

# ADASS Autumn Survey 2024

# Financial context

*Adult social care financial pressures are intensifying, and more councils are being required to make savings, despite growing levels and complexity of need and escalating costs*

# Overspends

**+** **81%** of councils on course to overspend on adult social care in 2024/25, up from 72% last year

 **£564mn** estimated overspend in 2024/25.

- 2023/24 = £586mn 2022/23 = £73.66mn

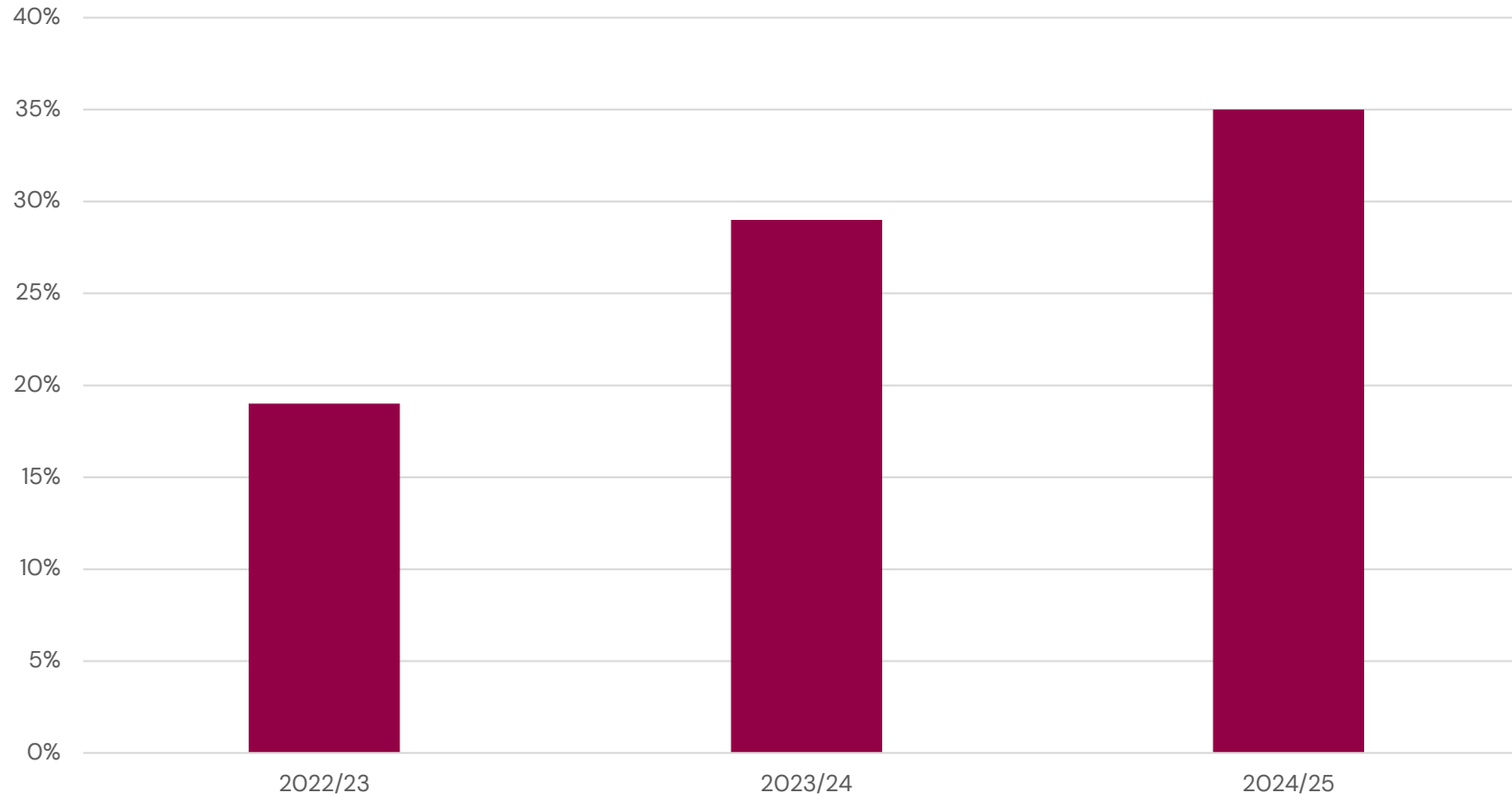
**£** **3%** average overspend

## Why?

- Higher need for complex long-term care than anticipated
- Pressures from ICBs
- Accumulative impact of savings
- Children transitioning to adult services

# In year savings 2024/25

Percentage of councils required to make in year savings 2022-2025



**£183mn**  
estimated in year  
savings for  
2024/25

# Modelled savings 2025/26



At the time of the Spring Survey, Directors were expecting to find **£905mn** in savings in 2025/26...

