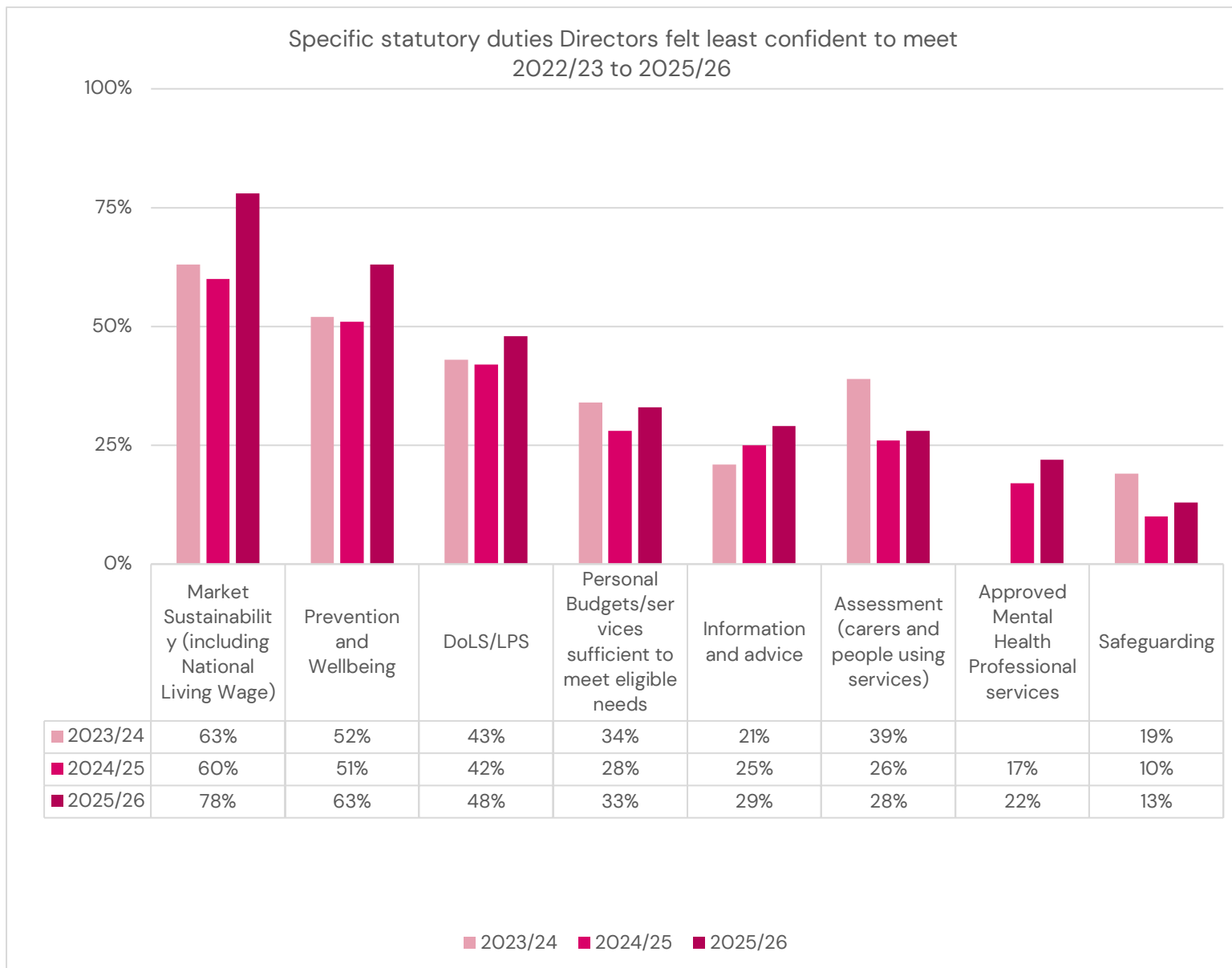
This was followed by prevention and wellbeing (51%), consistent with 2023/24 when this figure was 52%. In 2019/20, prior to the onset of Covid-19, this figure was 35%.

Deprivation of Liberty Safeguards (DoLS) remains the third highest area of concern with 42% of Directors saying they are less than confident in meeting this statutory duty for 2024/25, down slightly from 43% last year.

Given the uncertainty regarding funding for 2025/26, in part due to a new Government coming into office, it should come as no surprise that confidence levels for specific responsibilities reduce further for the next financial year (2025/26). For care market sustainability, over three quarters of Directors (78%) are less than confident that their budgets will be sufficient to fully meet their statutory duties, followed by prevention (63%) and DoLs (48%).

⁴[Care and Support Act Statutory Guidance](#)

Figure 12 – Which statutory duties Directors felt less than confident about being able to meet 2023/24 to 2025/26 (134 responses)



4.5.2 Assurance

In 2023, the Care Quality Commission (CQC) began the process of assessing how well councils perform their duties under Part 1 of the Care Act 2014, the legislation that governs the statutory duties outlined above.

The introduction of assurance measures by the Department of Health and Social Care (DHSC) presents an opportunity to consolidate good practice and amplify the voices of Directors, Principal Social Workers (PSWs) and their staff more broadly. CQC’s emphasis on quality practice, and the experience of people who draw on

care and support will shine a spotlight on the importance of the work of professionals across the system.

“CQC assurance has definitely galvanised a lot of the work that PSWs had been leading on in their organisations around the quality of social work and how relationship-based practice can make a real positive difference in people’s lives. However, PSW’s are working long hours with large work plans to prepare for assurance. They feel very personally responsible and whilst the ASC Reform Assurance Grant has been extremely beneficial, more resources are needed to support PSWs and their councils to robustly demonstrate the fantastic work that they do during the assurance process.”

Hannah Scaife and Sarah Range, Co-Chairs of the Adult National Principal Social Workers Network

We asked Directors what they thought the outcome would be if their adult social care function was subject to a CQC assessment tomorrow. 64% said they thought they would be given a rating of ‘Good’, up from 40% in 2023. This could be partly explained by the increased knowledge about the assessment framework and process compared to last year, as well as the fact that several councils have undergone assessment and had their ratings published.⁵ Also, councils have undertaken significant preparation for CQC assessment, including peer reviews and self-assessments, which means that their awareness of their strengths and areas for improvement has improved.

Given this, it is perhaps concerning that over a third (35%) of Directors think that their council would receive a ‘Requires Improvement’ rating.

Directors were asked for the first time their estimate of the total costs to their council of preparing for DHSC assurance, including preparation for CQC assessment, including activities such as peer reviews, self-assessments, co production and analytical issues. The estimated cost nationally is £43mn (based on 121 responses).

To-date, the only funding that has been allocated specifically for the purpose of assurance is the *CQC Review and Assessment of Local Authority Functions in Relation to Adult Social Care 2023 to 2024* which was worth £4.1mn in total or £26,730 per council.

⁵ [CQC Local authority assessment reports.](#)

5 CARE MARKET SUSTAINABILITY

The stability and sustainability of care markets remains a major concern for Directors. Ongoing recruitment and retention challenges, including international recruitment and the impact of increasing costs all have a direct impact on provider capacity and the quality of services.

This section covers:

- Providers: closure, cessation of trading and contract hand-backs
- Homecare rates
- Homecare hours

5.1 PROVIDERS: CLOSURE, CESSATION OF TRADING AND CONTRACT HAND-BACKS

Care markets continue to be under pressure. There are 11,544 homecare services and 14,970 residential and nursing care services registered with the CQC in England.⁶ In the past six months, 65% of Directors reported that providers in their area had closed, ceased trading or handed back council contracts, the majority of these being homecare providers. This compares to 66% of Directors in our 2023 Spring Survey and 67% in 2022. Closures and contract hand backs have consequences for people accessing care and support, their families and carers.

We asked respondents for information on supported living and extra care accommodation for the first time as part of this year's survey, with 15% of Directors indicating that providers in their local area have closed, ceased trading or handed back council contracts in the past six months.

Directors reported that over 5,000 people using all service types were affected by closures and contract hand backs in this six-month period.

Figure 13 – Directors reporting provider closures, cessation of trading or contract hand backs from 2022 to 2024.

Councils impacted by provider closures, cessation of trading or contract hand backs	Jul 2022 to Oct 2022	Nov 2022 to May 2023	Nov 2023 to May 2024
All providers	64%	66%	66%
Home care providers	31%	36%	39%
Residential / nursing care providers	41%	44%	47%
Supported living/extra care			15%

⁶ Nuffield Trust, [What does the provider market look like across the four countries?](#) (2023)

Our findings are in line with recent reports from provider organisations. HfT and Care England’s Autumn 2023 ‘Pulse Check’ (which captures responses from 122, mostly for-profit providers) found that 43% had closed a part of their organisation or had handed back contracts in 2023.⁷

When asked what factors are contributing to contract hand backs, Directors ranked provider closure as the most important factor, followed by providers being unable to employ the workforce necessary to deliver on contracts.

Figure 14 – Factors contributing to contract hand backs based on contract hand backs and provider feedback

Factors contributing to contract hand backs (1= most contribution)
1. Provider closure
2. Providers unable to employ workforce to deliver on contract(s)
3. Providers decided against participating in council arrangements (e.g. not willing to go on council framework, proposed fee levels, etc.)
4. Change of business model (e.g. shifting focus to self-funder market)
5. Licence revocations/failure to renew licences for international recruits

