

ADASS Spending Review submission 2025

Contents

ADASS Spending Review submission 2025	1
About ADASS.....	2
Submission summary	2
Introduction.....	3
Brief overview of current pressures and opportunities.....	3
Current pressures	3
Adult social care growth and productivity.....	5
Shift from hospital to community.....	8
Housing.....	8
Continuing Healthcare (CHC).....	11
The health and social care workforce.....	12
The neighbourhood model.....	14
Shift from sickness to prevention	17
Early support, closer to home	17
Preparing for adulthood.....	19
Shift from analogue to digital.....	20
Disabled Facilities Grant.....	20
Information, advice and guidance, advocacy.....	22
Digitisation, technology and data.....	23

About ADASS

The Association of Directors of Adult Social Services (ADASS) is a charity. Our members are current and former Directors of adult care or social services and their senior staff, including Principal Social Workers. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- Furthering the interests of those who need social care services, regardless of their backgrounds and status, and
- Promoting high standards of social care services.

If you would like to discuss this submission or any of our other work further, please don't hesitate to get in touch with michael.chard1@adass.org.uk.

Submission summary

Good care and support makes a positive difference to many people, enabling them to live their lives in ways that matter to them. Yet the enormous contribution care and support makes to our lives as individuals and to us all, as a society, remains largely invisible and undervalued.¹

This Spending Review is an opportunity for Government to lay the foundations for fundamental reform of adult social care in the medium to long-term. This submission puts forward constructive and investable propositions which would be incremental steps on the road to reform. Our [Early Priorities for Government](#) document set out a range of actions the Government could take now including, but not limited to, reforming planning to raise accessibility standards for new homes, ensuring equitable access to data between health and social care and supporting councils, the workforce and people who draw on care and support to utilise technology.² This submission builds on those proposals.

However, we cannot move forward without Government fully recognising the financial, workforce and care market challenges facing adult social care. While we acknowledge the challenging financial outlook set out by the Office for Budget Responsibility (OBR) for the next few years, it's clear that significant and immediate investment is required to enable adult social care to simply standstill. Without it we risk further deterioration of care and support, making the reform of adult social care more difficult in future years.

This submission sets out how and why adult social care must be a central pillar of the Government's missions on growing the economy and an NHS fit for the future. It is crucial to the Secretary of State for Health and Social Care's three shifts for the NHS- from analogue to digital, hospital to community and sickness to prevention and realising the ambitions for the NHS 10-Year Plan.³

If adult social care flourishes, it can help unlock the labour market, build business confidence to invest and enhance overall productivity and economic stability. Adult social care is a major local employer,

¹ [ADASS, Time to Act- A roadmap for reforming care and support in England, Apr.2023](#)

² [ADASS Early Priorities for a New Government, Apr. 2024](#)

³ [Plan for Change- Milestones for Mission-Led Government, Prime Minister's Office, Accessed 29th Jan. 2025](#)

and any expansion of social care means new businesses, new job opportunities, increased tax contributions and a significant net contribution to the local, regional and national economies. It is a growth sector.

Introduction

1. Adult social care at its best transforms lives. It enables millions of us to live the lives we want to lead, where we want to live, whether we need support with our mental health, because of physical disabilities, a learning disability, or because we are older and need additional support. It supports us to work, to socialise, to care and support family members and to play an active role in our communities.
2. We welcome the Government's commitment to revert to multi-year Spending Reviews, something that ADASS has called for over several years. This approach will help to provide certainty and stability for councils, care providers and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to plan, invest and innovate.
3. It is vital that Government uses this Spending Review to make significant and immediate investment into adult social care to simply enable it to standstill. The increases in employers' national insurance and national living wage, alongside inflation, have created further financial pressures on adult social care. Without Government support we risk further deterioration of care and support, making reforming the sector more difficult in future years to the detriment of people with care and support needs, their families and carers.
4. We acknowledge the challenging financial outlook set out by the OBR. However, this Spending Review presents an opportunity for Government to take steps that will lay the foundations for fundamental reform of social care in the medium to long term, some of which are likely to be identified through the first phase of the Casey Commission.
5. This submission focuses on a range areas where Government could make policy and legislative changes, as well as a number of investable propositions that would better position adult social care to thrive.

Brief overview of current pressures and opportunities

Current pressures

6. The current challenges facing adult social care and local government more broadly are well-documented, with the National Audit Office summarising them well: *'The sector remains challenged by chronic workforce shortages, long waiting lists for care and fragile provider and council finances'*.⁴
7. To provide context to our response, it is important to highlight the following:

⁴ [Reforming adult social care in England, National Audit Office, Nov. 2023](#)

- **Workforce challenges are significant and ongoing** – There are 131,000 vacancies in the social care workforce, a vacancy rate of over 8%, much higher than the rest of the economy.⁵
- **Waiting lists are long** – There were 418,029 people waiting for an assessment of their needs, for care and support or a direct payment to begin, or for a review of their care needs as of 31 March 2024.
- **Complexity of need is increasing** – Directors of social care in councils 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).⁶
- **Council adult social care budgets are under severe strain** – In 2023/24, 72% of councils overspent on their adult social care budgets, and 81% are on course to do so in 2024/25.⁷ In 2023/24 the proportion of councils using reserves as a source of funding to address their overspends increased from 72% in 2022/23 to 95% in 2023/24.⁸ This one-off expenditure is unsustainable.
- **The level of adult social care savings is growing** – Directors planned to deliver £903mn in savings in 2024/25, which was equivalent to 4.4% of the net adult social care budget. These were the highest level of planned savings since 2016/17.⁹

8. The Institute for Fiscal Studies stated in a recent report *'...in the face of growing demand, spending on social care will need to rise just to maintain the system as it is currently configured'*.¹⁰ This is supported by Local Government Association (LGA) analysis undertaken prior to the Autumn Budget which showed councils face a funding gap of £6.2 billion across 2025/26 and 2026/27 just to sustain services at 2024/25 levels.¹¹ The fragile nature of adult social care finances is further evidenced by a recent LGA Survey. This found that 44 per cent of councils with adult social care responsibilities said that they are likely to apply for exceptional financial support in 2025/26 and/or 2026/27 without additional government funding.¹² These findings were published prior to the Chancellor's Autumn Budget announcement which increased the Employer National Insurance Contributions (ENICs) for independent care providers. This will lead to a significant increase in costs and a subsequent upward and unplanned pressure on council adult social care budgets for 2025/26 due to the cost of commissioned care increasing more than expected.
9. The rising levels and complexity of need, coupled with escalating costs, highlight that an unreformed and underfunded adult social care system is not only failing to deliver value for money from a Treasury perspective but, more importantly, is leading to growing levels of unmet, under met, and wrongly met needs. This not only negatively impacts the ability of people with care needs and their carers to live the lives they want to lead, including socialising and accessing employment, training and education, but it also means that adult social care is increasingly limited to those with the highest levels of need. This undermines the preventative potential of adult social care as an early intervention that reduces the need for more intensive interventions, such as acute elective care or urgent admissions, later on. Each £100 cut from

⁵ [Skills for Care, State of the adult social care sector and workforce in England, Oct. 2024.](#)

⁶ [ADASS Spring Survey, July 2024](#)

⁷ [ADASS Autumn Survey, Nov. 2024](#)

⁸ [ADASS Spring Survey, July 2024](#)

⁹ [ADASS Spring Survey, July 2024](#)

¹⁰ [Institute for Fiscal Studies, Adult social care in England: what next?, Oct. 2024](#)

¹¹ [LGA statement on provisional Local Government Finance Settlement, Dec. 2024.](#)

¹² [1 in 4 councils likely to need emergency government support – LGA survey, Oct. 2024.](#)

adult social care spending has been linked to an increase in A&E spending of £1.50, increases which we know our ambulance and urgent care services cannot afford.¹³

10. It does not have to be this way. Our independently commissioned report [Time to act: A roadmap for reforming care and support in England](#) provides a clear blueprint for change. It draws together the thinking that's been done on the future path we could take and develops a roadmap to get us there.