This is now up to **£1.4bn...**

A **55%** increase

# Shifting from treatment to prevention

*To achieve the Government's goal of shifting health and social care from "sickness to prevention," investment is needed to ease council pressures that currently hold back spending to only those with the highest needs.*

# Barriers to implementing prevention activity

| Barriers to implementing prevention activity  | Ranking |
|---|---------|
| Financial pressures   | 1       |
| Competing service pressures e.g delayed discharge   | 2       |
| Competing pressures to implement other policies   | 3       |
| Lack of understanding of what works and difficulty demonstrating impact or value for money. | 4       |
| Difficulties collaborating across boundaries and systems.                                   | 5       |
| Lack of buy-in from partners e.g NHS  | 6       |
| Staff training or skills.   | 7       |
| Organisational culture  | 8       |
| Lack of senior buy-in in the council  | 9       |
| Other   | 10      |

# Barriers to implementing prevention activity

## **Financial pressures:**

89% of Directors put this in their top 4 choices

## **Lack of understanding over what works**

Over half of Directors put this in their top 4 choices:

*'Lack of robust evidence of what works to drive commissioning decisions. We need more evaluation capacity both nationally and locally.'*

*'Investment is now; benefit is later. When pressures are so acute now, long term is often not considered.'*

## **Competing service pressures:**

83% of Directors put this in their top 4 choices.

*'Acute hospital pressures dominate the agenda, reducing focus on prevention, early intervention, and admission avoidance.'*



# Information and advice

| What would be most helpful improving your information and advice?  | Ranking |
|--|---------|
| Ring-fenced government funding for an enhanced digital offer, including AI   | 1       |
| One-off funding to develop and pilot good practice in relation to joined-up information and advice offers between councils and local NHS partners including the ICB, primary care (GPs and social prescribers), and hospital discharge teams | 2       |
| Further support for councils to support the professional development of their digital and data professionals   | 3       |
| Enhanced support programme to enable sharing of information and advice resources regionally and nationally where appropriate   | 4       |

- *'Running communities of practice nationally to allow authorities to come together to share knowledge.'*
- *'National agreements on information sharing and collective care and health records.'*
- *'Being able to demonstrate the measures/metrics for prevention across ASC to ensure consistency nationally'*