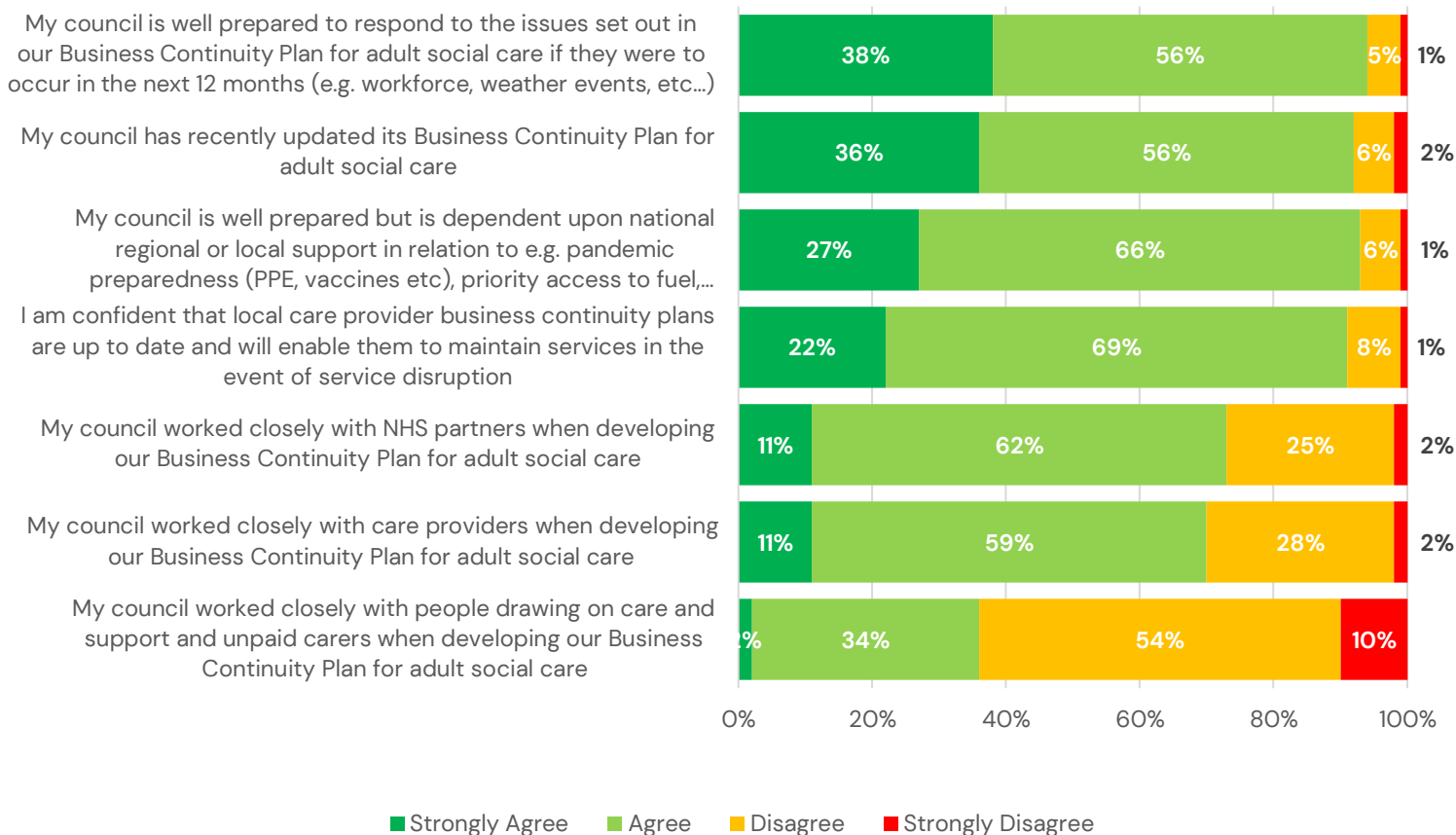
5.1.1 Business continuity planning

Given this challenging context, it is reassuring that most Directors reported high levels of confidence that Business Continuity Plans for adult social care had been recently updated, with only 7% of respondents disagreeing. 66% of respondents either agreed or strongly agreed with the statement that their council had worked closely with providers in developing this plan, and 91% agreed or agreed strongly with the statement that they were confident that their local care provider business continuity plans would enable them to maintain services in the event of service disruption.

⁷ Hft, [Sector Pulse Check](#) (2023)

Figure 15 – Directors' views on their business continuity arrangements

Directors' views their business continuity arrangements



However, 64% disagreed with the statement that they had worked closely with people drawing on care and support and unpaid carers in drawing up the plan.

5.1.2 Homecare rates

The national average hourly rate for homecare calculated using feedback from councils was £22.74 (based upon 136 responses). This is an increase of 6.8% from the 2023/24 average rate of £21.30. As noted in last year's report, this figure does not include temporary uplifts in hourly rates, and instead provides an indication of the base rates paid.

A national average will not reflect the complexities of the economic circumstances of different council areas, or variations in geography and demographic make-up. See the 'Financial Context' section of this report for further detail on councils' responsibilities and the financial constraints on their decision making.

5.2 HOMECARE HOURS

The number of homecare hours delivered quarterly has continued to rise steadily, despite occasional fluctuations. Over time, the amount of activity has been transformed. The number of homecare hours delivered between January and March 2024 was 30% higher than between January and April 2021.

This shift towards more care closer to home, with less reliance on residential care, is a welcome achievement. Supporting as many people as possible to live in a place they call home – as expressed in the Social Care Futures vision⁸ – is the right thing to do. Avoiding permanent placements in care homes for people with moderate care needs can help delay the development of more complex care and support needs.⁹ Commissioners and their local homecare markets have been working hard to deliver a shift to care at home, focussed on achieving the best outcomes from limited resources – human and financial.

Between January and March 2022, some 2,206,187 homecare hours could not be delivered because of staffing capacity.* That number has now reduced by 93%. This improvement will have been supported by some stabilisation of the care workforce during 2023, in part through increased international recruitment.

Between 2021 and 2022 filled posts in the homecare sector fell by 6%. Between February 2023 and February 2024, the level of filled posts rose by 2%.¹⁰

Figure 16 – Homecare hours delivered and homecare hours unable to be delivered and percentage change 2021 to 2024 * NB during Jan–March 2022, staff absences and vacancies were affected by Covid 19 (Omicron) infections

	1 Feb – 30 Apr 2021	1 May – 31 Jul 2021	1 Aug – 31 Oct 2021	1 Jan – 31 Mar 2022*	1 Apr – 30 June 2022	1 Apr – 30 June 2023	1 Jan – 31 Mar 2024	% change from April- June 2023 to Jan- March 2024
Homecare hours delivered	34,635,217	36,028,857	41,395,909	40,288,271	42,110,712	44,987,733	45,165,699	+0.4%
Homecare hours not delivered due to staffing capacity	286,148	581,282	1,536,993	2,206,187	1,086,580	342,524	160,875	-53%

⁸ <https://socialcarefuture.org.uk/>

⁹ Nuffield Trust, *Care home bed availability* (2024)

¹⁰ Homecare Association, *Market Overview 2024* (2024)

* To note, this was impacted by staff shortages related to the Covid-19 pandemic.

6 UNDERSTANDING PEOPLE'S NEEDS

The changing needs of our population have been well documented. Healthy life expectancy is projected to remain relatively constant despite significant increases in overall life expectancy, meaning people are living longer with more complex conditions. There are also more younger adults living with more complex care and support needs. To meet the changing needs of our communities in a way that supports all of us to live the lives we want to lead, it is important to understand the scale of changes to needs and plan to meet these.

This section covers:

- Complexity and acuity of need
- People presenting with social care needs to councils.

6.2 COMPLEXITY AND ACUITY OF NEED

It is well documented that people are living longer and with more complex conditions, including dementia, frailty and multi-morbidity, which in turn means that more people are likely to need adult social care to support them to live the lives they want to lead.¹¹ Short-term factors are further driving up the complexity of care needed in the community, including discharging people more rapidly from hospital and long waits for other services such as NHS care and housing resulting in worsening health and loss of independence.

Directors ranked increased costs due to increased complexity of needs as the greatest concern in relation to budgetary pressures (See section 4.4). Council-funded homecare requiring more than one member of staff – so-called double handed care – is a strong indicator of complexity. Directors reported that the number of people drawing on double handed care increased by 7.4% between March 2023 and March 2024 (45,596 people, rising to 48,955).

In most council areas, the size of care packages for people beginning state-funded care and support has increased substantially, and the increase is accelerating. In 2023, for those coming to care from community-based settings, 67% of Directors reported increases in the size of care packages. This year, the number reporting increased or significantly increased care packages had risen to 74%.

Other data confirms this increase in the complexity of care. Homecare hours per week, per person, are rising sharply. In 2021/22 the average number of hours per person was 13 hours and 40 minutes; this rose to 14 hours and 5 minutes in 2022/23

¹¹ NAO, *Reforming Adult Social Care in England* (2023)

and has now reached 14 hours and 43 minutes in 2023/24. Using the data collected over a number of years through ADASS surveys, we can see that the average annual cost per person for homecare has increased by 27% over a three-year period. These figures should be viewed as illustrative.

Figure 17 – The average annual cost per person of homecare, based off average number of hours per week and the hourly rate DASSs pay to providers as per answers in ADASS Spring surveys 2022-2024

ADASS Spring Survey year	Hourly rate	Ave. no. hours per week (rounded)	Total ave. annual cost per person for homecare
2024	£22.74	750	£17,063
2023	£21.30	731	£15,562
2022	£19.33	697	£13,469

The average size of care packages for people being discharged from hospital has also increased in 76% of council areas over the past 12 months, which is consistent with the figure of 76% reported in 2023.

6.3 PEOPLE PRESENTING WITH SOCIAL CARE NEEDS TO COUNCILS

The number of people in need of social care and support has been rising for several years, notably for demographic reasons.¹² But demography is not the whole story. How and when people present for support has important consequences for the nature, complexity and duration of support ultimately drawn on; and the how and when are influenced primarily by systemic and social factors.

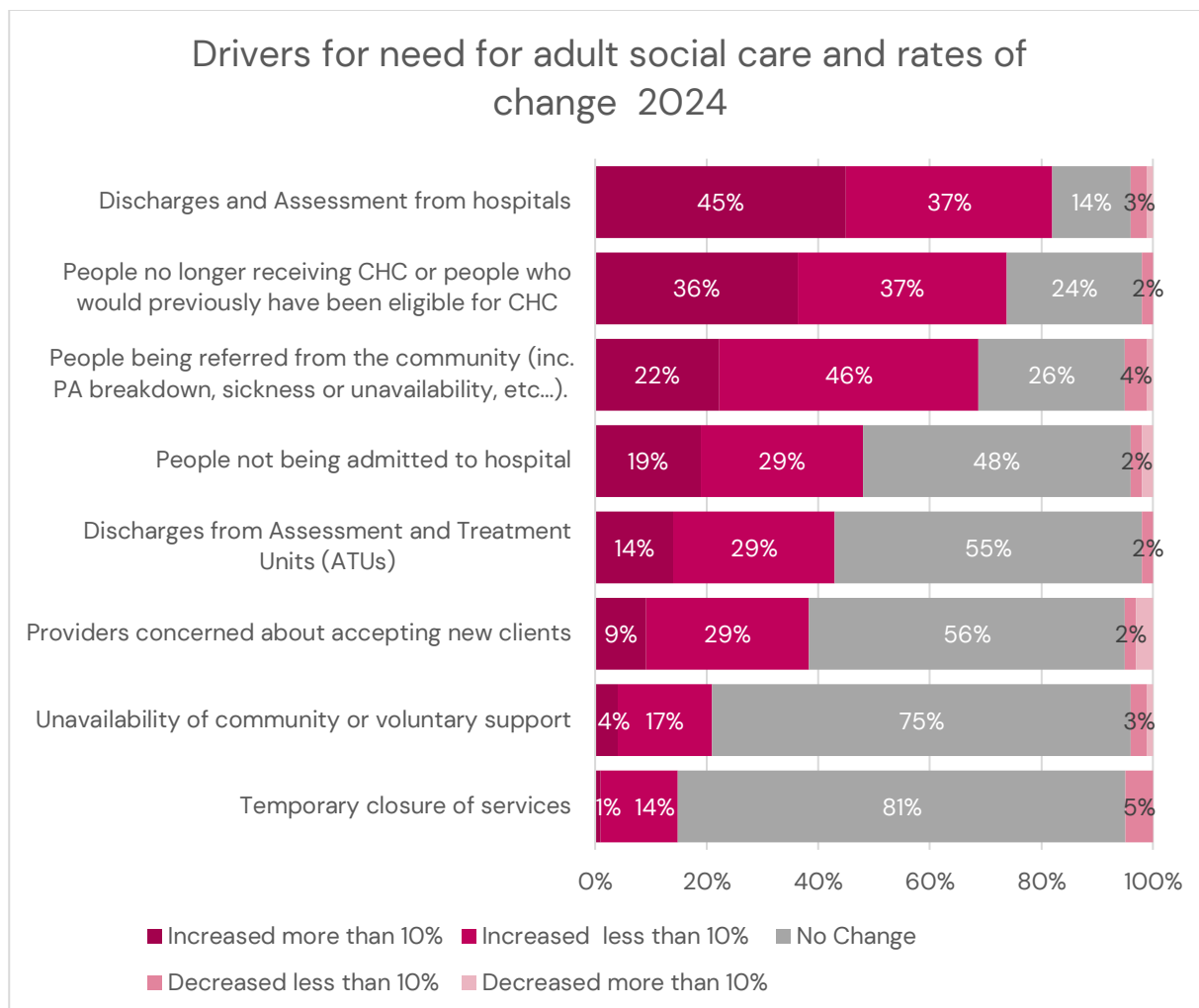
The decisions and circumstances of health partners have significant consequences for how and when people present to social care. While it is important to remember that the great majority (80%)¹³ of requests for support originate from the community, 45% of Directors reported that discharges and assessments from hospitals had increased by more than 10%. In addition, 36% of Directors said that the number of people no longer eligible for Continuing Healthcare (CHC) who would previously have been eligible for CHC had increased by more than 10%.