Adult social care growth and productivity

11. Adult social care is a growth sector and not a drain on the economy as is so often portrayed. In 2018, the National Audit Office estimated people spent £10.9bn of their own money on social care in 2016–17.¹⁴ Over 1.5mn people work in the sector across 18,500 organisations. As well as supporting the wellbeing of millions of us and our families, adult social care contributes to the economic wellbeing of our communities. The adult social care sector in the UK contributes £68.1 billion (gross GVA) to the economy.¹⁵ Proportionally, adult social care is a more significant economic contributor in poorer areas.¹⁶ It is a major local employer, and any expansion of social care means new businesses, new job opportunities, increased tax contributions and a significant net contribution to the local and regional economies, aligning with the Government's mission to drive economic growth across the country.
12. Social care can help unlock the labour market and support businesses. Worklessness in the UK is rising particularly among individuals with health conditions and those providing unpaid care.

Adult social care supporting individuals into employment

13. As of early 2024, approximately 2.82 million people were economically inactive due to long-term sickness, marking a substantial increase from just over 2 million in 2019. The Government's joint DWP and DHSC Work and Health Directorate acknowledges this link between health and economic inactivity. As stated in the Get Britain Working White paper, 'there are untapped opportunities to prevent and reduce economic inactivity by exploring how those with care needs and those caring for them navigate the social care system.'¹⁷

Case Study: Rotherham Council

"The ASC Supported Employment service was launched in July 2023. The service supports individuals with a learning disability and / or autistic people to find employment, access further education or take-up vocational training. The service uses a person-centred approach, meeting individuals in comfortable environments to support their journey toward employment. Through vocational profiling, it gathers key information about each person's skills, motivations, and needs to create tailored action plans. A one-page passport is developed to highlight strengths, suggest reasonable adjustments, and facilitate access to employment, training, or education.

¹³ [The Fabian Society, Support Guaranteed: The Roadmap to a National Care Service, June 2023.](#)

¹⁴ [National Audit Office, Adult social care at a glance, July 2018.](#)

¹⁵ [Skills for Care, State of the adult social care sector and workforce in England, Oct. 2024.](#)

¹⁶ [Future Social Care Coalition, Carenomics, 2023](#)

¹⁷ [Joint white paper, Get Britain Working, Nov. 2024.](#)

*Successful candidates receive ongoing in-work support, including help with access-to-work grants and employer engagement, to sustain their employment. To date, 18 individuals have started paid employment, with another 8 awaiting start following job offers. This will surpass the initial target of 20 people into employment in year one.*¹⁸

Unpaid carers and employment

14. Carers UK estimate there could be as many as 10.6 million carers in the UK.¹⁹ The former Government estimated public expenditure costs of unpaid carers leaving work in England at £2.9 billion per year, made up of £1.2 billion in tax revenue on lost earnings and approximately £1.7 billion on social security benefits now paid to carers who have left employment.²⁰

15. By supporting people to stay in work, social care can help boost the labour force and help older people (who are more likely to leave work early due to caring responsibilities) retire in a more financially secure position.

Breaking down barriers for young carers

16. There are around one million young carers in the UK, and their caring responsibilities can significantly impact education and employment prospects. Young adult carers are four times more likely to drop out of college or university, with financial barriers preventing many from continuing their education.²¹ Research shows a clear link between socio-economic background and caring roles, with those from lower-income families more likely to care for longer hours.²² A lack of support for young adult carers costs the UK £1 billion annually in lost tax revenue, social security spending, and healthcare costs.²³ Providing the right support would enable young carers to access education and skills opportunities, helping them succeed as adults and contribute to economic growth.

17. Supporting Evidence

- Before the pandemic, on average, 600 people a day left work to provide care.²⁴
- 48% of carers had to give up work or study, and an additional 15% had to reduce their working hours to meet their caregiving responsibilities.²⁵
- A recent survey by Healthwatch of working age adults who draw on care and support found that over 1/5 of them said that their care supports them in working, studying, or volunteering.²⁶

¹⁸ You can watch a video of this case study on supported employment [here](#).

¹⁹ [Carers UK, Key facts and figures, 2022.](#)

²⁰ [BEIS, Carers leave Impact Assessment, 2022](#)

²¹ [Learning and Work Institute, Open letter, Nov. 2023.](#)

²² [APPG for Young Carers, Inquiry into the life opportunities of young carers and young adult carers, Nov. 2023.](#)

²³ [Lack of support for young adult unpaid carers comes at a high personal and economic cost](#)

²⁵ [Carers Trust, Unpaid carers are not unsung heroes: we are forgotten, neglected and burnt out, Sept. 2023.](#)

²⁶ [Healthwatch, Missing millions Exploring hidden and unmet social care need for disabled people, July 2024.](#)

- There is a 28% difference between the employment rate of disabled and non-disabled people – investing in social care means investing in disabled individuals' potential to contribute economically.²⁷

Investable Proposition

- Carers can play an important role in supporting the Government's NHS and social care objectives, including reducing waiting times and protecting those on waiting lists, delivering virtual wards, hospital discharge and supporting people to be cared for at home. Government should commit to developing a fully funded, cross-departmental, UK-wide carers strategy that will set out how we will support carers of all ages. This should include introducing paid carer's leave, urgently review and reform Carer's Allowance and reform Universal Credit to ensure that it supports carers who receive it.²⁸ It should also include support for young carers to access vital education and skills opportunities that their caring responsibilities might otherwise limit.

The three shifts

Context

18. The Prime Minister and Secretary of State for Health and Social Care have stated that the NHS 10 Year Plan will be framed around three big shifts– from analogue to digital, hospital to community and sickness to prevention.²⁹ It's vital that Government is true to its word and ensures that *'social care will play a pivotal role in all 3 of these shifts'*.³⁰
19. The Minister for Care was clear that adult social care's role should include *'keeping people healthy, out of hospital, and getting them home as soon as they're ready'* and *'supporting independence through early intervention, including by harnessing technology and digitisation'*. Below we set out investable propositions, as well as areas for policy and legislative change, that would support Government to deliver on the three shifts.
20. As well as being central to the ambitions set out above, adult social care is also central to shorter-term ambitions on reducing the waiting lists for elective care and reducing delays for people being discharged from hospital.³¹ However, investment is required from Government and NHS England to facilitate an increase in care market capacity, including increasing the availability of rehabilitation and reablement.³² After all, 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.