# Evidence for prevention

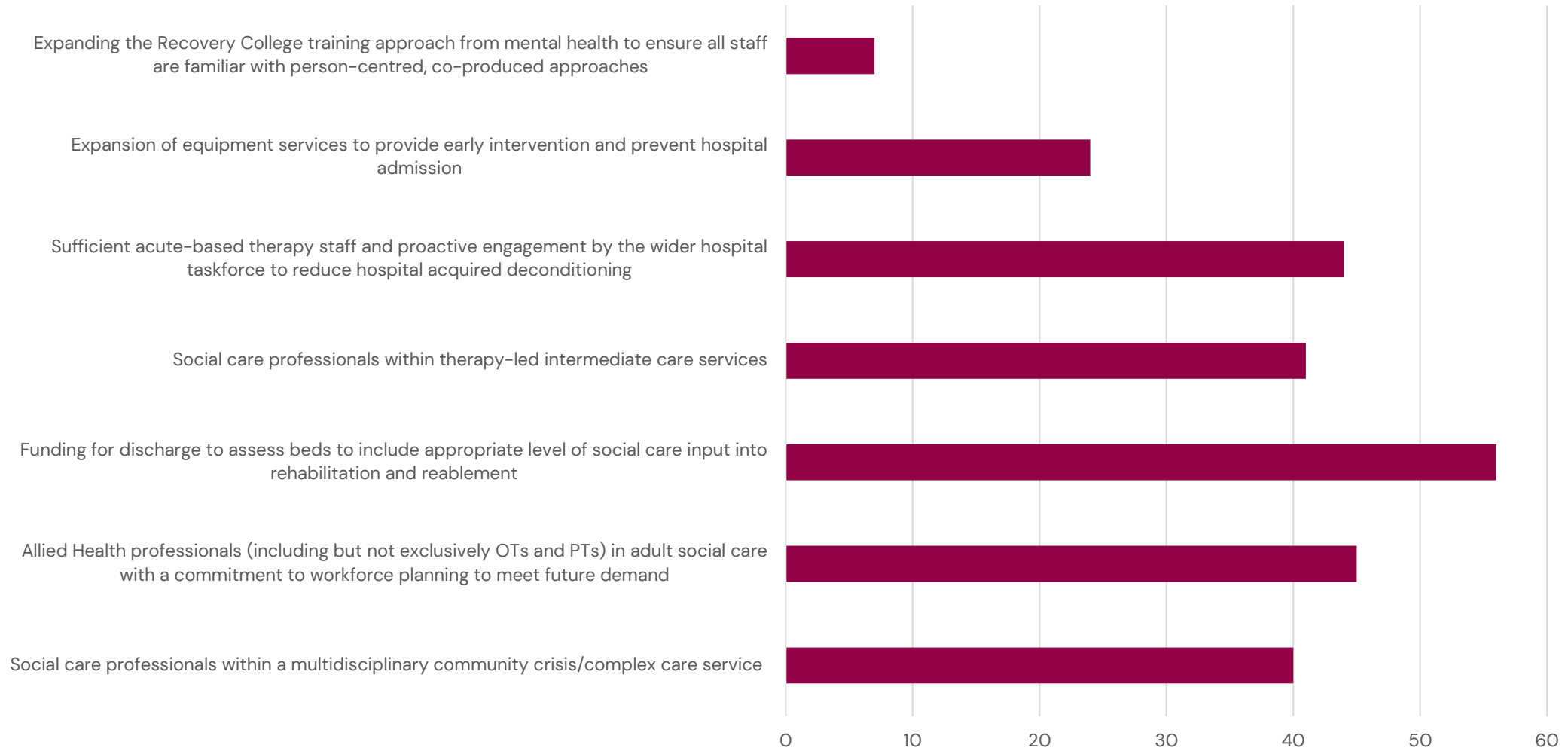
## % of respondents who said they had evidence of positive impact of these interventions

|   |     |
|---|-----|
| Reablement  | 90% |
| Assistive Technology, including Telecare and Digital Communications | 80% |
| Voluntary and Community Sector Preventative Services & Support      | 76% |
| Carers' support and Services  | 76% |
| Lifetime housing, aids and adaptations                              | 65% |
| Intermediate Care   | 65% |

# Shifting from hospital to community

# NHS and social care working together

## NHS investments with the most positive impact on social care



# Better Care Fund

*'The BCF framework and monitoring is focused predominantly on discharge / post discharge pathways and/or offers. An expanded emphasis of BCF key metrics (beyond that of avoidable admissions) covering diversionary and community prevention would help re-shape some of the conversation around strategic thinking'*

*'BCF is supporting essential service delivery and room for innovation is getting limited'*

