

2025 AUTUMN SURVEY



ADASS Autumn Survey 2025

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Foreword

Our Autumn Survey report is being published at a time of significant turbulence, not only economically, but also for local government, adult social care and the NHS. Local government reorganisation and finance reform, a refinement of Integrated Care Board (ICB) geographies, and the abolition of NHS England and the integration of its functions into the Department of Health and Social Care (DHSC) means that many Directors of Adult Social Services (DASSs) are operating in an environment of uncertainty and instability.

There are, however, green shoots of hope with the first multi-year Spending Review since before the coronavirus pandemic published earlier this year, and the independent commission into adult social care chaired by Baroness Casey now building momentum.¹

In principle, ADASS (Association of Directors of Adult Social Services) supports the Government's "three strategic shifts" – from hospital to home, analogue to digital, and treatment to prevention – as well as the push for neighbourhood health and care. However, the reality, as set out in this report, is that the resources available and the capacity for adult social care to play a full and active part in discussions is constrained.

ADASS has been clear that government needs to lay the foundations for more fundamental reform of adult social care. Immediate and incremental steps are required to stop the further deterioration of care and support, or we risk compounding the well-rehearsed challenges facing adult social care such as workforce shortages, inadequate support for unpaid carers and care increasingly focused on those with the most complex needs. As we set out in our submission to the parliamentary Health and Social Care Select Committee, continuing along the same path that we are on comes at a cost, not only in monetary terms, but most importantly to the lives of people who draw on care and support, their carers and families.²

It does not have to be this way. Our independently commissioned report *Time to Act: 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.³

We thank ADASS members and their staff for taking the time to collate and share their insights to support the development of this survey. We also extend our gratitude to our Policy and Communications teams, and Trustees whose collective expertise has made this report possible.

¹ [Independent commission into adult social care: terms of reference - GOV.UK](#)

² [Health and Social Care Select Committee, Adult social care reform: the cost of inaction, UK Parliament, May 2025](#)

³ [Time to Act: A Roadmap for Reforming Care and Support in England, April 2023](#)

We look forward to utilising the information gathered through this report to continue our work with the Government, councils, partners and all those dedicated to transforming adult social care in England.

Jess McGregor
ADASS President

Sally Burlington
ADASS Chief Executive

Key findings

Significant reform is needed to 'ensure all our young people can move into adulthood with confidence, dignity, and the right support in place to help them thrive'.⁴ The number of people aged 18–24 supported and the cost of care is increasing year on year, with Directors reporting an estimated increase from 547 18–24-year-olds with care packages of £7,000 per week or over supported by adult social care from 2024 to 712 in 2025 – a 30% increase over a 12-month period.⁵

Adult social care pressures are intensifying and Directors are estimating the largest overspend at this point in the year in the post Covid-19 era. Directors are projecting a £623mn overspend for 2025/26, the equivalent to 3% of adult social care budgets in councils in England. This is an increase on the estimated overspends reported in our past Autumn Survey reports of £515mn for 2023/24 and £564mn for 2024/25.

Significant savings will be required from next year's adult social care budgets to enable councils to deliver legally required balanced budgets. Directors have estimated that £869mn of savings will be required in 2026/27 to their adult social care budgets. This figure is only likely to increase given the likely overspends projected for adult social care in 2025/26, as well as the increasing cost and complexity of care. Funding pressures will impact the choice and quality of care and support that people can access at a local level.

The ability of councils to influence NHS partners is diminishing at a time when Government priorities on neighbourhood health and shifting activity from hospital to community require a strong adult social care voice. A third of councils (34%) say they have very little or no influence over Integrated Care System structures, up from a fifth when we asked the same question in 2024.

Government's ambition to deliver a shift to neighbourhood health and care is likely to be jeopardised by an absence of funded agreements between health and councils to delegate healthcare activities to frontline adult social care staff. Nationally, half of Directors said that they did not have an agreement with health partners that addressed when and how the delegation of healthcare activities happens in their area, including how and if it is funded, whether training is provided or whether a competency framework is in place. This will impact the ability of frontline staff to reduce duplication at a local level and deliver more joined up support to those people with care and support needs.