²⁷ [House of Commons Library, Disabled people in employment, Mar. 2024.](#)

²⁸ [See the Department of Work and Pensions report, Experience of claiming and receiving Carer's Allowance, May 2024.](#)

²⁹ [PM speech on the NHS, Prime Minister's Office– 10 Downing Street, 12 Sept. 2024](#)

³⁰ [The government's vision for adult social care, Stephen Kinnock MP, 28 Nov. 2024](#)

³¹ [NHS Confederation, Social care, patient flow and the elective backlog, Nov. 2022](#)

³² [The Health Foundation, Are intermediate care services stretched too thin?, Dec. 2024.](#)

Shift from hospital to community

21. The lexicon of ‘moving care’ risks missing the point. The issue is not just about **where** the care is available for people, but also about **what** type of care and support is available for people. For the frail and elderly a hospital admission currently includes all sorts of unnecessary and harmful diagnostic and medical interventions. We don’t want to just move people into from hospitals into the community; we want to stop them from being admitted in the first place, in favour of a much more compassionate model of care that prioritises dignity and quality of life.

How?

- [Housing](#)
- [Continuing healthcare](#)
- [The health and care workforce](#)

Housing

22. Every decision about care is a decision about housing. [Time to act: A roadmap for reforming care and support in England](#) provides a clear statement about where we are now and where we should aspire to get to. *‘From the current position where those with less complex needs live in unsafe or unsuitable housing that limits their ability to manage at home and to do the things they want, to one in which there is a diverse range of housing which can adapt as people’s needs change through their lives’.*³³

23. In practical terms this means:

- Increasing the number and variety of accessible homes across tenures.
- Providing easy access to retrofitting and adaptations.
- Designing and building more options for homes with care and support.

24. The result of one and two-year funding settlements for local government over several years, supplemented by short-term and targeted grant funding for adult social care, is that the conditions and certainty have not been there for councils or providers to embark on multi-year investment programmes in housing and accommodation.

25. As the Deputy Prime Minister recently said to the Housing, Communities and Local Government Committee, to date *‘there has not been the resources put into sheltered accommodation and supported living’.*³⁴ ADASS welcomes reassurances from the MHCLG that they see all types of supported housing as integral to the Government’s overall housing strategy. These models not only promote dignity and choice but also deliver long-term savings by preventing hospital admissions and delaying the need for more intensive care services. Incorporating these solutions into housebuilding plans ensures a truly inclusive housing strategy that supports thriving, resilient communities.

26. Supporting Evidence

³³ [ADASS, Time to Act- A roadmap for reforming care and support in England, Apr. 2023](#)

³⁴ [Housing Communities Local Government Committee, Oral evidence session, 7 Jan. 2025.](#)

- 97% of Directors say increased provision of specialist housing or extra care accommodation designed for people with dementia in their local areas would improve outcomes in their area
- 70% of DASS stated that more supported housing in their area would save them money on adult social care, enabling them to invest in better meeting people's needs and preventative care.³⁵
- In acute hospitals, the average number of patients per week who had a hospital stay longer than 14 days and a delayed hospital discharge due to housing-related reasons has nearly tripled since 2022.³⁶
- The case for investment was clearly put to the Levelling Up Committee's inquiry into the Long-term funding of social care. The final report details how specialist housing saves the NHS money (£486mn), prevents homelessness and impacts the need for mental health services.
- Only 23% of new homes in England are currently planned to be built to the M4(2) standard.
- In 2023/24, 109,029 days of delayed discharge were attributed to waiting for supported housing, costing the NHS around £56 million. If there were sufficient supported housing to enable those 109,029 people to be discharged, there could be cost savings in the region of £26-£50 million per year.³⁷
- It is estimated that each older person living in retirement living or sheltered housing would generate a healthcare system financial saving of £8 per person per year, and an older person living in Extra Care housing or housing-with-care would generate a healthcare system financial saving of £1,840 per person per year.³⁸

27. Policy recommendations

- DHSC should ensure that a future round of the Care and Support Specialised Housing (CaSSH) Fund includes explicit criteria in its prospectus that any future capital grant is permissible for the refurbishment, upgrade or remodelling of existing sheltered housing stock, where it can be shown that such improvements will deliver improved health and social care outcomes.
- MCHLG should expedite changes to Building Regulations as set out in the response to 'Raising accessibility standards for new homes' in July 2022.³⁹ The changes should mandate the current M4(2) (Category 2: Accessible and adaptable dwellings) as a minimum standard for all new homes. M4(1) should apply only by exception, where M4(2) can be shown to be impractical and unachievable. In terms of savings to the public purse, the introduction of minimum accessibility standards for new homes will help reduce:
 - The £323m cost every year to the NHS and almost £2bn annual cost to society of falls in homes in England.
 - The £573m annual cost of the Disabled Facilities Grant to make accessibility improvements in people's homes.

³⁵ [ADASS Autumn Survey, 2023.](#)

³⁶ [National Housing Federation, Supported housing and the NHS: reducing delayed discharge, Sept. 2024](#)

³⁷ [Ibid](#)

³⁸ [Homes England, Measuring the Wellbeing and Fiscal Impacts of Housing for Older People, July 2024](#)

³⁹ [DLUHC, Raising accessibility standards for new homes: summary of consultation responses and government response, July 2022.](#)

- The estimated £2m annual cost to the NHS of delayed transfer of care because of accessibility issues in homes.⁴⁰
- The Government should adopt the recommendation from the Independent Older People’s Housing taskforce report to set a target of 10% of delivery through the Affordable Homes Programme being for Older People’s Housing (OPH)/Later Living Housing (LLH).⁴¹
- Ensure partners such as Homes England, Greater London Authority and DHSC set annual targets for supported housing for people with a learning disability and autistic people from the different capital programmes and regular publish the number and types of schemes published.

28. Investable propositions

- Reinstating initiatives like the £300 million Housing Transformation Fund, which would enable areas to invest in their own strategic capacity, while supporting best use of DFG funding for adaptations, and improving access to general needs housing, including shared ownership schemes such as Home Ownership for Long-term disabilities (HOLD) scheme.⁴²
- Government should provide grant funding to invest in Specialist Supported Housing, which delivers savings to the NHS and Department of Work and Pensions, but also in the long-run is far cheaper for the public purse than private capital.