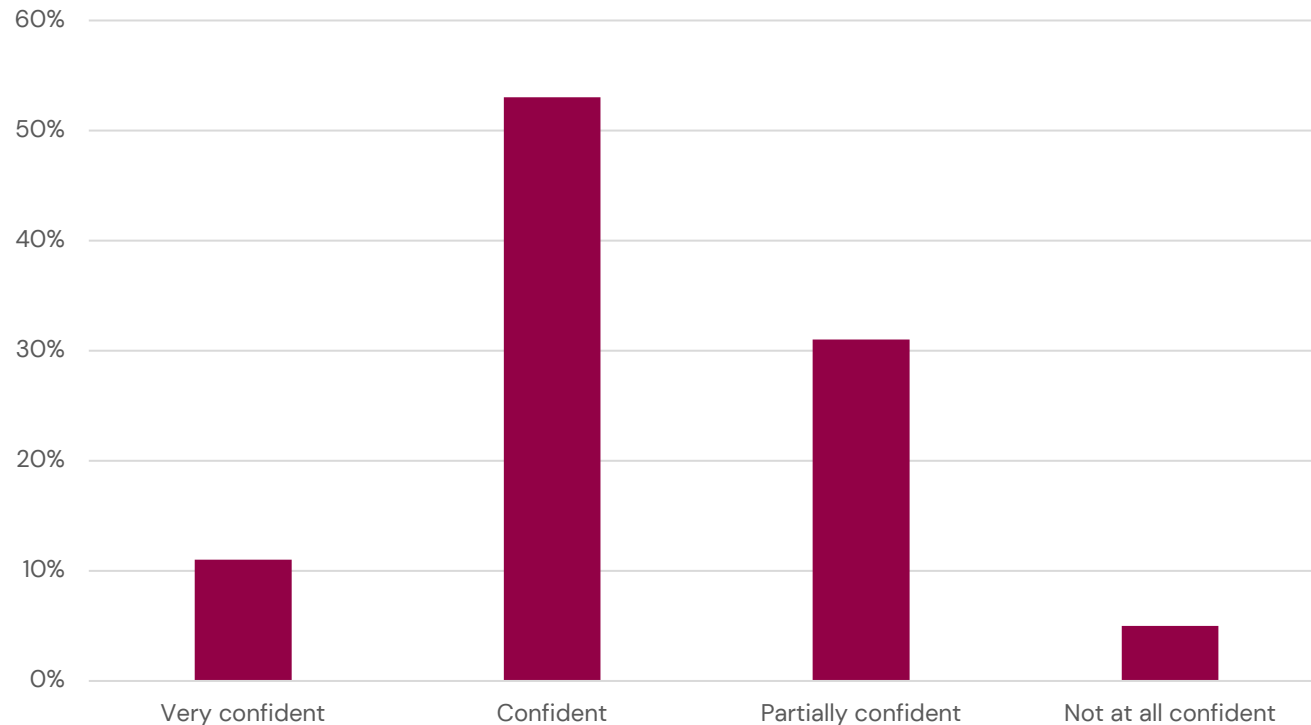
| The current Better Care Fund (BCF) framework runs from 2023–2025. What do you think should be improved in the next iteration of agreements? Tick all that you agree with.                             | % of 129 respondents agreeing |
|---|-------------------------------|
| Significant BCF funding underpins essential social service deliver and this must be protected   | 98%                           |
| Timely publication of the policy framework to match councils' budget-setting timescales   | 97%                           |
| More significant pooled budget structures, bringing together a requirement for joint financial planning across NHS community services, social care, continuing healthcare and related activity        | 62%                           |
| Health and wellbeing board sign-off to ensure councils are an equal partner in decision making  | 60%                           |
| Clarify which organisation, the Integrated Care Board (ICB) or the council's adult social care, is primarily responsible for specific services to reduce disputes over local funding responsibilities | 59%                           |

# Shifting from analogue to digital – the role of data

*Having access to better and more joined-up health and social care data has the potential to transform how we understand people's needs and the support best suited to their personal circumstances. The development of Client Level Data is part of this journey and still requires some improvement to reach its full potential.*