⁴ [ADASS, Improving support for young people transitioning into adult social care, February 2025](#)

⁵ Extrapolated figures

Methodology

The Autumn Survey is an annual survey conducted by ADASS and is sent to every Director of Adult Social Services (referred to as Directors in this report) in the 153 English councils with adult social care responsibilities. These Directors are all full members of ADASS. The survey is conducted around the same period each year to enable comparability.

The key financial questions remain consistent from previous Autumn Survey reports to enable us to track changes in the data more easily. Additional questions vary from year-to-year, dependent upon the financial and policy challenges and opportunities for adult social care. This year we were keen to understand more granular detail about preparing for adulthood and delegated healthcare tasks.

The survey was distributed via an online link and remained open between 1 October and 31 October 2025.

There were 124 returns from councils, which is a response rate of 81%. Not all respondents answered all questions. The high response rate provides a good level of confidence that the findings are representative, though inevitably some caution should be used when moving from the national to the local. Councils vary greatly in their size and circumstances. To ensure that financial information is comparable from year-to-year, the report takes data from responses received and extrapolates it to represent all 153 councils. Where this is not the case, we make 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.

1. Financial Sustainability

Local government is subject to significant financial pressure. The Local Government Association's (LGA) representation to HM Treasury ahead of the 2025 Autumn Budget stated '*The financial implications of the sector's financial pressures are clearly demonstrated by the fact that 29 councils required Exceptional Financial Support (EFS) in 2025/26 to set a balanced general fund budget. Almost all these councils (26) had social care responsibilities*'.⁶

As such, it should come as no surprise that the financial pressures facing adult social care are intensifying. The ADASS Spring Survey published earlier this year found that the level of overspending on adult social care budgets for 2024/25, £774mn, was the highest overspend figure recorded by an ADASS Survey in the past decade since we started measuring financial pressures in this way.⁷

Looking ahead, ADASS welcomed the first multi-year Spending Review since before the Covid-19 pandemic in our letter to the Minister for Local Government responding to the Fair Funding Review 2.0 consultation. This letter also set out our concerns that '*The additional £4bn of dedicated funding for adult social care that councils will have access to over the three-year period is, at best, likely to only be sufficient to meet existing cost pressures*'. As such, this survey confirms that these financial challenges are persisting with little sign of abating.

Estimated Overspends 2025/26

Directors are projecting a £623mn overspend for 2025/26, the equivalent to 3% of adult social care budgets in councils in England. Our past Autumn Survey reports included estimated overspends of £515mn for 2023/24 and £564mn for 2024/25 respectively. However, the actual overspend figures, reported in the Spring Surveys for 2023/24 and 2024/25 were £586mn and £774mn respectively, constituting a 14% differential between the estimated and actual figure in 2023/24 and a 37% increase between the estimated and actual figure in 2024/25.

Councils have been reporting that overspends in 2025/26 are being driven by increasing demand for care and support services for people with complex needs, including higher cost residential, nursing and supported living placements, including for people with learning disabilities.⁸

The impact on budgets and the consequential overspends for some councils in 2025/26, in part at least, may also be linked to a higher proportion of overspends being carried forward from 2024/25. The ADASS Spring Survey reported that that on average 33% of overspends, or approximately £254mn,

⁶ [Autumn Budget 2025: LGA submission | Local Government Association](#)

⁷ [ADASS, Spring Survey, July 2025.](#)

⁸ See [Northumberland: £7.5 million overspend predicted in county council's budget; £20m overspend, £1.1bn debt, £40m housing loan: Lambeth Council's finances are a masterclass in running out of road; Open Council Network - Worcestershire](#)

were carried forward into 2025/26 budgets and will need to be funded from adult social care budgets or by making additional savings. This was up from 10.7% in 2024/25 (based on 103 responses).⁹

In-year savings

Directors indicated in our Spring Survey that they have planned to deliver savings of £932mn for 2025/26 to support the need for their councils to deliver legally required balanced budgets. However, only 16% of Directors indicated that they were fully confident that they will be able to deliver planned savings in full.

The consequence of increasing pressures, both funding and in complexity of need, broader council pressures such as from Special Educational Needs Disabilities budgets, transformation projects being delayed or not delivering expected savings in full, is that some councils require adult social care to deliver additional in-year savings above and beyond those planned at the start of the financial year.