Figure 1: Modelling: A 6-unit highly specialised 1-bed bungalow scheme costing £2.99 million to build and deliver – cost to public purse through various delivery models (base cost £500k per unit)

Description	NPV (Cost to public purse)	Cost/Unit	Limitations
100% grant funded & social rent	£4,061,243	£676,874	Limited by grant funding availability Most attractive to RPs given that SSHs can be administratively cumbersome Social rent mostly covers void costs, high maintenance and exceptional damage costs that are relatively common
75% grant funded & remainder through HB	£5,201,510	£866,918	Possible only with legal charge, current legislations stipulate that exemption from rent standards is only possible in case of nil public subsidy
50% grant funded & remainder through HB	£6,341,299	£1,056,883	Possible only with legal charge, current legislations stipulate that exemption from rent standards is possible only in case of nil public subsidy Risk for RPs is higher as property value not only does not increase with adaptations but may even decrease, should property no longer be needed
25% grant funded and remainder through HB	£7,481,567	£1,246,928	Possible only with legal charge, current legislations stipulate that exemption from rent standards is only in case of nil public subsidy This takes up considerable gearing for any RP and dissuades from SSH developments Viewed high risk by RPs
0% grant funded and all through HB -RP	£8,621,834	£1,436,972	This takes up significant gearing for any RP and dissuades them from SSH developments Viewed very high risk by RPs
0% grant funded and all through HB - Private Equity	£14,069,318	£2,344,886	Not acceptable to mainstream RPs. REIT lease based delivery.

Case Study: Surrey County Council

Backed by investment of £24mn, the three developments – planned for Horley, Byfleet and Cobham – will provide purpose-built housing for 44 residents with learning disabilities or autism to lead active and fulfilling lives in the community. Planning permission has been granted for the three sites and construction is expected to get underway early next year. The three supported independent living developments are expected to be

⁴⁰ [Centre for Better Ageing. Building properties to new minimum standards will help cut cost of inaccessible homes \(2022\)](#)

⁴¹ [Our Future Homes: Housing that promotes wellbeing and community for an ageing population, Nov. 2024](#)

⁴² For more information, visit the [HOLD website here](#).

ready in 2025 for tenants to move in. The Council is aiming to reduce reliance on traditional residential care for residents with learning disabilities and/or autism and is also considering other potential locations for supported independent living. As well as earmarking sites on its own land, the Council is working with independent care providers to further boost available specialist housing. Tori tells her story of how her life had changed for the better after moving into her own place. Tori, her family and Adults, Wellbeing and Health Partnerships staff who have worked with her explain the difference that Supported Independent Living has made to her. ⁴³

Continuing Healthcare (CHC)

29. Continuing Healthcare (CHC), where the NHS pays for all or some of a person's care because they are assessed as falling within the remit of health, has always been a contentious area. CHC often arises at a challenging time for individuals and their families, and the stakes are high. If someone is not eligible, they are potentially liable for all of their social care costs.⁴⁴ If the NHS does not fund the care, then either the council or the individual (if they have savings or income) must pay for the support instead. With intense budgetary pressures on the NHS, the ADASS Spring Survey 2024 showed that fewer people with complex needs can access CHC or Joint Funding. 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.

30. With a growing and ageing population, and people living longer with multiple complex needs, there are significant questions about how to best fund and provide care. The debate around CHC speaks to the need for genuine reform of funding flows and the alignment of outcomes that is needed between health and care to realise the shift from hospital to the community.

31. Supporting evidence

- In 2024 74% of Directors reported that the number of disputes on CHC funding escalated to local resolution had increased.
- 37% of Directors reported that the number of 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%.⁴⁵ These trends are corroborated by NHS data on CHC eligibility.⁴⁶ The proportion of people who have undergone assessment and are then found eligible for standard CHC (the 'assessment conversion rate') has dropped from 27% to 21% since mid-2017.

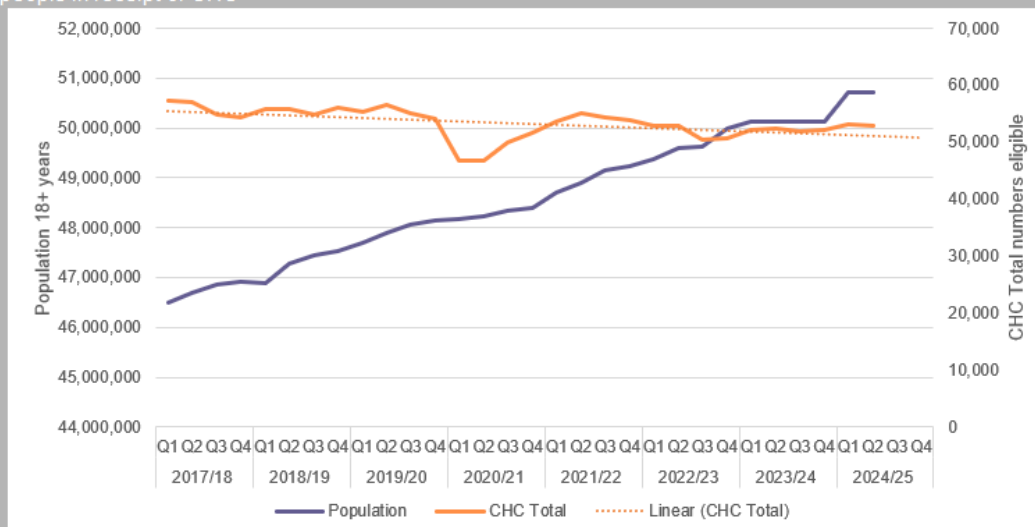
⁴³ Supported living case study [Youtube video](#).

⁴⁴ [Nuffield Trust, Falling through the gaps? A closer look at NHS Continuing Healthcare, June 2024](#).

⁴⁵ [ADASS Spring Survey, 2024](#).

⁴⁶ [NHS Continuing Health and NHS Funded nursing statistics](#).

3. Population* and CHC numbers – analysing the correlation between population growth and the number of people in receipt of CHC



•The population in the ENGLAND is estimated to have grown from 46.49m in Q1 17/18, to 50.73m in Q2 2024/25 based on GP registrations for people aged 18 years and over.

•There were 4276 (7%) fewer CHC cases in the region in Q2 2024/25 than in Q1 17/18 with quarterly numbers ranging from 46760 to 57216.

*Based on count of the GP-registered adult population (aged 18 or over) as a snapshot taken the day after completion of the previous quarter

Figure 2 Partners in Care and Health analysis of CHC and population levels.

32. Policy Recommendation

- DHSC to instigate a national review of higher cost support delivered across CHC, joint funded and adult social care provision in the independent sector, to better understand and plan for the cross-sector rising costs. This would be to determine a long term financially sustainable model for provision of this sort, given costs appear to be increasing for all sectors. This would help there to be a better national understanding of the drivers and future trends expected for highest-cost care at the interface of CHC and social care.

The health and social care workforce

33. A stronger focus on prevention is essential to stop needs from escalating and to support more people at home. This requires reshaping the workforce to facilitate a genuinely joined-up model of care that promotes wellbeing, not just relocating services from hospitals to communities. True neighbourhood working means fostering trust, collaboration, and multidisciplinary teamwork while removing barriers and bureaucracy.

Valuing the social care workforce

34. In 2023/24, vacancy rates in adult social care were 8.3%, significantly higher than the UK average. This is in spite of 105,000 international recruits starting in care roles, a route which has since been significantly curtailed due to changes to visa conditions.⁴⁷
35. Councils, providers, and individual employers require adequate funding to invest in the care sector, particularly in a competitive labour market. While measures like the Employment Rights Bill and Fair Pay Agreement are steps in the right direction, they will take time to implement.