# Client Level Data

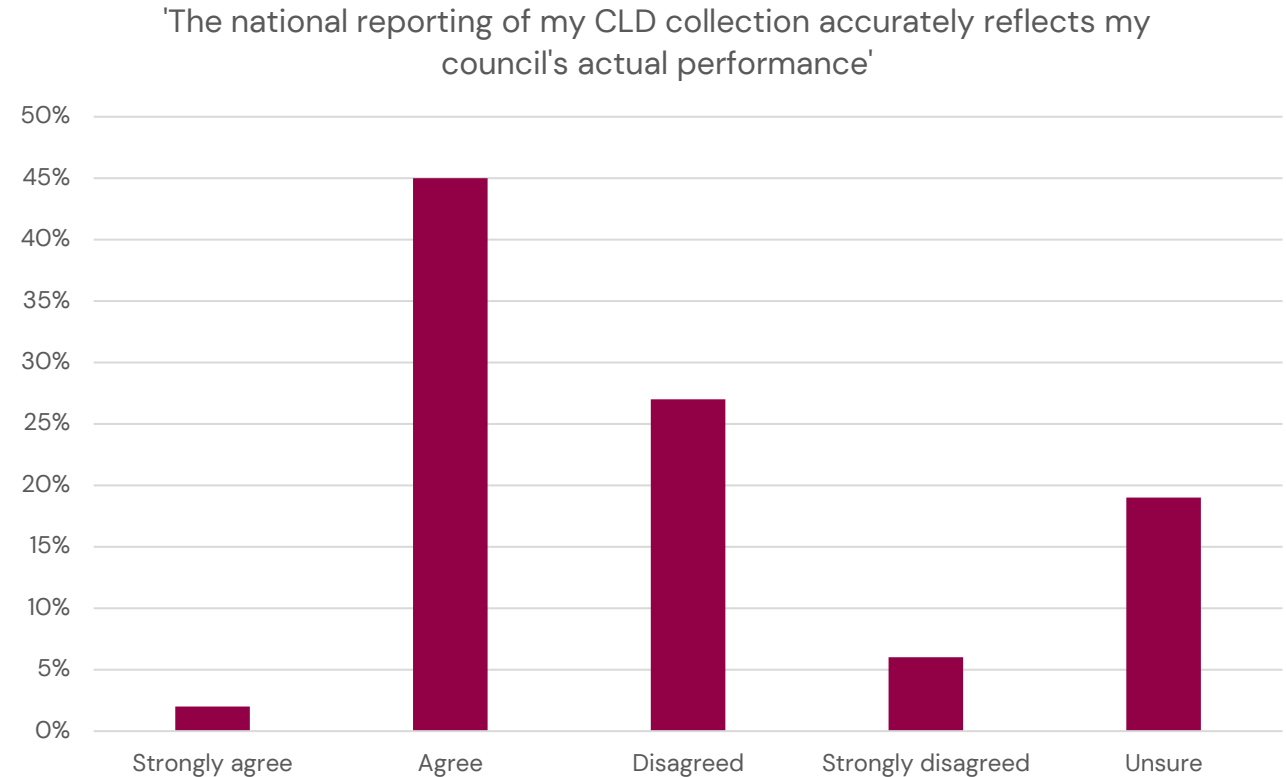
Directors' understanding of the national reporting of their CLD collection



*'We believe that we are submitting our CLD dataset aligned with guidance, although some data quality issues remain. However, we continue to be uncertain re how data is being transformed. Work to date highlights that local authorities have very different business processes so to be able to compare across the region remains challenging. More detailed guidance and a simplification of transformation would be helpful.'*

# Client Level Data

*'In terms of ASCOF reporting published through CLD there are a number of areas that do not correlate with what we have determined actual performance to be using the definitions and methodologies published, this particularly relates to permanent admissions of working age adults and older people'*





# Investable propositions

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- **Resources** – Confirming the continuation of all adult social care grant funding and precept at the earliest opportunity, to provide certainty, confidence and continuity for councils, care providers and voluntary, community, faith and social enterprise sector organisations.
- **Workforce** – In alignment with the Skills for Care’s and the Royal College of Occupational Therapists workforce strategies, accelerating recruitment of Allied Health professionals (including but not exclusively occupational therapists and physios) in adult social care, a key building block for the Neighbour Health and Care services.
- **Prevention** – Providing one-off funding to enable councils to commission independent evaluations of existing adult social care projects and services that aim to keep people as healthy as possible, for as long as possible in their community.
- **Carers and other support services** – Reviewing the Accelerating Reform Fund to ensure sufficient resources are available to fully evaluate and scale up the work; and ensure that the learning from the fund sets consistent future standards for evaluation and dissemination of prevention work.
- **Integration** – The next iteration of the Better Care Fund should reorientate the fund away from delivering core services towards prevention and innovation, ensuring that additional funding is provided to cover the resulting gap.
- **Data** – Building on the shared insights offered by Client Level Data, preparing the groundwork for Neighbourhood Health and Care services by ensuring that councils have equitable access to health and social care data at local level geographies, including granular geography.