For 2025/26, 28% of Directors (of the 124 responses received to this question) indicated that they had been asked to make additional in-year savings, this figure is slightly down on 35% in 2024/25. When extrapolated to represent the equivalent impact across 153 councils, these additional savings are equivalent to £121mn. This figure is slightly lower than in 2024/25 when this figure was £156mn.

Figure 1. Additional in-year savings required by councils, 2024/25 and 2025/26

	2024/25	2025/26
Percentage of councils required to make additional in-year savings	35%	28%
Extrapolated value of in year savings	£156mn	£121mn

Projected Savings for 2026/27

When the survey was circulated to Directors in October of this year, the outcome of the Government's Fair Funding Review 2.0 consultation was not yet known.¹⁰ However, Directors and their staff were aware that the resources available to councils and adult social care will be subject to notable change over the next Spending Review period from 2026/27– 2028/29. This is a result of proposals set out in the consultation, including changes in distributional formulae that will lead to some councils gaining additional funding, whilst others will see a reduction in the resources available to them. These changes will be phased in over the next three financial years.

⁹ [ADASS Spring Survey 2025, July 2025](#)

¹⁰ [Fair Funding Review 2.0](#), Ministry of Housing, Communities and Local Government, June 2025

With the above context in mind, Directors were asked, if known, what level of savings have been modelled for adult social care in their council for 2026/27. Directors estimate that £869mn of savings will be required in the next financial year to their adult social care budgets (based on 94 responses and extrapolated to represent 153 councils). This is equivalent to 3.8% of adult social care budgets in England.

2. Care market sustainability

The adult social care market is complex, consisting of many different organisations of various types and sizes – more than 19,000 – providing services directly to private individuals, as well as services to councils and the NHS.

The sustainability of local care markets is dependent on a range of factors including, but not limited to, the levels of fees councils, the NHS and self-funding residents pay care providers and the recruitment and retention of the workforce. These are impacted by funding and policy decisions by Government, including on the level of resources made available to councils, the level of the National Living Wage increase year on year, tax decisions including the increase in Employer National insurance Contributions from April 2025.

The impact of Government restrictions on international recruitment also has the potential to impact the sustainability of local care markets due to the availability of frontline care staff. On the latter, the Care Quality Commission (CQC) stated in its recent State of Care report that *'Given the sector's reliance on overseas workers, the change in policy causes concern, as it could result in reduced staffing levels'*.¹¹ Reduced staffing levels may also increase financial pressure on care providers as they may need to increase spending on agency staff to fill vacancies that would have otherwise been taken by international recruits. It may also impact the continuity and quality of care available to people, including unmet need and delays to hospital discharge.

The implications of the above have yet to fully play through into the ADASS Autumn Survey figures on care market sustainability. 61% of Directors reported that providers in their local area had either closed, ceased trading or handed back contracts since 1 April 2025, compared to 65% in our Spring Survey 2024 and 66% in 2023. And 52% said providers had ceased trading or closed, 34% said providers had handed back contracts.

The estimated number of people impacted by care providers closing, ceasing trading or handing back contracts is 4,254 since 1 April 2025. This is a slight increase on the figure reported in our 2025 Spring Survey when 4,056 people were directly impacted by provider closures, cessation of trading or contract hand backs but in a shorter in the six-month period prior to 31 March 2025.

Every contract hand back, closure or cessation in trading is important, as it affects the wellbeing and continuity of care experienced by people drawing on care and support, as well as often leading to increased costs for councils.

¹¹ [CQC, The state of health care and adult social care in England 2024/25, October 2025.](#)

Figure 2: Estimated number of people impacted by provider closures, cessation of trading or contract hand backs

Setting	Estimated number of people impacted
Home care	2,068
Residential/ Nursing	1,584
Supported living / extra care housing	798
Total	4,254

3. Preparation for adulthood

'The journey from childhood to adulthood is an important time for all children and young people, particularly for those with special educational needs and/or disabilities (SEND). It is vital that children receive the right support and guidance at the earliest opportunity to prepare them for becoming an adult, and to help them reach their full potential and lead a fulfilling life'.¹²

"Preparing for Adulthood" (PfA) refers to the holistic planning and support necessary for young people as they move into adulthood. This is a broader definition than 'transitions', encompassing not just the shift from one service to another, but the support required for young people to thrive in adulthood. This includes areas such as education, employment, health, independent living, and community participation.¹³ What is clear from national evidence is that there is a "cliff edge" in the services and support available for young people moving into adulthood. Learning from individual examples of best practice is limited and there is no standard approach to graduated help for adults that address preparation for adulthood in the way that children's services address using early help services.¹⁴ The CQC, as part of their local authority assessment regime, have also found that preparation for adulthood is an area of weakness and are describing this to be an area of future focus for their post-baselining approach.