⁴⁷ [Skills for Care, The state of the adult social care sector and workforce in England, Oct. 2024.](#)

Investing in and valuing the social care workforce here and now can support productivity and enable more people to become more economically active.

36. As this submission and those of other social care sector colleagues will make clear – the sector does not have the financial headroom to absorb the costs of pay increases resulting from the Fair Pay Agreements. For them to have a chance at being successful, the Agreements must be fully funded by the Government.⁴⁸ The care provider sector has been clear: increasing costs risk their financial feasibility.⁴⁹

37. The differences in terms and conditions, remuneration and social status of the social care workforce in comparison to the NHS are well documented.⁵⁰ Realising the Government’s mission of joining up health and care services into multi-disciplinary teams will require solutions to begin to address the disparity between the two workforces.

38. Policy recommendations

- The Fair Pay Agreements must be developed on the principle that councils will not be able to afford pay uplifts without national funding.
- Building on the work already undertaken by the sector in [Skills for Care’s Workforce Strategy](#) we need a clear, fully-funded workforce plan being implemented to recruit, train and retain the social care workforce we’ll need across England to provide the quality care and support for everyone to live the life they want. That will mean more social workers, occupational therapists and other practitioners who support people to stay well at home and in their community.

39. Investable proposition

- Invest in workforce development and capacity building. Establish dedicated training programmes for multidisciplinary working and support staff in developing the skills necessary to deliver integrated, person-centred care within a neighbourhood model that values co-production with the public and communities.

Delegated healthcare activities

40. Currently, delegation is often occurring in a piecemeal or ad-hoc way and has evolved without strategic intent or review. Consequences of this can include unacknowledged cost-shunting from health to social care. 84% of Directors in our Spring Survey 2024 reported that frontline adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff on an unfunded basis, (up from 70% reported in our 2023 Autumn Survey). Training and

⁴⁸ The recent [Sector Pulse Check](#) by Hft and Care England demonstrates the workforce pressures on care providers.

⁴⁹ [CPA, Urgent call to address devastating impact of budget on care and support](#). Nov. 2024.

⁵⁰ In their 2024 report, the Public Accounts Committee identify discrepancy with NHS pay as a key challenge facing the Government regarding the ASC workforce ([Public Accounts Committee, Reforming Adult Social Care in England, 2024](#))

supervision are also not always adequately resourced: 67% of Directors said that delegated tasks are undertaken without training, supervision and/or funding from the NHS.⁵¹

“There wasn’t an understanding at multiple levels across the system of reciprocal arrangements for the delivery of support ... all of the interventions and costs [were] being pushed onto social care commissioners and providers.”⁵²

41. The Government aims to expand delegation, but this must be consciously commissioned by local councils or Integrated Care Boards. Systems are needed for invoicing health commissioners, and we need to consider the impact on people who pay for their own care. If care workers take on complex tasks like insulin administration, they must be paid fairly. Retention is a challenge due to a lack of career progression—currently, five years' experience in the care sector adds just 8p per hour on average to a care worker's wage.⁵³ You can read more about work on delegated activities in the North- West [here](#).

Case study: Greater Manchester Living Well at Home

Blended Roles programme focuses on how we can create improved career pathways for the workforce and better support for people, through the development of integrated health and social care roles at a neighbourhood level, focusing on pressure area care, insulin administration, and more recently a pilot of blended allied health roles. The primary aim of the Blended Roles programme is to support people to live well in their own communities, and to provide interventions at the point of need, preventing escalation of issues often requiring hospital admission or the need for more complex care and support. In the first six months of the allied health blended roles programme we saw a reduction in emergency hospital attendance as a result of falls in the care home where the initial pilot is taking place. These have reduced month on month from 12 in January 2024 to 2 in June 2024.

42. Policy recommendations

- Health partners need to commit resource to ensure delegated tasks can be commissioned on a planned and safe basis. The delegating NHS trust needs to invest into the necessary infrastructure, including doing the relevant training, signing off competency and continuous review of a worker's practice.
- Ensure that care workers undertaking complex delegated healthcare activities are appropriately remunerated.
- Ensure that activities of daily living currently undertaken by a community trust as part of NHS care does not get re-badged and become a means-tested service for the residents.

The neighbourhood model

43. The challenges facing the NHS are well known, and we welcome the Government's focus on addressing them. However, The Government's mission to build an NHS fit for the future will fall short unless social care is seen as central to shifting care from hospital to the community.

⁵¹ [ADASS Spring Survey 2024.](#)

⁵² [ADASS and Skills for Care, Delegated healthcare activities and the commissioning of adult social care, 2022.](#)

⁵³ [Skills for Care, The state of the adult social care sector and workforce in England, Oct. 2024.](#)

44. For neighbourhood models to succeed, social care’s financial sustainability must be prioritised. Supporting people to live independently in a place they call home is the foundation of social care—this cannot be delivered by health-led or clinical models. Care, health and other partners in the neighbourhood model need to come together around holistic outcomes with a focus on personalisation, early intervention and wellbeing. Supporting place-based teams, reducing duplication through digital solutions, and prioritising better experiences and outcomes for individuals should be the focus—not costly structural re-organisations. NHS Confederation have undertaken significant work in this area and collected a wealth of useful case studies⁵⁴.
45. Many people are hospitalised, or remain hospitalised un-necessarily. NHS leaders recognise this. The NHSE 2023 Delivery Plan for Urgent and Emergency Care stated that increased capacity in intermediate care and social care (particularly homecare) was needed to improve discharge. It said this *“requires sustained long-term investment, in particular in the social care workforce given the scale of vacancies”*.⁵⁵

46. Supporting Evidence

- In a study of preventative interventions by NHS Confederation, the Return on Investment (ROI) ranged from £0.10 to £34.75. NHS interventions have a median ROI of 1.6 and local authority interventions a median ROI of 2.5, but some deliver much greater returns.⁵⁶
- Every £1 extra spent on care homes for older people is associated with 35p less in hospital expenditure, and more home care among the over-75s is associated with fewer GP appointments.⁵⁷
- According to a scoping review published on the Role of Adult Social Care in the Prevention of Intensive Health and Care Needs there *‘is some high-quality evidence that intermediate care services, especially reablement, can improve independence and are economically and socially cost-effective’*.⁵⁸
- Around 24% of inpatients expected to be discharged to reablement or home-based intermediate care were delayed. Of those who expected to be discharged to bed-based intermediate care, 42% were delayed.⁵⁹
- On average, for every £1 of upfront investment in improving home-based intermediate care, the resulting benefit to the system amounts to £7-9 per year once the operational benefits are fully realised.⁶⁰

⁵⁴ [NHS Confederation, Unlocking reform and financial sustainability: NHS payment mechanisms for the integrated care age, 2024](#)

⁵⁵ [NHSE, Delivery plan for recovering urgent and emergency care service, Jan. 2023](#)

⁵⁶ [NHS Confederation, Paving a new pathway to prevention: leveraging increased returns on our collective investment, Oct. 2024](#)

⁵⁷ [The Fabian Society, Support Guaranteed: The Roadmap to a National Care Service, June 2023](#)

⁵⁸ [Journal of Long-term care, The Role of Adult Social Care in the Prevention of Intensive Health and Care Needs: A Scoping Review, Dec. 2023](#)

⁵⁹ [Health Foundation, Are intermediate care services stretched too thin?, Dec. 2024](#). These delays only include those who had been in hospital for at least 14 days.