¹² DHSC commissions the Care Policy and Evaluation Centre (CPEC) at the London School of Economics (LSE) to produce [Projections of ASC demand and expenditure 2018-2038](#) (2020). Also [NHS Digital Adult social care statistics](#)

¹³ 'The source of requests for support has not changed significantly since 2015/16: around 4 in 5 requests originate from the community and 1 in 5 from hospital discharge.' [The Kings Fund, Adult Social Care 360](#) (2024)

This raises questions both about the balance of resources between hospitals and community settings such as primary, community and adult social care, and about whether people can access support in the right place at the right time.

Figure 18 – Changes in the level of people presenting / being referred to adult social care over the course of 2023/24 – system drivers



Social challenges affect the level and type of needs presenting to adult social care. Rough sleeping in England rose by 27% between the autumn of 2022 and 2023.¹⁴ 30% of Directors saw increases of over 10% in rough sleeping related referrals in their areas. Given this, it would seem that rough sleeping is becoming more widespread and entrenched.

¹⁴ Official Statistics, [Rough sleeping in England: autumn 2023](#) (2024).

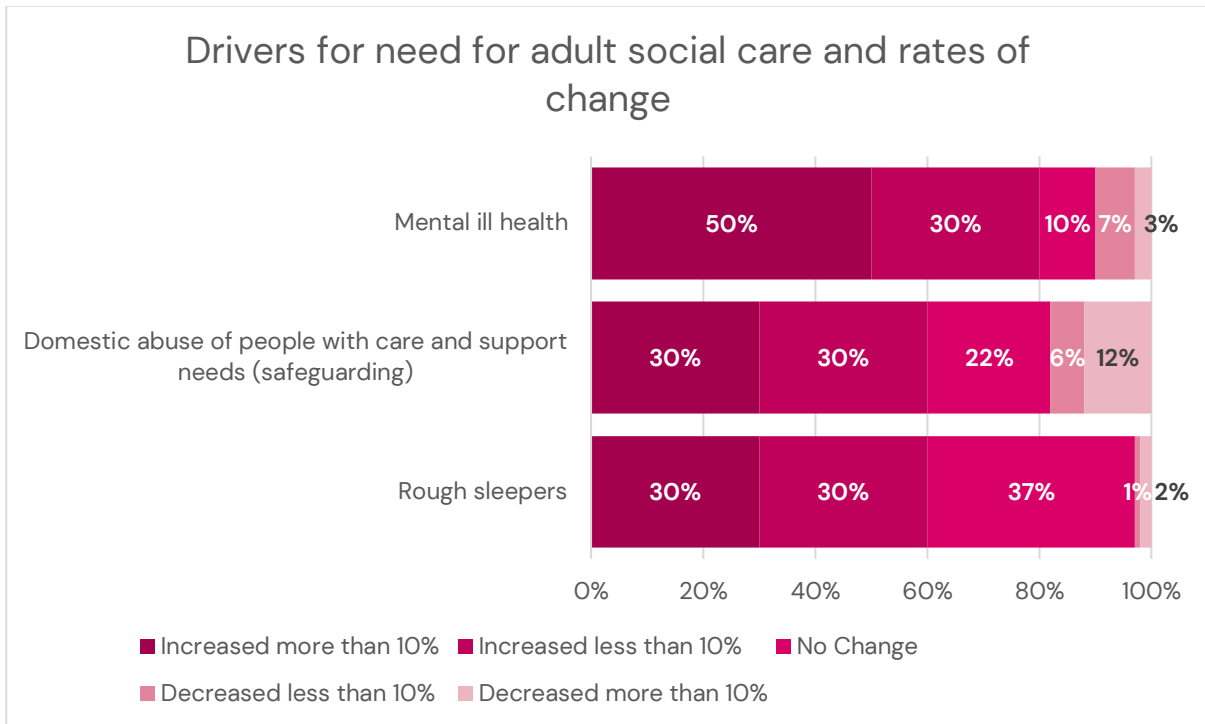
Luton council has commissioned a charity to offer hope and support to people struggling against homelessness and exclusion. It employs a dedicated hospital worker, who connects with the multi-disciplinary team, including the hospital social workers and housing officers. The worker engages with patients as soon as a referral is made, allowing for early identification of accommodation risks and additional welfare support to encourage a swift discharge process. The charity works in partnership with local accommodation providers and others to address non-urgent clinical needs such as maintaining accommodation/tenancy and avoiding imminent homelessness, supporting engagement with medication and treatment, reducing/managing debt and accessing welfare benefits advice and supporting people where English is not their first language. In the initial six months, 31 people were supported. There is a cost of around £4,288 to local health services if an individual returns to rough sleeping. The charity's work in the last six months has therefore prevented a cost of £133,238 to the council's Health budget.

Mental ill health also appears to be becoming more prevalent.¹⁵ 80% of Directors report an increase in the number of people presenting with mental health needs. This maintains the steep upward trend of recent years, rising from 68% seeing increases in 2021 to 81% seeing increases in our 2023 survey.

60% of Directors report increases in the number of domestic safeguarding concerns raised for people with care and support needs. The rate of increase, while still substantial, is therefore slowing from a recent high of 67% in 2021/2 and 64% in our 2023 survey. It remains concerning that when asked which statutory duties they were less than confident meeting, one in ten Directors said their duties relating to safeguarding.

¹⁵ NHS Digital, [*Mental capacity act 2005, Deprivation of Liberty Safeguards*](#) (2023)

Figure 19 – Changes in the level of people presenting / being referred to adult social care over the course of 2023/24



7 MEETING PEOPLE'S NEEDS

Having looked at the financial environment that councils are operating in and explored how the needs of the population are changing, we can look at how these factors impact the care and support people are able to access.

This section covers:

- Waiting list and times
- Unpaid Carers

7.1 WAITING TIMES

Social care waiting lists grew dramatically through 2021 and 2022. Since then, councils have been focussed on reducing the total number of people affected, as well as ensuring appropriate prioritisation and risk management. Government has made resources available through the Market Sustainability and Improvement Fund to support councils drive improvement, and the CQC looks specifically at waiting lists in its assessment of how councils are meeting their duties under Part 1 of the Care Act (2014).

Waits of all kinds are now down, including waits of more than six months for an assessment – a figure which had been rising since April 2022, but which fell 9% between August 2023 and March 2024.

As of 31 March 2024, there were a total of 418,029 people waiting for an assessment, care or direct payments to begin or a review of their care plan, which is a reduction of 11.1% from 470,576 at the end of August 2023.

This is welcome progress in difficult circumstances. Nevertheless, it is important to remain sensitive to the difficult human stories behind these numbers. These figures are still historically high and should command the same concern as hospital waiting times. They are only now coming down to pre-2022 levels. In November 2021 the number of people waiting for an assessment, care or direct payments to begin or a review of their care plan was 421,313.

As highlighted earlier in this report, care and support needs are becoming more complex and as a result, require more intensive support. The fact that so many are still waiting for considerable periods of time for assessments or reviews means that people have unmet or under met needs. This may also result in them having to rely upon family members or friends as unpaid carers to meet their needs in the interim. Although waiting lists are actively managed, the risks of deterioration or detriment are real.

South Tyneside council was seeing the number of people waiting to see Occupational Therapists rising to upwards of 700 and waiting times nearing 12 months. Adopting and building on an established Trusted Assessor Framework which has been successfully rolled out in other areas of Adult Social Care the councils developed Trusted Assessors within its OT Service. The new service was named 'See & Solve' with a belief that in most cases a person could be seen, and their needs met within a single visit. Since September 2022, 877 people have been referred through See & Solve. Only 12% of them have needed further input from Occupational Therapy (12%). By July 2023 the waiting list was 37 people with a waiting time of up to 5 weeks.

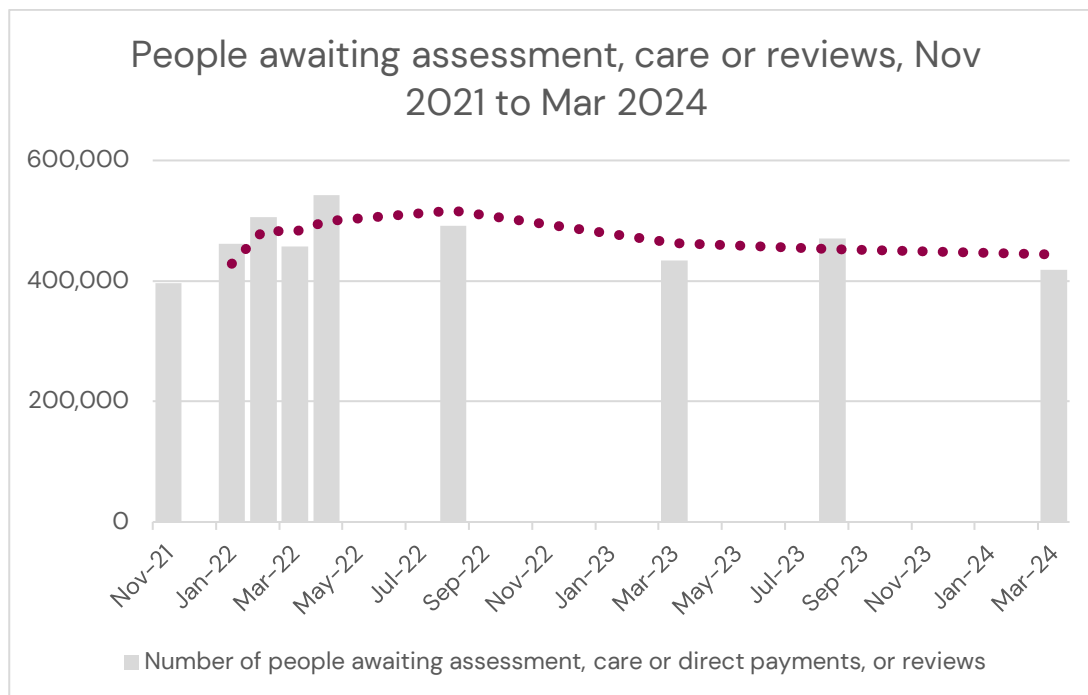
In our last Autumn Survey, we cautioned that waiting time figures do not measure the level to which councils are assessing people who approach them for support, or the services ultimately provided. Analysis by the King's Fund shows that 10.6% more people in England requested support in 2022/23 than in 2015/16, while 2.1% fewer people were able to access support.¹⁶