A joint report by the County Councils Network (CCN) and Newton entitled *Working age adults the forgotten story* provides further evidence to support the increasing levels of need and costs relating to support for people aged 18–24. The report includes both anecdotal and quantitative evidence that young adults moving from ECHP/Children's Services make up an area of one of the biggest rises in cost and need for working age adults projected to 2030 based on current data. Most notably the report stated that *'It is expected that expenditure on support for 18–24-year-olds will grow by at least 40% by 2030 as a consequence of increases in SEND and population growth'.¹⁵*

The 2025 ADASS Spring Survey highlighted that for people aged 18–64, Directors are most concerned about the budgetary impact of the rising cost of support for younger adults as they transition from children's services, with 59% of Directors extremely concerned and 36% quite concerned.¹⁶

Findings from the Autumn Survey showed that the number of 18–24 years olds supported by adult social care rose 7% from 2024 to 2025. Most notably, Directors reported an increase from 547 18–24-year-olds supported by adult social care from 2024 to 712 in 2025 represents a 30% increase over a

¹² [Preparation for adulthood arrangements in local areas: a thematic review – GOV.UK](#)

¹³ [ADASS/IMPOWER, Preparing for adulthood: key challenges, best practice and recommendations for local and national change, November 2024](#)

¹⁴ [ADASS policy statement: Preparation for Adulthood](#)

¹⁵ [CCN and Newton, The Forgotten Story of Social Care: The Case for Improving Outcomes for Working Age and Lifelong Disabled Adults, November 2024](#)

¹⁶ [ADASS Spring Survey 2025, July 2025](#)

12-month period. In simplistic terms, at a minimum those packages of £7,000 per week over the course of the year would be equivalent to a minimum of £364,000 per year per person.

Figure 3: Estimated change in the number of 18–24 years olds supported by adult social care from 2024 to 2025

Price p/w	2024	2025	% change
Less than £999	23,318	24,184	4%
£1,000 – £2,999	6,061	6,382	5%
£3,000 – £4,999	1,452	1,624	12%
£5,000–£6,999	752	784	4%
More than £7,000	547	712	30%
Total	31,583	33,686	7%

It is widely acknowledged that high levels of expenditure do not necessarily lead to better outcomes for people aged 18–24. A report by ADASS published in 2024 stated that the ‘structures, and processes often hinder rather than help young people as they move into adulthood. These barriers, whether stemming from rigid service boundaries, fragmented planning, or outdated mindsets, have been created by the way we define and deliver services’.¹⁷

It is clear that significant reform is needed ‘so we can ensure all our young people can move into adulthood with confidence, dignity, and the right support in place to help them thrive’.¹⁸ We cannot continue along the same path, inaction comes at a cost, not only in terms of finances, but most importantly to lives of people who are preparing for adulthood.

¹⁷ [ADASS/IMPOWER, Preparing for adulthood: key challenges, best practice and recommendations for local and national change, November 2024](#)

¹⁸ [ADASS, Improving support for young people transitioning into adult social care, February 2025.](#)

4. Care and Health Interface

Adult social care is multi-faceted, and relies on strong relationships with numerous public, voluntary and commercial bodies, including police services, housing services, community groups, care home operators and many others.

Integrated Care Systems

The relationship with NHS is particularly important, given that health service policies, practices, resources and organisational structures often have significant consequences for how and when social care needs are recognised and met. In our 2024 Spring Survey, ADASS adopted a phrase that had recently been used by NHS Confederation, to describe health and social care: 'two sides of the same coin'.¹⁹ Directors have worked hard to build constructive relationships with health partners, not least through Integrated Care Systems (ICSs), which became statutory following the passage of the Health and Care Act 2022.