⁶⁰ [The Case for Home-Based Intermediate Care, Better Care Fund Support Programme, 2023](#).

- Currently financial flows are fragmented and work against integration between different parts of the NHS (ie acute vs community), let alone integration with social care and the VCFSE sector. Patricia Hewitt’s review of ICSs makes several recommendations for addressing this.⁶¹

47. Policy Recommendations

- Build on existing structures and partnerships: build on structures and approaches such as local area coordination, community link workers, Primary Care Networks (PCNs), multidisciplinary teams, etc. Health and Wellbeing Boards, with their broad membership and connections, are well placed to support this.
- Align financial incentives and funding models: introduce flexible funding mechanisms and flexible resource (including workforce) that transfers across organisational boundaries and prioritise investment in community-based, preventive care.
- Support continuous improvement through monitoring and evaluation: establish a robust evaluation framework that tracks the impact of neighbourhood care models on health outcomes, resource use, and patient experience. Use the findings to drive continuous improvement and innovation.

48. Investable propositions

- Enhance data sharing and digital infrastructure: establish data-sharing agreements between the NHS, local authorities, and other partners to facilitate integrated care and IT systems that allow for real-time data sharing and communication across sectors.
- Develop a maturity matrix for implementation: consider the development of a maturity matrix, or something similar, to enable places to see where they are on the journey.

Case Study – Leeds Neighbourhood networks

Leeds has 37 Neighbourhood Networks, each run by a voluntary organisation, cover the whole of the city. Their purpose is to support healthy ageing within communities. There are core features to each Network, but also plenty of variation depending on the organisation running the network and the context of the area it is based in. Each network is run by a VCSFE organisation, with a mixture of paid staff and volunteers. From 2019 to 2022, the Centre for Regional Economic and Social Research at Sheffield Hallam researched the effectiveness of the Networks. This highlighted how the networks supported people with long term conditions through three key phases – preventing long-term conditions; delaying their onset; and reducing pressure on carers and acute services through support for people. The evaluation found that Networks support both primary/secondary prevention, showed positive outcomes across the three key phases through action around areas like increasing social contact/connection, reducing isolation, and promoting independence.⁶²

Case Study – Kirklees Community Anchor Organisations

Kirklees Council have developed a network of anchor organisations which are independent local organisations who are well connected with local services, partnerships, and grassroots groups, offer long term commitment to the local community, and are committed to community-led change. They work with Primary Care Networks (PCN's) and the council to address local priorities and needs. They understand their neighbourhood and support

⁶¹ [The Hewitt Review: an independent review of integrated care systems, Apr. 2023.](#)

⁶² [New Local, Community powered health and care, June 2024.](#)

other community groups to collaborate with Council/ Health partners. The anchor organisations are knowledgeable about the communities they support and work in partnership with the anchor networks to understand the local need, resources, and opportunities. They understand council and health priorities and work to address these priorities within communities, connecting the VCSE with the council and health partners. Networks of established third sector organisations and community, place-based groups have been established who can enable the development and sustainability of community groups and activities which support health and wellbeing.⁶³

Shift from sickness to prevention

How?

- [Early support, closer to home](#)
- [Preparing for adulthood](#)

Early support, closer to home

49. Directors of Adult Social Services understand where investment in their local areas would have the greatest impact on supporting people live healthier, more independent, and connected lives. They want to invest in innovative care models and preventative approaches that empower people to live fulfilling lives. This includes services that help individuals regain or relearn essential daily living skills lost due to illness, accidents, or disabilities, such as reablement and intermediate care service, or the right accommodation to enable someone to live independently as part of their community. Yet the current financial environment means that councils are only able to prioritise spending on meeting the highest level of need.

50. By emphasising prevention, early intervention, and community engagement, neighbourhood care models can improve outcomes, reduce health inequalities, and relieve pressure on hospitals and urgent care services. Ensuring long-term financial sustainability, fostering cross-sector leadership, and leveraging technology and local data will be key to successfully embedding these models into the health and care system for the long term.

51. Supporting Evidence

- Investment in prevention fell from £1,549mn in 2023/24 to £1,428mn in 2024/25.
- Last year, 51% of Directors were less than confident that their budgets were 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 dropped significantly from 44% in 2023/24 to 29% in 2024/25.⁶⁴

⁶³ [TSL Kirklees Community Anchor Network website.](#)

⁶⁴ [ADASS Spring Survey, 2024.](#) Further in the recent [ADASS Autumn Survey](#), 89% of Directors said financial pressures was a barrier to implementing prevention activity, with spending focused on those with the highest need.

- For every £1 spent on earlier preventative support, £3.17 can be saved in the longer run. If these approaches were scaled up across England, the potential savings could reach £11.1 billion, benefiting not only councils but also the NHS and voluntary sector.⁶⁵
- In November, the sector published a joint report '[Earlier action and support: The case for prevention in adult social care and beyond](#)'. This details the clear evidence base for prevention, demonstrating clear economic returns on investment and strong case studies exemplifying improved outcomes for people.

Figure 3: Estimated costs, savings and SROI for the ten interventions, were they to be implemented across all English single-tier and county councils in 2024. ⁶⁶

Intervention	Average cost per council	Total estimated cost	Total estimated value	Social Return on Investment (SROI)
Active Together (Encouraging physical activity)	£2.2m	£334m	£2.6bn	£7.78
Stabilise and Make Safe (post-hospitalisation support)	£268k	£40.8m	£276m	£6.76
Community Champions (training local volunteers)	£366k	£55.7m	£282m	£5.06
Small but Significant (Handyperson services)	£54.6k	£8.3m	£44.1m	£5.31
Local Area Coordination	£368k	£56.0m	£230m	£4.11
Supporting people (housing-related services)	£14.3m	£2.2bn	£6.1bn	£2.77
Falls Prevention Programmes (home assessment and modification)	£98.7k	£15.0m	£37.6m	£2.51
Going the Extra Mile (Employability support)	£3.1m	£465m	£1.1bn	£2.37
Community-Led Support	£13.2k	£2.0m	£4.5m	£2.25
Partnerships for Older People Projects (Reducing social isolation or exclusion among older people)	£2.6m	£393m	£471m	£1.20

⁶⁵ [Joint sector report, Earlier action and support: The case for prevention in adult social care and beyond, 28 Nov. 2024.](#)

⁶⁶ Ibid

Total	£23.3m	£3.5bn	£11.1bn	£3.17
--------------	---------------	---------------	----------------	--------------

Case study: Hartlepool Community Hubs, part of NDTi Community Led Support⁶⁷

The Community hubs bring together a range of services under one roof. The hubs provide a calendar of events, skills workshops, social groups, health and advice services and much more. Dedicated staff are also on hand to help and to answer questions. The Community Led Support approach has contributed to a significant reduction in: People not needing more formal support after a 'good conversation' rather than traditional assessment, requests for long-term support from adult social care, Occupational therapy waiting lists, as services are available in every community hub and other waiting lists across adult social care. Jill Harrison, Executive Director of Adult and Community Based Services at Hartlepool Council says 'The approach we now have in place is an example of true partnership working that engages with the community, improves health and social care outcomes for people who need support, reduces waiting times, has benefits for staff and has delivered financial savings for the Council and the wider system.'