Figure 20 – People on care waiting lists and percentage change over time November 2021 to March 2024

Assessment category reported	People on 30 Nov 2021	People on 31 Jan 2022	People on 28 Feb 2022	People on 31 March 22	Number on 30 Apr 2022	Number on 31 Aug 2022	Number on 31 March 2023	Number on 31 August 2023	Number on 31 March 2024	Change % Aug 23 to March 24
Awaiting assessment, care or direct payments, or reviews	395,845	461,269	506,131	456,816	542,002	491,663	434,243	470,576	418,029	-11.1%
Awaiting assessment	204,241	217,557	245,537	226,032	294,449	245,821	224,978	249,589	227,375	-8.9%
Awaiting assessment for over 6 months	41,192	61,226	64,772	63,128	73,792	80,967	82,087	84,788	78,641	-7.2%
Awaiting care and support or direct payments to begin	25,468	27,406	43,503	26,785	37,447	29,571	22,152	20,313	14,832	-27%
Overdue 12+ months Care Act reviews	166,136	216,326	217,090	203,999	210,106	216,271	187,112	200,674	175,822	-12.4%

¹⁶ The Kings Fund, [Social Care 360](#) (2024)

Figure 21 –Change in the number of people awaiting assessment, care or direct payments to start or reviews November 2021 – March 2024



7.2 WORKFORCE

The recruitment and retention challenges facing adult social care are well documented. Skills for Care figures show that there are 152,000 vacancies and that adult social care has a 30% staff turnover rate, both of which impact upon the availability, choice, continuity and quality of care available.¹⁷

Skills for Care’s monthly tracker shows the current vacancy rate for registered nurses is 9%; that in 2023, the vacancy rate for social workers was 10.5%. There is also a high vacancy rate (9.5%) amongst Occupational Therapists, who are crucial to delivering preventative care and support.¹⁸

Whilst we have seen some improvements in workforce capacity in recent years, this was largely driven by international recruitment, which is not a sustainable alternative to attracting more people in the UK into a social care career.

To minimise staff capacity challenges in homecare Directors indicated that an average pay rate of £14.22 per hour would be required to ensure there were no to little recruitment and retention challenges in their local area (based on 134 responses). This is £2.78 more than the current National Living Wage rate of £11.44.

¹⁷ Skills for Care, [The size and structure of the adult social care sector and workforce in England](#) (2023)

¹⁸ Skills for Care, [Workforce intelligence data](#)

The right investment in remuneration and high-quality training for care staff performing increasingly complex care tasks is crucial for enabling people to stay independent at home for longer, prevent needs escalating during waits for NHS care and reduce the need for more serious interventions being required at a later date.

The New Economics Foundation highlighted that investing in the care workforce has numerous social, economic and environmental benefits:

‘Investing in our care workforce will address unmet care needs. It will also have other knock-on economic, environmental and equality benefits. Raising pay and conditions in this low-paid sector will lead to higher wages and employment, especially in more deprived areas. Care jobs are also green jobs, meaning they emit less carbon than other forms of work. As women undertake the majority of paid and unpaid care work, an expanded and better-paid care workforce will also help to reduce gender inequality.’¹⁹

On 18 July 2024, Skills for Care publish their adult social care workforce strategy. ADASS has long called for a fully funded workforce plan. When asked which of the emerging workforce strategy recommendations would make the most difference to recruitment, retention and quality of service in their area, Directors said improving pay, terms and conditions and wellbeing support were the most important.

Figure 22 – Directors rank workforce strategy recommendations in order of importance for improving recruitment, retention and quality of service

1 = Would make the most difference
1. Improved pay for care staff
2. Improved terms and conditions for care staff
3. Better wellbeing support for care staff

¹⁹ New Economics Foundation, [A care workforce fit for Britain](#) (2023)

4. Development of new roles and specialised training in areas such as dementia, mental health and end of life care
5. Better access to support and development for the regulated professional workforce
6. Stronger focus on professional development for registered managers
7. Level 3 qualification to be completed within 3 years of starting in the sector (with pay differential)
8. Reform of apprenticeships

7.3 UNPAID CARERS

As well as impacting people drawing on care and support, the challenges and pressures set out throughout this report have a significant impact on unpaid carers. According to the 2021 Census there are approximately 5 million people across England and Wales with caring responsibilities²⁰, though Carers UK research estimates there could be as many as 10 million.²¹

Unpaid care is disproportionately provided by women. There has been an increase in the number of people providing substantial care (more than 50 hours per week) between 2011 and 2021 to a total of over 1.5 million people. 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.²² Carers need to be valued and given access to greater levels of financial and practical support.

Unpaid carers play a vital role supporting people at home, but this is becoming increasingly unsustainable. The recent Local Government Association (LGA) paper on the 10-year anniversary of the Care Act reflects how unpaid carers continue under ‘unsustainable strain’ despite the support provisions intended by the Act.²³ Carers UK *State of Caring 2023* report also found that 40% of carers had given up paid work to provide care; over a quarter have poor mental health and 65% of carers agreed that the increase in the cost of living was having a negative impact on their physical and/or mental health.²⁴

88% of Directors either strongly agreed or agreed that unpaid carers have come forward with increased levels of need in their local area over the past 12 months. For

²⁰ [ONS, Unpaid care, England and Wales, census 2021.](#)

²¹ Carers UK, [Key facts and figures, \(2023\)](#)

²² [Unpaid care in England and Wales valued at £445 million per day, Carers UK, \(2023\)](#)

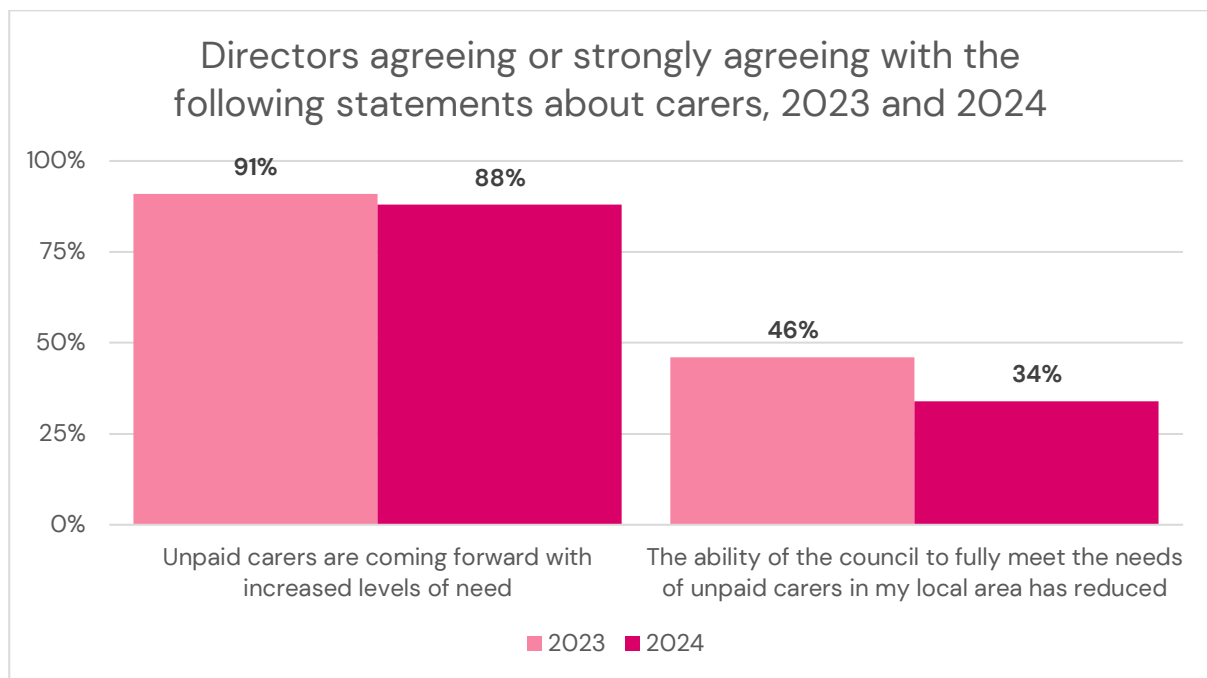
²³ Local Government Association, [The Care Act 2014: ten years on from royal assent](#) (2024)

²⁴ Carers UK, [State of Caring 2023](#)

a second year in a row, Directors ranked burnout as the number one contributing factor to increases in carer breakdown over the past 12 months. Carers UK report that 82% of carers say the impact of caring on their physical and mental health will be a challenge over the next year and 47% of carers say they need more breaks or time off from caring.²⁵

The percentage of Directors agreeing or strongly agreeing that staff were having to decrease hours in order to care for someone has risen to 25%, up from 20% in 2023.

Figure 23 – Directors’ agreement with statements on carers’ needs in 2023 and 2024



When asked whether the ability of their council to fully meet the needs of unpaid carers in their local area has reduced, just over one-third of Directors (34%) either strongly agreed or agreed with that statement, down significantly from 46% in 2023.

We’re calling on Government support to realise the ambition for carers rights and support as legislated for in the Care Act. We want to move from a situation in which many unpaid carers have to care out of necessity, and instead it can 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.²⁶ ADASS have set up a [Supporting Carers Hub](https://www.adass.org.uk/supporting-carers-hub-homepage/) to share great practice ideas and projects for supporting carers.²⁷

²⁵ Ibid.

²⁶ [Time to act A roadmap for reforming care and support in England, \(2023\)](#)

²⁷ <https://www.adass.org.uk/supporting-carers-hub-homepage/>

Directors were also asked about their council's investment strategy for carer support. 42% reported that their council is taking a positive investment strategy for carers support, up from 36% last year. 57% indicated that they are maintaining investment levels from 2023/24.

For the first time Directors were asked whether their council had a standalone or significant section of an overarching adult social care strategy focused on carers. 97% of Directors indicated that they did have a carers strategy, with only 18% indicating it needed to be updated. But on its own, a strategy can only do so much – funding to support the implementation of the strategy is also needed. More national investment is needed to deliver a new deal for carers, with sufficient funding for short breaks, legal advice and advocacy and other support that helps them improve their wellbeing.