The 2024 ADASS Spring Survey asked Directors about their influence over their fledgling ICS. At that point, more than three quarters (78%) of Directors reported feeling that they had at least some influence over Integrated Care Partnerships (ICPs), with 12% saying that this influence was 'significant'. However, more than a fifth (22%) said they did not feel they had much or any influence.

Less than three years on from their establishment, Integrated Care Boards (ICBs) are undergoing fundamental change at pace, with the aim of reducing costs by 50%, moving towards co-terminosity with emerging strategic authorities, and focusing on strategic commissioning. Local authorities will no longer have statutory representation on ICBs, and the statutory requirement for ICPs is being removed.²⁰

What impact has this had on relationships with Adult Social Care? We asked whether Directors or their councils had been able to influence decisions or activities within their ICS structure in the last twelve months. Around two thirds (64%) of Directors reported that they had a significant influence or some influence (10% and 54%). But around a third (34%) reported that they had very little influence, or no influence (28% and 6%). This suggests that ICB reorganisation to date (it is ongoing)²¹ has had some negative impact on relationships and weakened the voice of adult social care. It is too early to say

¹⁹ [Isle Bosh and Ruthe Isden, Adult social care and the NHS: two sides of the same coin, NHS Confed, September 2023](#)

²⁰ [NHS Confederation, The state of integrated care systems 2024/25: delivering through change, November 2025](#)

²¹ [NHS England, Implementing integrated care board mergers and boundary changes to take effect in April 2026 and 2027, September 2025](#)

whether the lost ground will be recovered when the new structures and ways of working become fully established.

Figure 4 Directors’ reported influence over Integrated Care Systems, Spring 2024 vs Autumn 2025

Level of influence	Spring 2024	Autumn 2025
Significant influence	12%	10%
Some influence	66%	54%
Very little influence	21%	28%
No influence	1%	6%

Given that ICSs will be instrumental in driving the NHS 10 Year Plan’s shift from treatment to prevention and from hospital to community – including through the establishment of Neighbourhood Health Services – it will be crucial that adult social care leaders and staff are able to bring their skills and assets, needs and priorities into decision-making.²²

‘Stability within the NHS and Integrated Care Boards (ICBs) ... limits our ability to influence the delivery and implementation of the NHS 10-Year Plan, thereby impacting strategic alignment and service integration across adult social care.’

‘The combination of multiple organisational changes in the NHS and local government reorganisation will require significant capacity to work through and manage change in the coming years. Further capacity and capability are required to deliver transformation at pace whilst maintaining outcomes for the people we support.’

Delegated healthcare Activities

Directors have in recent years reported an increase in healthcare activities being undertaken by frontline adult social care staff. At the time of this year’s Spring Survey, three quarters (74%) of Directors said that they had seen have seen an increase. In Autumn 2023 it had been 70%, and in Spring 2024 it was 84%. The trend towards more delegation is clear and will only be reinforced by continuing pressures on NHS services and the establishment of Neighbourhood Health Services, with integrated teams at their heart. NHS England guidelines for neighbourhood services state that partners should *‘identify barriers and opportunities to better enable productive integrated working so that staff have the skills and tools to safely work across organisational boundaries and serve their local populations, ensuring best use of funding to meet local need, and improving workforce interactions and experience. This should include ensuring care workers can deliver delegated healthcare activities such as blood pressure checks and other healthcare interventions.’*²³

²² [UK Government, Fit for the Future: 10 Year Health Plan for England, July 2025](#)

²³ [Neighbourhood health guidelines 2025 / 26, NHS England, March 2025](#)

The potential benefits of delegated healthcare activities, in terms of people's experience of care, are compelling.²⁴ But these benefits are not straightforward to realise, and some care provider organisations have expressed unease at how delegation is being introduced in some areas. The Homecare Association has warned that *'Providers should never feel pressured to perform tasks they cannot safely perform. Yet many report feeling compelled to accept these responsibilities to maintain contracts'*.²⁵

Directors have also voiced concerns. In this year's Spring Survey, only 16% were fairly satisfied that care workers undertaking complex delegated healthcare activities are appropriately remunerated and only a quarter (26%) were satisfied that health partners provide the resource needed to ensure delegated activities can be commissioned on a planned and safe basis. Over two thirds of Directors (67%) reported that delegated healthcare activities were being undertaken without training, supervision and/or funding from the NHS.²⁶

The Autumn Survey therefore looked in more detail at the extent to which collaborative arrangements are in place between care and health, and what they cover. Nationally, half of Directors said that they did not have an agreement with health partners that addressed when and how the delegation of healthcare activities happens in their area. A quarter (24%) said that they had such agreement, and 26% said that one was in development. It is important to recognise that agreements may cover particular services, rather than the totality of care.