52. Policy Recommendations

- The Government's £100 million Innovation Fund and "test-and-learn" initiative present a crucial opportunity to address systemic challenges in public services. Transforming social care to focus on prevention should be a key priority for this work. The innovation teams should work closely with the sector including leaders, staff and people who draw on care and support and their families to ensure reforms are grounded in real-world experience, driving sustainable, effective care models that improve wellbeing and independence.

Preparing for adulthood

53. The transition to adulthood is crucial for all young people, but those with SEND, a learning disability, or mental health needs face added challenges. "Preparing for Adulthood" (PfA) refers to the holistic planning and support necessary for young people as they move into adulthood, ensuring they gain independence, make informed decisions, and contribute to society.⁶⁸ Preventative services are key to a smooth transition. For example, early mental health interventions that enable young people to manage their mental health effectively, avoid escalating needs or crises as an adult, or work experience that empowers a young person to be independent and contribute to their community. Yet years of budget constraints have meant many councils have had to scale these services back. Without them, young people face greater difficulties, increasing pressure on adult social care, health, and the social security system.

54. Policy Recommendations

- Alignment of age thresholds. The inconsistency in age thresholds across different services creates confusion and gaps in support for young people transitioning to adulthood. Central Government could help by creating national alignment around age transitions, ensuring that services like health, education, and social care follow consistent thresholds to prevent young people from falling through the cracks.

⁶⁷ [NDTI, Valuing Community Led Support, Mar. 2023.](#)

⁶⁸ [ADASS and IMPOWER, Preparing for adulthood: key challenges, best practice and recommendations for local and national change, 2024.](#)

- Legislative clarification and flexibility. Although the Care Act is already permissive, the legislative environment creates a divide between services across children’s social care, education, health and adult social care. Further clarification or flexibility in local implementation could support local authorities and their partners in adopting more person-centred and whole life-course approaches. Central Government could help by providing clearer guidance to ensure that local areas can more easily collaborate across services without facing barriers.⁶⁹
- We would encourage the Government to consider the Carers Trusts’ work on young carers transitioning into adult carer support services as well, captured in their report *‘Pushed from pillar to post’ – the reality of carers’ rights.*⁷⁰

IMPOWER and ADASS report: Preparing for adulthood: key challenges, best practice and recommendations for local and national change.

*“Too often, we’re delivering poor outcomes for our older children and young adults as they move through our services. Even when there’s a straight transition from social care to social care, we struggle to get it right.”
 Melanie Williams, ADASS*

Shift from analogue to digital

How?

- [Disabled Facilities Grant](#)
- [Information, advice and guidance](#)
- [Digitisation, technology, data](#)

Disabled Facilities Grant

55. We welcome the recent increase to the Disabled Facilities Grant (DFG), bringing the 2025/26 investment level with the previous year. The DFG has excellent potential as a preventative measure and can deliver a good return on investment. NHS Confederation have published a recent report on the potential of the DFG to save the NHS significant resources through home adaptations that help prevent falls.⁷¹ The one-off expenditure of £5,000 on average per approved DFG, contrasts sharply with the median annual cost of £29,000 for a residential care home placement.

56. However, as the Royal College of Occupational Therapists point out *‘Occupational therapists have a crucial role to play in adaptations’*⁷² and changes *‘must be backed by ‘urgent investment in the occupational therapy workforce so people can receive the care and support they need’*⁷³. Their report [Relieving the pressure on social care: the value of occupational therapy](#) outlines case studies demonstrating the value of OTs in delivering a positive return on investment,

⁶⁹ Ibid

⁷⁰ [Carers Trust, Pushed from pillar to post” – the reality of carers’ rights, Nov. 2024.](#)

⁷¹ [NHS Confederation, How Disabled Facilities Grants can reduce upstream demand by preventing falls, Dec. 2024.](#)

⁷² [RCOT, Adaptations without delay, June 2019.](#)

⁷³ [RCOT response to the Casey Commission announcement, Jan. 2025.](#)

preventing escalation of needs and improving outcomes for people. A national shortage of occupational therapists (OTs) is contributing to delays in assessments.⁷⁴

57. Council budgets are under severe strain making them less able to increase DFG budgets and making it harder to top up grants when the £30,000 cap is insufficient for complex adaptations. Private renters face additional barriers, such as landlords refusing adaptations, and a shortage of social housing to accommodate those who need it, leaving some residents unable to access the support they need.

58. Supporting Evidence

- In 2018, Public Health England (PHE) estimated an ROI of £3.17: £1 rate of return on the DFG—greater than any of the other possible interventions recommended to prevent falls.⁷⁵
- By maintaining a person’s independence for longer, home adaptations can lead to up to a four-year reduction in the amount of time spent in residential care.⁷⁶
- Despite constituting only 4% of the regulated social care workforce, OTs intervene in around 35–45% of local authority referrals.⁷⁷
- East and West Midlands ADASS Commissioned research evidencing, through a variety of case studies, the positive impact of OTs.⁷⁸

59. Policy recommendations

- Updating and expanding the criteria for what DFG can be spent on, giving people more choice and control and encouraging innovation. This should include low level technology adoption and the ability to fund ongoing maintenance costs for equipment.
- Allocating funds specifically to improve awareness and delivery of the grant.
- Aligning the financial assessments for DFG with those for ASC, as the current mechanism is inefficient and limits the DFG’s potential as a preventative tool that delivers a positive return on investment.

60. Investable propositions

- We support the Government reviewing the £30,000 upper limit and means testing criteria for the DFG to ensure it sufficiently facilitates life-changing adaptations, as recommended by the 2018 review into the DFG⁷⁹, the Older Peoples Housing Taskforce⁸⁰ and the Levelling Up

⁷⁴ More than three-quarters of OTs now report that their team lacks the capacity to meet demand, while [86 per cent of practitioners reported an increased need](#) for their services within the previous 12 months.

⁷⁵ [Public Health England, A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community, Feb. 2018.](#)

⁷⁶ [NHS Confederation, How Disabled Facilities Grants can reduce upstream demand by preventing falls, Dec. 2024.](#)

⁷⁷ [RCOT, Relieving the pressure on social care: the value of occupational therapy, 2019.](#)

⁷⁸ [West Midlands ADASS, East Midlands ADASS, Unlocking the potential: optimising occupational therapy as a high-impact resource, June 2024.](#)

⁷⁹ [MHCLG Independent report, Disabled Facilities Grant and other adaptations: external review, Dec. 2018.](#)

⁸⁰ [MHCLG, Independent report, The Older people’s housing taskforce, Nov. 2024.](#)

Committee⁸¹. As a minimum, the upper threshold limit should be increased in line with inflation, have a regional weighting based on building costs and an amount for professional fees.