Figure 24 – Councils with a standalone or a significant section of an overarching adult social care strategy focused on carers

Answers	Response
Yes, recently updated	79%
Yes, but requires updating	18%
No	3%

8. PREVENTATIVE APPROACHES TO SOCIAL CARE

Councils want to do more on prevention, to invest in services that help people live as independently as possible for as long as possible. But within the current financial envelope, too often only the greatest level of needs can be prioritised.

This section covers:

- Early intervention and prevention expenditure and investment
- Information, Advice and Advocacy
- Housing and Accommodation
- Digital Technology

Directors know 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 and support that give people an opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability, such as reablement or intermediate care services.²⁸

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. This is further evidenced in Figure 6 earlier in this report which shows that only 4% of councils report that the adult social precept for 2024/25 will be used to fund new services.

The impact of the funding challenges facing councils is evidenced in Figure 11 earlier in this report. This shows that just over half of Directors (51%) are concerned about the sufficiency of their budgets to meet their legal duties relating to prevention and wellbeing in 2024/25. Concerningly this figure has jumped up significantly from 2019/20 when just over one-third (35%) of respondents indicated that they were concerned that their budgets weren't sufficient to meet legal duties for prevention and wellbeing.

The Hewitt Review, published in April 2023, 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

²⁸ Think Local Act Personal (TLAP), [Care and support jargon buster](#)

these issues should be something we consider when the current pressures have died down. But that has always been the case.²⁹

8.1 EARLY INTERVENTION PREVENTION EXPENDITURE AND INVESTMENT STRATEGIES

The proportion of adult social care net budgets being invested in prevention is 7% in 2024/25. This is a decrease from 8.2% in 2023/24. There has been a reduction year on year, which is likely to be linked to the financial challenges described earlier in this report such as increasing overspends and savings.

Figure 25 – Spend on prevention services that can be accessed by people whose needs did not cross the National Eligibility threshold from 2017/18–2024/25 (2024/25 figures based on 125 responses, extrapolated to 153 councils)

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Spend on prevention	£1,201m	£1,187m	£1,251m	£1,163m	£1,204m	£1,352m	£1,549m	£1,428m
% spend on prevention as % of ASC net budget	8.3%	8.0%	8.4%	7.4%	7.5%	7.9%	8.2%	7%
Difference in spend from previous year	N/A	-1.2%	+5.4%	-7%	+3.5%	+12%	+14.6%	-7.7%

Directors were asked about their council’s investment strategy for a range of services.

Preventative services: for preventative services, just under two-thirds of Directors (65%) indicated that investment will remain the same for 2024/25 compared with the previous year, while 6% of respondents indicated that their council are disinvesting in these services. The proportion of councils taking a positive investment strategy for preventative services has dropped significantly from 44% in 2023/24 to 29% in 2024/25.

VCFS Sector: There has been a notable reduction in the proportion of Directors indicating that their council is taking a positive investment strategy in the Voluntary, Community, Faith and the Social Enterprise (VCFS) Sector from 29% in 2023/24 to 15% in 2024/25. The majority of councils are maintaining investment levels from the

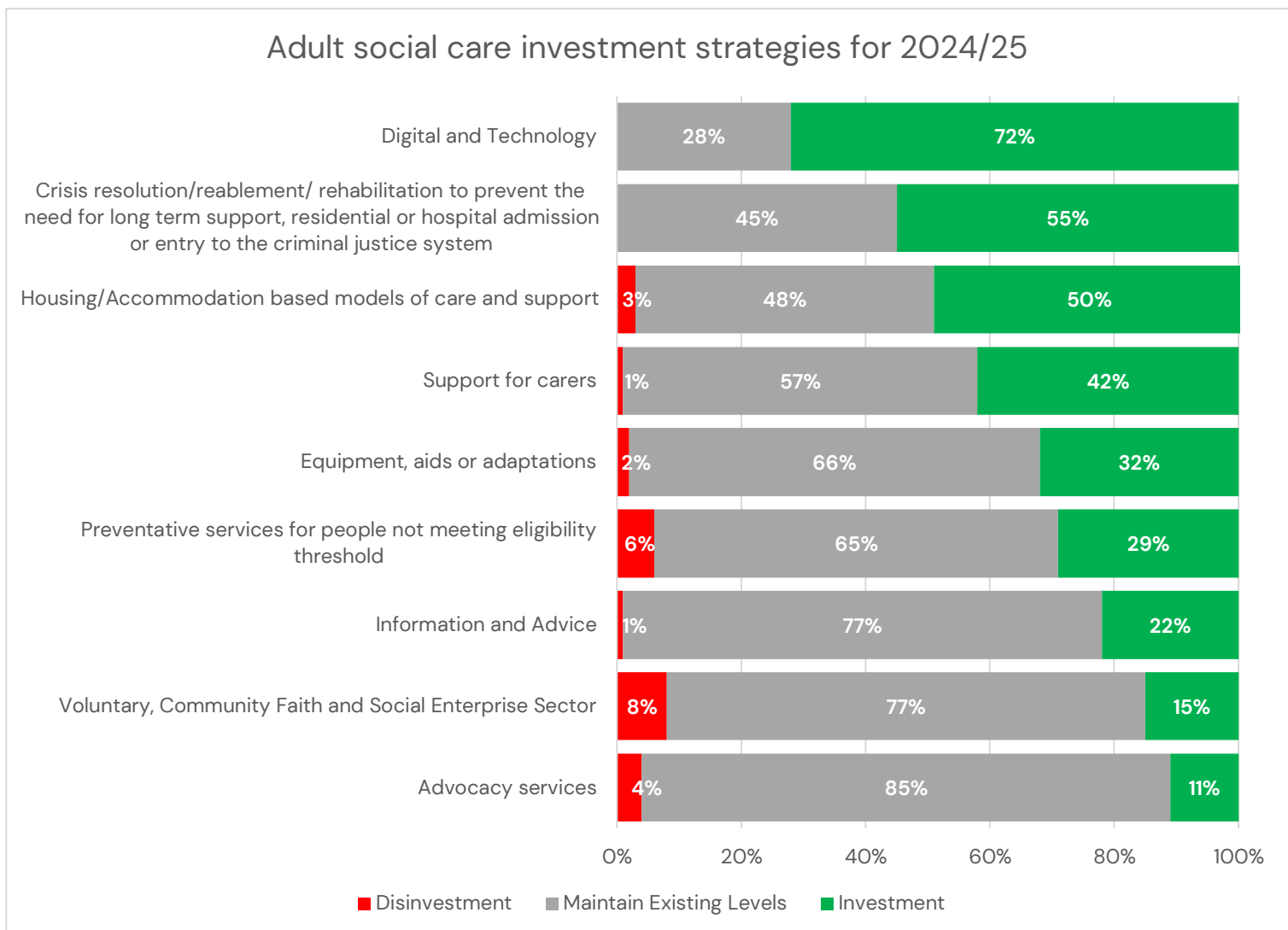
²⁹ [The Hewitt Review – An independent review of integrated care systems \(2023\)](#)

previous year, with just over three-quarters (77%) indicating that this is the case for 2024/25, up from 60% in 2023/24. The remaining 8% of Directors stated that their council has disinvested in the VCFSE sector this year, which has increased from 4% in 2023/24.

Crisis resolution, reablement and rehabilitation to prevent the need for long-term support, residential or hospital admission or entry to the criminal justice system, more than half of Directors (55%) indicated that their council is taking a positive investment strategy for 2024/25. The remaining 45% of councils are maintaining investment levels from the previous year.

Other areas listed in the investment strategies table in Figure 26 are covered in standalone sections below- housing and accommodation and information, advice and advocacy.

Figure 26 - Council investment strategies for a range of adult social care services 2024/25



8.1.1 Information, Advice and Advocacy

Councils have legal duties under the Care Act 2014 to ensure that information and advice services are available to their local populations. However, as referenced in Figure 11, Directors' confidence that their budgets will be sufficient to deliver their legal duties relating to information and advice have dwindled over time. In 2019/20, pre the onset of Covid-19, 17% of Directors had a low level of confidence that their budgets would be adequate to fully meet this statutory duty, whereas looking ahead to 2025/26 this figure has increased to 29%.

In terms of investment strategies (Figure 26 above) 77% of Directors indicated that their council are maintaining existing levels of investment for information and advice. This is also the case to a greater extent for advocacy services, with 85% of respondents indicating that their council will be maintaining existing levels of investment for 2024/25.

We asked Directors for the first time how they would rate their council's information, advice and advocacy provision for adult social care. There seem to be significant opportunities for improvement here, with at least a third of Directors characterising their local provision as at least average, if not poor. The results in Figure 27 below do however suggest that there is an opportunity to share learnings from those councils who view their provision as good or very good.

The area that most work seems to be required is the provision of information and advice for those people who may be thinking about their future care and support needs, or those of their families, but are not yet known to the council. Half of Directors (50%) rated their provision as average, whilst a further 9% rated theirs as poor. 40% rated their provision as good or very good (1%). With appropriate resources, this could be an area where additional input could yield great benefits – so that when people first approach councils, the quality help and support they receive really does have an impact.

This would also require investment in both professionals (like Occupational Therapists and Social Workers) as well as learning from the areas that are already doing a good job. However, it is clear from these results that this is an area for improvement. In relation to support for professionals who provide information and advice on care and support (including NHS, care providers, VCFSE, etc...), 49% of Directors rated this provision as either average (45%) or poor (4%).

Directors are most positive about the provision of:

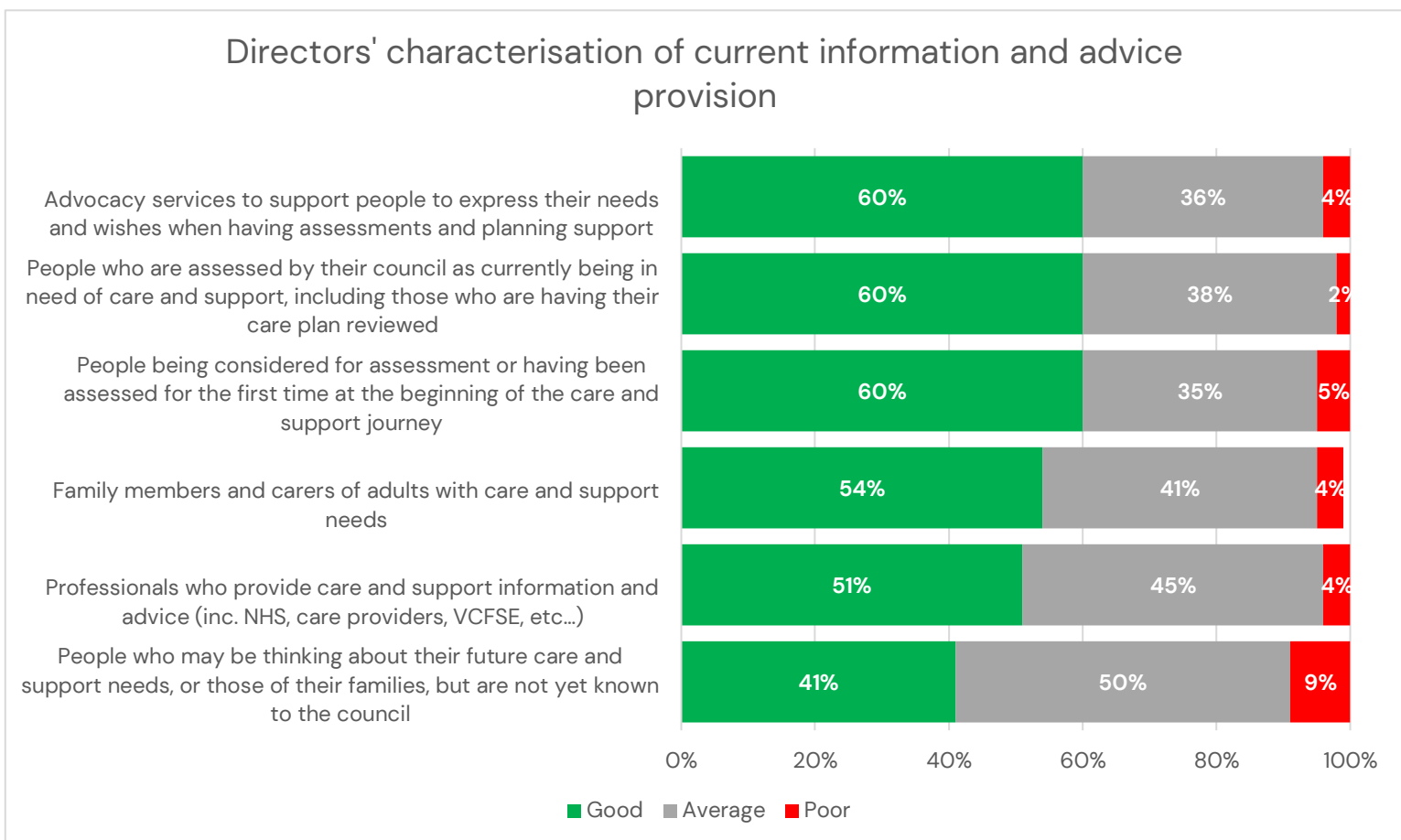
- advocacy services to support people to express their needs and wishes when having assessments and planning support;

- information and advice services to support people being considered for assessment or having been assessed for the first time at the beginning of the care and support journey; and
- people who are assessed by their council as currently being in need of care and support, including those who are having their care plan reviewed.

Three in five Directors (60%) indicated that they ranked these areas of provision as either good or very good in their local areas.

ADASS has, through our [General Election Asks](#), put forward the need for personalised information and advice to enable people who draw on care and support, their friends and family, and their unpaid carers to understand what they may be entitled to, what is available to them in their area, what they will and won't need to pay for and how to access that support. As highlighted in section 7.2, having the right workforce, including Occupational Therapists, with the right skills is important to delivering personalised advice and support.

Figure 27 – How would you characterise your current information and advice provision for the following groups?



8.1.2 Housing and Accommodation

As part of our [General Election Asks](#) we proposed that any new Government should seek to invest in '*Houses that help people stay independent and live well*'. This includes investment in new high-quality houses and accommodation which can easily be adapted, adaptations to enable existing housing to meet peoples' changing needs and increased choice and control for people who need different kinds of home or supported living arrangements.

Half of Directors (50%) reported that their council has a positive investment strategy for housing/accommodation models of care and support in 2024/25; this is down marginally from 55% in 2023/24 and significantly down from 62% in 2022/23. 48% of Directors indicated that their investment levels have remained the same as 2023/24.

We asked Directors for the first time about their council's investment strategy for equipment, aids and adaptations which support people to stay in their own home and live as independently as possible for as long as possible (see Figure 26 above). Two-thirds (66%) of respondents indicated that their council is maintaining investment, while 32% are taking a positive investment strategy. Only a small proportion of councils (2%) are disinvesting.

Investment in housing-based support also makes good economic sense. The parliamentary Levelling Up Committee's inquiry into the long-term funding of adult social care heard evidence that:

- Sheltered housing saves the NHS £486mn a year;
- For every resident in extra care, the council saves £6,700;
- Specialist housing for older people saves the taxpayer £3,000 per person per year;
- Specialist housing for people with learning disabilities and mental health needs saves £12,500–£15,500 per person per year³⁰

In the next Spending Review, we urge Government to deliver a multi-year programme that includes an increase in revenue and capital funding from Government to enable councils to work with care and housing providers, people with lived experience and planners to significantly increase the availability of good quality accessible, specialised and age-friendly housing and accommodation.

³⁰ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care](#) (2022)

8.1.3 Digital Technology

Sunderland council has established an Independent Living Centre as a hub to demonstrate technology that can improve the lives of people with disabilities and long-term health conditions. Originally used as office space, the building has been transformed into a centre for researching and testing new assistive technology, supporting assessments, and sharing knowledge with students and partners. The technology showcased in the smart home includes mainstream high street products that assist with daily tasks such as opening curtains, controlling lighting, and setting medication reminders. Demonstrating these technologies in a realistic home setting allows individuals to determine what will best aid them in their own homes. At the forefront of the smart house is how we can all age well, with a focus on falls prevention, falls awareness and maximising independence.

In the build-up to the recent General Election ADASS asked that a new Government invest in 'digital, technology and data that makes care more responsive to people'. Figure 26 above shows that just under three-quarters of Directors (72%) indicated that for 2024/25 their council has a positive investment strategy for digital and technology for adult social care. This is a slight fall on 2023/24 when that figure was 78%, but still above 2022/23 when the figure was just below two-thirds (65%).

Building on this, we asked Directors for the first time what would make the biggest difference to upscaling and mainstreaming the use of digital technology in adult social care. Directors were given a range of options to rank, with one being the option that would have the most significant impact. It is clear from Directors that people and their skills and confidence are key to digital technology being utilised more widely, both for care staff and people who draw on care and support.

Linked to the earlier section 8.1.1 in this report on information and advice, Directors ranked 'personalised information and advice that clearly sets out the options and opportunities available' as the fourth most impactful intervention that would support digital technology being upscaled and mainstreamed.

Figure 28 – Ranking of initiatives that would make the biggest difference to upscaling and mainstreaming the use of digital technology in adult social care

1 = most impact
1. Ensuring staff have the skills and confidence they need to maximise the use of digital tools
2. Supporting people who draw on care and support, carers and their families, to understand what's available and feel confident about the use of digital tools
3. Improving the interoperability of digital systems used across different services (e.g. NHS and housing)
4. Personalised information and advice that clearly sets out the options and opportunities available
5. Co-production of digital strategies and designs with people who draw on care and support, their carers and families
6. Independently verified evidence and consistent methodology to support business cases, including return on investment to justify upscaling technology, against constrained budgets
7. Greater confidence in the security of data and its use in improving care and support, managing service delivery, performance management, research and commercial purposes
8. Ensuring people can use Direct Payments to pay for technology
9. Improving the council's senior councillors and leadership teams' understanding of the benefits of digital technology

9 NHS INTERFACE

The ongoing challenges facing the NHS are well reported and continue to receive a lot of political attention. Undoubtedly, they will be a key focus area of the new Government. In this section of the report we review what this might mean for the interdependencies between NHS and Adult Social Care.

This section covers:

- The impact of NHS pressures on adult social care
- Continuing Health Care
- The Better Care Fund
- Integrated Care Systems

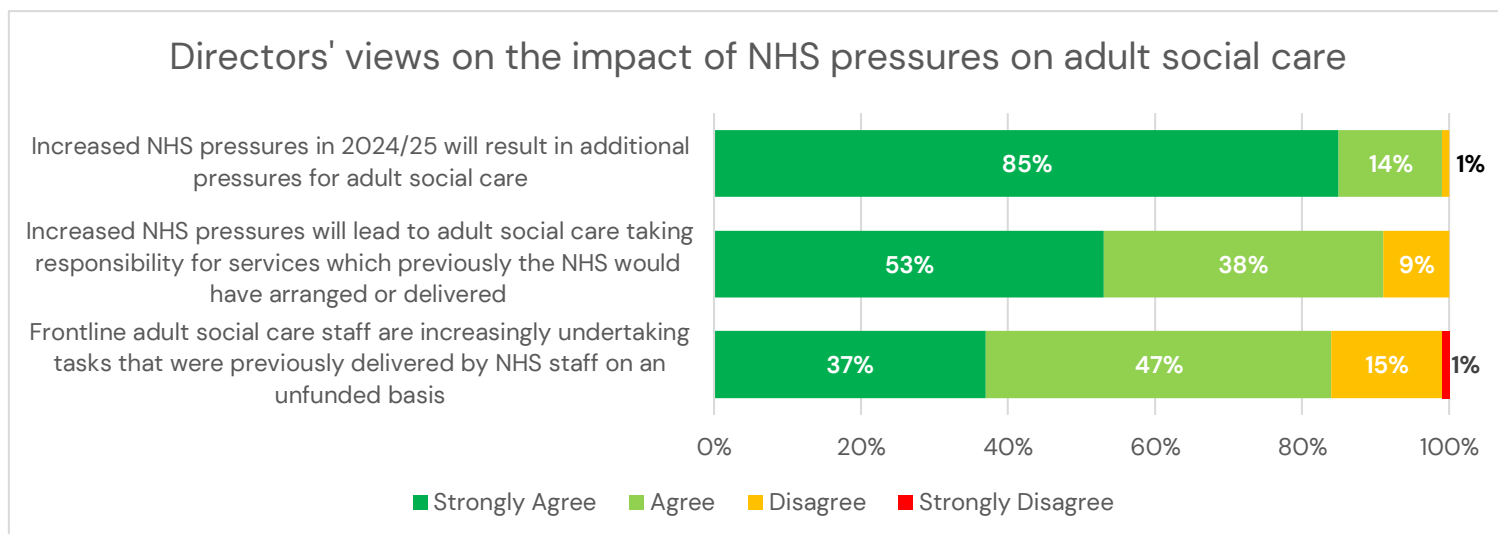
Adult social care and the NHS are two sides of the same coin. You cannot implement plans to invest, improve performance and outcomes for people in one without also doing the same for the other. That would be like pouring water down a sink with no plug in. Similarly, pressures, both in terms of finances and activity, will feed from adult social care into the NHS and vice versa. ³¹

9.1 THE IMPACT OF NHS PRESSURES ON ADULT SOCIAL CARE

When we asked Directors about the impact of NHS pressures, 99% of Directors either strongly agreed or agreed that increased NHS pressures in 2024/25 will result in additional pressures for adult social care. 91% 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, up from 81% in our 2023 Spring Survey.

³¹ NHS Confed, *'Adult Social Care and the NHS: two sides of the same coin'*, (2023).

Figure 29 – The impact of NHS pressures on adult social care



Health and social care systems should be working together to address their shared challenges of waiting lists and demographic pressures, to realise the joint ambition of delivering early support, closer to home. But our findings suggest that the pressures facing the NHS are leading to councils and unpaid carers taking on additional responsibilities, whilst NHS community services have seen their funding grow much slower than hospital settings³².