Information, advice and guidance, advocacy

61. Councils have legal duties under the Care Act 2014 to ensure that information and advice services are available to their local populations. Yet in the ADASS Spring Survey in 2024, a quarter of Directors were less than confident about being able to deliver on this statutory duty. Further, at least a third of Directors characterised their local provision as at least average, if not poor.⁸²
62. Investing in the right information and advice to enable people who draw on care and support, their friends and family, and their unpaid carers to plan for their futures reduces the likelihood of more intense crisis intervention in the long-term. This vision has been previously laid out in a social care white paper: *'Everyone – whether that be people who already, or may need to, draw on care and support, their families, or unpaid carers – should be able to access the right information and advice at the right time to understand the different options available to them that best meet their preferences and circumstances, including options for where care and support would best be delivered, and costs they may need to meet.'*⁸³ However, the £5 million of funding initially earmarked to *'test and evaluate new ways to help people navigate local adult social care systems'* was reallocated at the Autumn Statement in 2022 to enable councils to meet immediate adult social care cost pressures.

Supporting Evidence

- 39% of Directors report that there is limited availability of timely information, advice and support to enable people to make choices about their future care in their local areas.⁸⁴
- 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%.⁸⁵
- 50% of Directors rated their provision of information and advice for 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 as average, whilst a further 9% rated theirs as poor. 40% rated their provision as good or very good (1%).⁸⁶

Investable proposition

- In our ADASS Autumn Survey 2023 we recommend that the Government should *"Reinstate the funding for developing and delivering personalised information and advice set out in the Adult*

⁸¹ [Levelling Up, Housing and Communities Committee, Disabled people in the housing sector, May 2024.](#)

⁸² [ADASS Spring Survey 2024.](#)

⁸³ [DHSC People at the Heart of Care, Sept. 2021.](#)

⁸⁴ [ADASS Autumn Survey, 2023.](#)

⁸⁵ [ADASS Spring Survey 2024.](#)

⁸⁶ *Ibid.*

Social Care White Paper. This will enable people, their families and carers to access timely information, advice and support to enable them to make well-informed choices about their future care”.

Digitisation, technology and data

Tech enabled care

63. The transition from analogue to digital offers significant benefits, including the potential to manage care costs more effectively. However, to fully realise these benefits, we must invest in supporting both people and colleagues to adopt and embrace new technology. Assistive technology is already enhancing safety and enabling people to navigate their homes and complete daily tasks more easily. But we need to go further—focusing on integrating health and care around the individual to create a truly seamless and person-centred approach.
64. In the recent ADASS Autumn Survey, 80% of DASSs said they had evidence of positive impact of Assistive Technology, including Telecare and Digital Communication. Yet they also tell us that financial pressures outlined in this submission restrict their ability and ambition to respond to and be in line with advances in technology which would make a difference to people’s lives.⁸⁷
65. ADASS and the Technology Enabled Care Services Association (TSA) have established a joint commission on [Proactive and Preventative Care](#), scheduled to report in late April.⁸⁸ This Commission will develop a comprehensive blueprint for councils to support them to leverage the potential of digital technology, data, and innovation in transforming care and support in their local areas.
- 66. Policy recommendations**
- Any national digitisation programme needs to be considered carefully, in order not to waste money on grants which are tied to short spending timescales. These are restrictive and councils will all have different timescales to replacing systems.
- 67. Investable propositions**
- Shared care records between the NHS, local authorities, care providers and other valued partners will increase efficiency and reduce risk. However, greater standardisation and interoperability are required as some local authorities are often part of more than one ICS and have different platforms for connecting to each.

Data

⁸⁷ [ADASS Autumn Survey, 2024.](#)

⁸⁸ [ADASS and TSA Unlocking the Power of Proactive and Preventative Care Services: A Blueprint for Transforming Social Care, Dec. 2024.](#)

68. Unlocking the potential of integrated data across health, housing, welfare, and social care can empower people with more choice, control, and information about available support while also informing better policy and spending decisions. A key step is ensuring councils and their partners have equitable access to health and social care data at local geographies, particularly the granular data held by the NHS, which can provide actionable insights across council areas and support more effective system-wide collaboration. Harnessing data across these different sectors would enable councils to identify trends, develop more targeted interventions, and design proactive, preventative approaches that improve outcomes and reduce long-term pressures on services.

69. A step-change is required in what data is collected from people and about people, how it is used and how and when it is shared between professionals. For this Government to deliver on its manifesto commitment of delivering ‘data-driven public services’ whilst maintaining strong safeguards and ensuring all of the public benefit, there needs to be an acceleration in the delivery of Care Data Matters and stronger cross-departmental working.

70. Client Level Data (CLD) presents a major opportunity to improve adult social care by enabling better planning, commissioning, and integration with health services. The transition to CLD has been complicated and has involved extensive consultation and support from Government. Nevertheless, most Directors are currently not entirely confident that the national reporting is giving an accurate picture of what is happening on the ground. In our most recent Autumn Survey, when asked to agree or disagree with the statement that ‘The national reporting of my CLD collection accurately reflects my council’s actual performance’, 47% of Directors either agreed (46%) or strongly agreed (1.6%), but 52% of Directors either disagreed (27%) strongly disagreed (6%) or were unsure (19%).⁸⁹

“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.”

71. Policy recommendations

- Enhance Client Level Data that is currently focused on people drawing on adult social care and unpaid carers who are supported by councils by beginning to include data from other relevant local and national public services, including Housing Benefit, Universal Credit, Carers Allowance and Disability Living Allowance, all on the same pseudonymised basis.
- Work with care providers to ensure they have the skills, resources and capacity they need to engage with the submission of Client Level Data.
- Prioritise the modernisation of the Adult Social Care Survey (ASCS) and the Survey of Adult Carers in England (SACE) to introduce a broader population survey to capture the experience of people who have short episodes of support and enable experiences of diverse groups to be

⁸⁹ [ADASS Autumn Survey, 2024.](#)

better understood. The new survey, which should be coproduced with people who draw on care and support, could operate continuously, in a way that is similar to the British Social Attitudes survey. Development should be coordinated with development of the System User Insight Integrated Care Experience Survey being led by NHSE.

Case study – Southwark council

Southwark Council's experience with the 2023/24 Adult Social Care Outcomes Framework (ASCOF) survey highlights some of the current issues. Despite strong outcomes in key areas—such as reablement success and supporting more people to live at home—Southwark's overall ASCOF results appeared poor due to low response rates and an outdated survey process. The survey's hard-copy-only format, its length, and local consultation fatigue contributed to the lowest response rate Southwark has recorded. Additionally, 17% of responses were disregarded due to partial completion, further skewing results.

Raw data before weighting showed high satisfaction:

- *Overall Satisfaction: 80.5%*
- *Quality of Life: 78.4%*
- *Feeling Safe: 91%*

However, weighting adjustments led to a misleadingly negative picture. In contrast, other independent feedback mechanisms—including a 2024 Peer Review, the Ethical Care Charter survey, and the Safeguarding Adults Dashboard—demonstrated high satisfaction and strong performance.