9.1.1 NHS responsibilities shifting to the adult social care workforce

84% of Directors report that frontline adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff on an unfunded basis, an increase from 70% reported in our 2023 Autumn Survey. Further, on Delegated tasks, over two thirds of Directors (67%) say these are undertaken without training, supervision and/or funding from the NHS.

In 2022/2023, average care worker pay was £1 per hour less than new healthcare assistants in the NHS.³³ Health Foundation research suggests the most common destination of care workers who leave the social care sector is the NHS, indicating social care often functions as a stepping stone to these higher paid roles with better terms and conditions.³⁴ A key barrier for increasing pay is councils aren't able to pay higher rates for the care they commission due to funding restrictions set out earlier in this report. Additional government funding is needed to enable councils to pay more for the care they commission, this in turn would help facilitate steps to make rates of pay more equitable between NHS and social care

³² Nuffield Trust, *Where does the NHS money go? (2024)*

³³ Skills for Care, *State of the adult social care sector and workforce in England (2023)*.

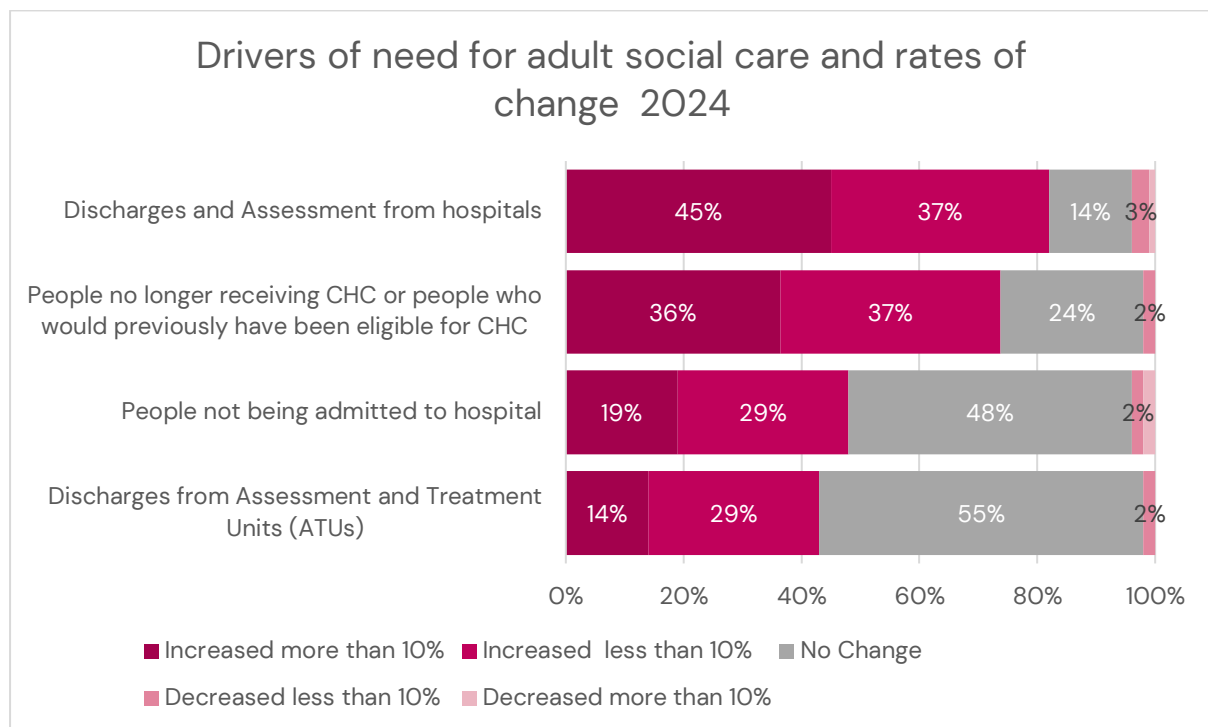
³⁴ The Health Foundation, *Lower paid NHS and social care staff turnover: What occupations do the NHS and adult social care compete with for lower paid roles? (2022)*

staff. Action to demonstrate social care staff are valued is especially pressing as care staff take on additional tasks that would previously have been done by their NHS colleagues.

9.1.2 Care Closer to Home

Directors reported that the number of people presenting needs or being referred to adult social care from health care settings has increased since last year, as outlined below in Figure 30. 76% of Directors also reported that the average size of care packages for people being discharged from hospital has increased.

Figure 30 – Drivers of need for adult social care from health settings rates of change



These figures build on the trend identified in our Spring Survey of 2023, showing that the care needs of people leaving hospital and subsequently requiring council-funded care and support continues to increase.

Assessing more people and meeting their needs in the community can only be achieved by expanding community rehabilitation, reablement, and intermediate care services, along with significantly increasing the capacity of the professional workforce that delivers these services. Yet only just over half (55%) of Directors reported being able to increase investment in crisis, resolution, reablement and rehabilitation to prevent the need for long-term support and/or residential or hospital admission.

Compounding this challenge is the fact that 93% of councils say that Funded Nursing Care (FNC) from the NHS doesn't cover the true cost of nurses working in care home settings, leaving the financial difference to be picked up by councils or self-funders.

Figure 31 – Directors views on NHS Funded Nursing Care provision

	Strongly agree	Agree	Disagree	Strongly disagree
The NHS funded nursing care rate is insufficient to recruit and retain nurses working in social care in my area	35%	51%	14%	0
FNC methodology appears to understate the true cost of nurses in care homes and leaves the financial 'difference' in cost to be picked up by councils (or self-funders)	45%	48%	7%	0
There has been a decrease in the availability of nursing homes offering places for people who qualify for CHC in my area	23%	30%	43%	0

In our 2023 Spring Survey, Directors were asked their views on changes to local investment strategies since the establishment of Integrated Care Systems (ICSs). Despite the increases in people referred to social care from health settings and the size of accompanying care packages, in 2023, only just over a third (35%) of Directors said that investment in community care and adult social care had increased.

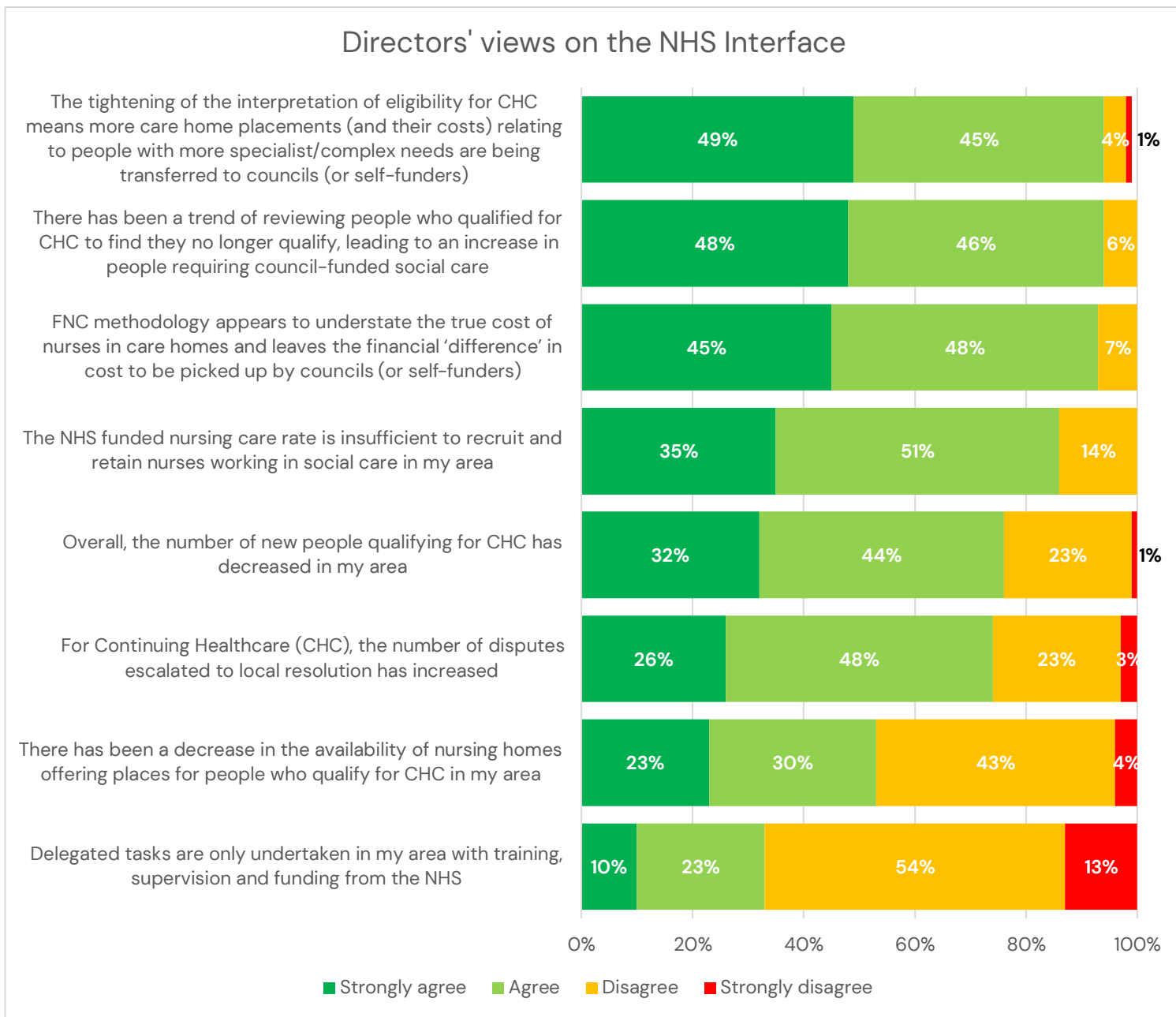
Derby City Council has fully integrated its home-first hospital discharge intermediate care service with the local NHS community health provider. This integration has created a single intermediate care discharge and support service. It will help them grow capacity to enable people to remain independent through the use of multiple associate professional inputs.

9.2 CONTINUING HEALTHCARE

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. Demographic and resource pressures have increased tensions over funding. Almost three-quarters (74%) of Directors report that the number of disputes on CHC funding escalated to local resolution has increased, up from 64% in 2023.

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 the support instead. The survey results suggest this trend is strengthening. As highlighted in Figure 30, 37% of Directors reported that people presenting to adult social care as they no longer receive CHC has increased and an additional 36% reported it has increased by more than 10%.

Figure 32 – Directors views on the interface with the NHS



There has been a significant increase in the proportion of Directors reporting that the number of new people qualifying for CHC has decreased in their area: from 56% in 2023 to 76% in 2024.

Almost half of Directors (48%) strongly agreed that there has been an increase in the number of people needing council-funded adult social care due to being deemed no-longer eligible for CHC after a review.

73% of Directors reported an increase in the number of people no longer eligible for Continuing Healthcare (CHC) who previously would have been eligible for it. (Figure 30).

These trends are corroborated by NHS data on CHC eligibility.³⁵ The assessment conversion rate (the percentage of people agreed eligible out of those assessed) has fallen from 31% in 2017/2018 to 21% in 2023/24, in spite of demographic and population health pressures in the other direction. This contrasts with the stated ambition of the NHS Long Term plan to move more care into the community.

As well as increasing costs and complexity of social care packages, another consequence of this unfunded transfer of activities from the NHS to social care, driven in part by NHS pressures is the growing responsibilities of unpaid carers (see Section 7.3 for more detail on unpaid carers).

9.3 BETTER CARE FUND

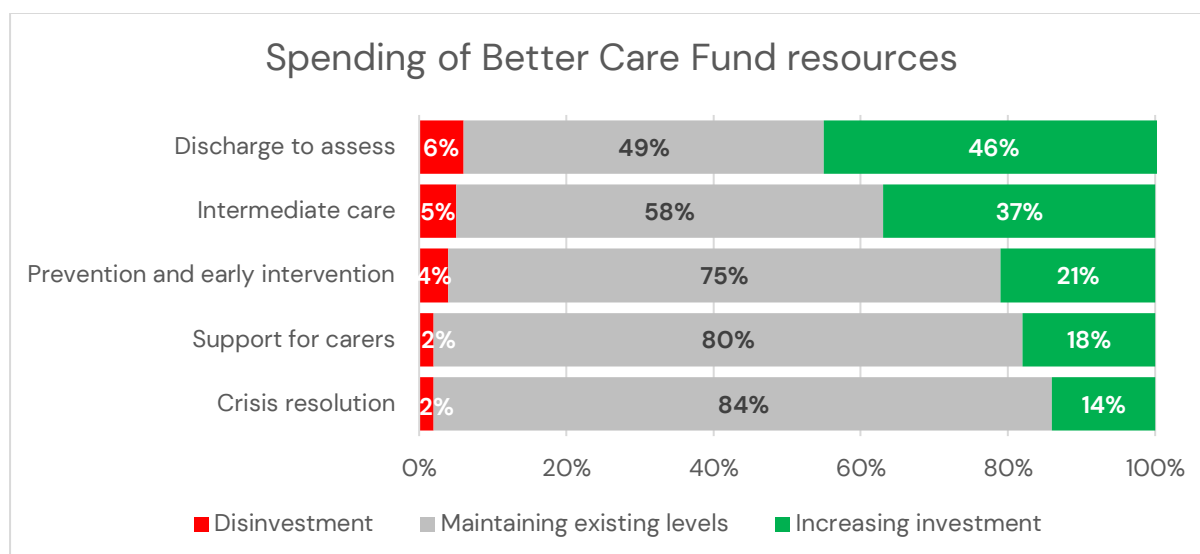
The Better Care Fund (BCF) is an example of the sort of shared health and care investment we need more of to help move care closer to home. Launched in 2015, the BCF established pooled budgets between the NHS and councils, with the aim of implementing integrated and sustainable health and care services, bespoke to local needs.³⁶

However, national political direction means that BCF resources have been overwhelming focused on hospital discharge, to the detriment of other action that could help avoid or reduce hospital admission in the first place. 46% of Directors report increasing investment from BCF resources in Discharge to Assess whilst only 21% report increasing investment in prevention and early intervention; 35% in intermediate care and fewer still (14%) report increasing investment in crisis resolution.

³⁵ [NHS Continuing Health and NHS Funded nursing statistics.](#)

³⁶ [NHS, Better Care Fund](#)

Figure 33 – Director’s investment strategies for the Better Care Fund in 2024/25



When asked which services they would prioritise if BCF requirements did not require such a focus on hospital discharge services, Directors ranked ‘Community prevention and early support services’ as their number one priority.

Figure 34 – Directors views on the priorities for investment if the Better Care Fund and Discharge Funding requirements did not require such focus on hospital discharge services

1= top priority
1. Community prevention and early support services
2. Meeting new demand for long term services, to reduce waiting lists
3. Better support to enable carers to continue to care
4. Joint service developments with NHS to reduce hospital admissions
5. Technology and digital to strengthen automation and self-service solutions
6. Satisfied with current investment

The upcoming review of the BCF is an important opportunity to reinvigorate the fund as a vehicle for addressing the deficit in prevention investment, including in mental health prevention that both NHS and social care report (see Section 8.1 for social care investment strategies). By working in partnership with individuals who draw on care and support, we can ensure that the fund genuinely enables people to stay well, safe, and independent at home for longer, and provides the right care in the right place at the right time.

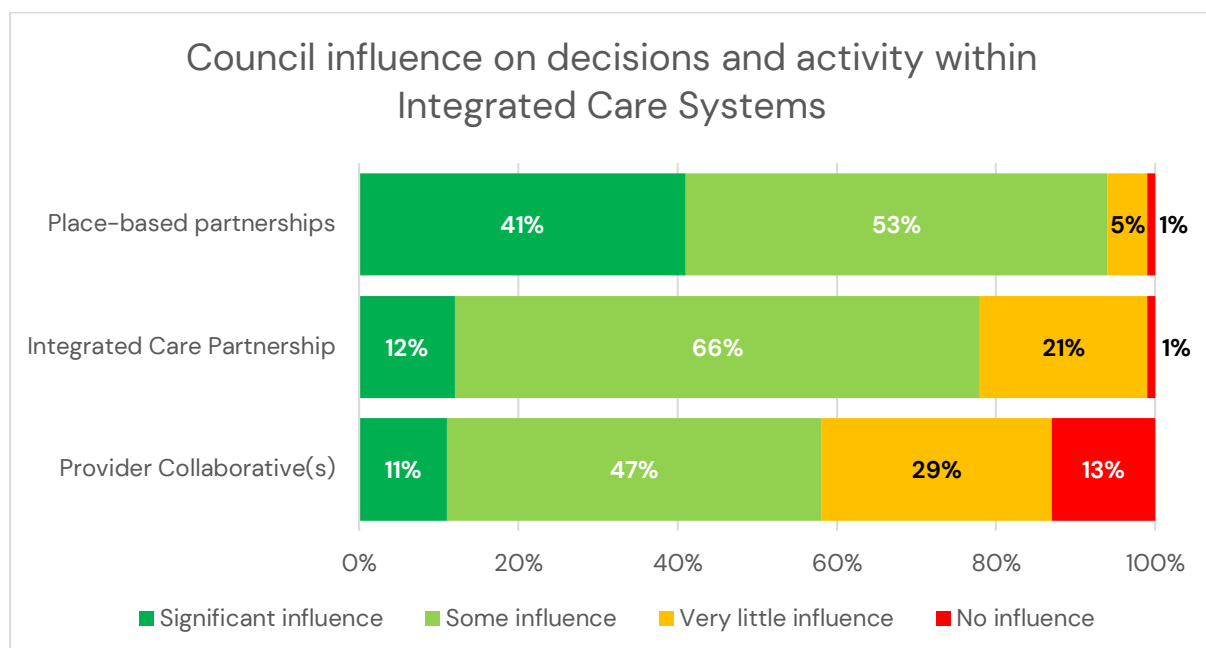
9.4 INTEGRATED HEALTH AND CARE SYSTEMS

Nearly nine in ten Directors (89%) reported that they either feel very or fairly pessimistic about the financial state of their local health and social care economy. This is a marked increase from pre-pandemic. In our 2019 Spring Budget Survey, 74% of Directors were fairly or very pessimistic.

Directors were also asked their views on their influence within their local ICS system. It was positive to see that over half of Directors reported they had at least some influence over activity at the different levels of ICSs. However, that left more than a fifth (22%) of Directors who said they did not feel they had much or any influence.

More needs to be done to share best practice from ICS's that are working well with social care, to promote a more consistent picture nationally. For example, if some Directors don't have the capacity to be as influential as they would like to be, additional investment by the ICS to free up Director level time within the council could be explored.

Figure 35 – Directors' views on their influence in their integrated care system structures



The symbiotic relationship between adult social care and the NHS has the potential to provide people drawing on care and support with a more personalised and joined up experience, closer to their home.

However, too often higher numbers of people discharged from hospital result in more people waiting at home for social care, or discharged to care homes that they never leave– many of whom will inevitably deteriorate leading to higher needs in the longer run or even hospital readmission.

Similarly, people waiting a long time for community health care services or public health care services may also end up with higher levels of social care needs as the NHS and Government continue to prioritise resources for acute settings.

10 CONCLUSIONS AND RECOMMENDATIONS

'When resourced adequately and organised well, social care is the means through which adults of all ages, with different conditions and reasons for drawing on care, are able to live their best life. That is a pursuit to be proud of and one which generates and replenishes energy, commitment and dedication'.³⁷

The evidence and insight contained in this report unfortunately shows that the statement above is becoming increasingly hard to achieve and maintain. Adult social care budgets are more stretched than they have ever been with higher rates of overspending, increasing reliance upon one-off reserves to prop budgets up and the highest levels of savings required for eight years. At the same time, the level of people's needs and support required is increasing.

We can't keep doing more of the same. The next Spending Review under the new Government must consider these pressures and take action to stabilise local government finances over multiple years, rather than providing single year settlements as has been the case for a number of years now.

We need to invest in people- those us who access care and support, unpaid carers and the workforce- to empower them to live the lives they want to lead, in a place they call home, with the people and things that they love and doing the things that matter to them.³⁸

Adult social care and the NHS are two-sides of the same coin and as such any action that a new Government takes must encapsulate both. We need a new Government to adopt a comprehensive, long-term perspective on our health and social care systems. Investment in health and adult social care should not be seen as a cost to the public purse, but instead as one of our country's biggest investments in human capital and productivity.

This report and the evidence contained within it paints a clear picture that instead of focussing on investment in hospitals and freeing up beds, the new Government must shift to investing in more social care, supporting unpaid carers, and providing health and social care in our local communities, to prevent people reaching crisis point and ending up in hospital in the first place. This cannot be done without our highly skilled and compassionate adult social care workforce, who support people day in day out to live the lives they want to lead, who need better recognition through improved pay and conditions as a matter of urgency.

Now is the time to act.

³⁷ [The value of adult social care to us all: joint statement to National Party Leaders](#) (2024)

³⁸ [SocialCareFuture](#).

Investable Propositions:

Creating the conditions for adult social care to thrive: The new Government should commit to a multi-year funding settlement for adult social care to provide certainty and stability for councils, care providers and the Voluntary, Community, Faith and Social Enterprise sector to plan, invest and innovate the services they offer.

Care closer to home and early support: Over the course of the next Parliament, the new Government commit to an incremental shift in funding from acute and crisis care to community, primary and adult social care support. This will enable many more people to remain in their homes and communities. This will enable people to live as independently as possible, for as long as possible, reducing the pressure on the NHS and delaying the point at which someone may need formal care.

Investing in the adult social care workforce: To counter recruitment and retention challenges, the new Government should invest in improving the pay, terms and conditions for frontline social care staff within the first two years of their tenure. This investment must be funded nationally. Research has shown the financial costs to the Treasury are negligible, whilst the economic and social impacts are significant.

A New Deal for Carers: In the first two years, the new Government should commit to investing in short breaks, legal advice and advocacy, and other support which helps them improve their wellbeing so they are not overwhelmed.



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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