Underneath the national figure there is wide regional variation, ranging from one region where 88% of Directors say that there is no plan in place to one region in which only 13% of Directors report no plan. This variation points to the important role and variability of relationships with health partners from area to area. There is an association between regions likely to report not having agreed arrangements with health partners on the delegation of healthcare activities and regions who reported very little or no influence over decisions or activities within their ICS structures. The region in which collaboration agreements were rarest was also the region that reported having least influence with its ICSs. Three out of five of the areas with fewest agreements were also areas in the bottom five for self-reported influence over their ICSs. Several respondents noted that progress in this area was reliant on shared priorities and focus across the health and care system, which is currently challenging:

'Requires the full engagement of our health colleagues to ensure a collective understanding and legal compliance. Further impacted by the ICB re-organisation.'

²⁴ [DHSC and Skills for Care, Delegated healthcare activities: guiding principles for health and social care in England, November 2024](#). For a summary of ADASS' position, see ADASS, [Adult social care and delegated healthcare activities: briefing, January 2025](#).

²⁵ [Jane Townsend, Care Management Matters, July-August 2025](#)

²⁶ [ADASS Spring Survey 2025, July 2025](#)

'Uncertainty around ICB structuring, leadership and decision making has caused challenges. There is work ongoing around changes to community health.'

Looking at what the agreements currently in place cover, 78% of Directors report that they address competency assessments, 70% address training. Fewer plans are designed in such a way as to prevent social care incurring unfunded additional costs that would previously have fallen on health services. 64% of plans provide against this, but 32% do not.

Figure 5. Coverage of delegated healthcare activity agreements between councils and health partners

	Included	Not included	Unsure
Training	70%	15%	15%
Competency Assessments	78%	7%	15%
Preventing social care incurring unfunded additional costs as a result of delegation, including costs that would previously have been met directly by health	64%	32%	4%

5. Prevention

The 2025 ADASS Spring Survey revealed that Directors' spending on prevention as a percentage of their net budget had dropped to the lowest level since ADASS began collecting the information. It was down to 6% for 2025/26, having previously been maintained at between 7.9% for 2022/23 and 7% for 2024/25. Spending that is broadly preventative in nature sits across numerous council and NHS funding streams, so it would be unwise to claim definitively on the basis of this single figure that adult social care prevention is in retreat. But the fall was concerning in the context of our shared ambition to shift the health and care system from treatment to prevention, and it was unsurprising in light of the sharp financial and frontline pressures also being reported by Directors.

Evaluating prevention

The Autumn Survey therefore looked more closely at the evidence Directors have at their disposal with which to target their spending most effectively, and bolster their preventative investments. Directors have a good level of confidence that their local authority has the ability to evaluate the quantitative impact of its adult social care prevention services and interventions. 86% said that they were partially confident, while 5% were fully confident, while 7% had no confidence (2% were unable to answer.) This reinforces findings from last year's Autumn Survey, which rated lack of understanding of what works and difficulty demonstrating impact or value for money as the fourth most important barrier to implementing preventative activity, considerably behind financial constraints, competing service pressures and competing service pressures. Comments from Directors offered insights into the reasons why confidence was often partial. Sometimes this related to definitional clarity and evidential complexity:

'Prevention and early intervention is a broad description. Does it include public health initiatives such as welcoming spaces, and housing initiatives, or does it focus solely on reablement, assistive technology and equipment services.'

'We have some evaluative understanding of the impact of individual interventions (but not many), and some understanding of the aggregated impact of our work, but it is not possible (or is at least very difficult) to disaggregate the impact of individual services/interventions'

Sometimes it related to whole-place benefits and attributions:

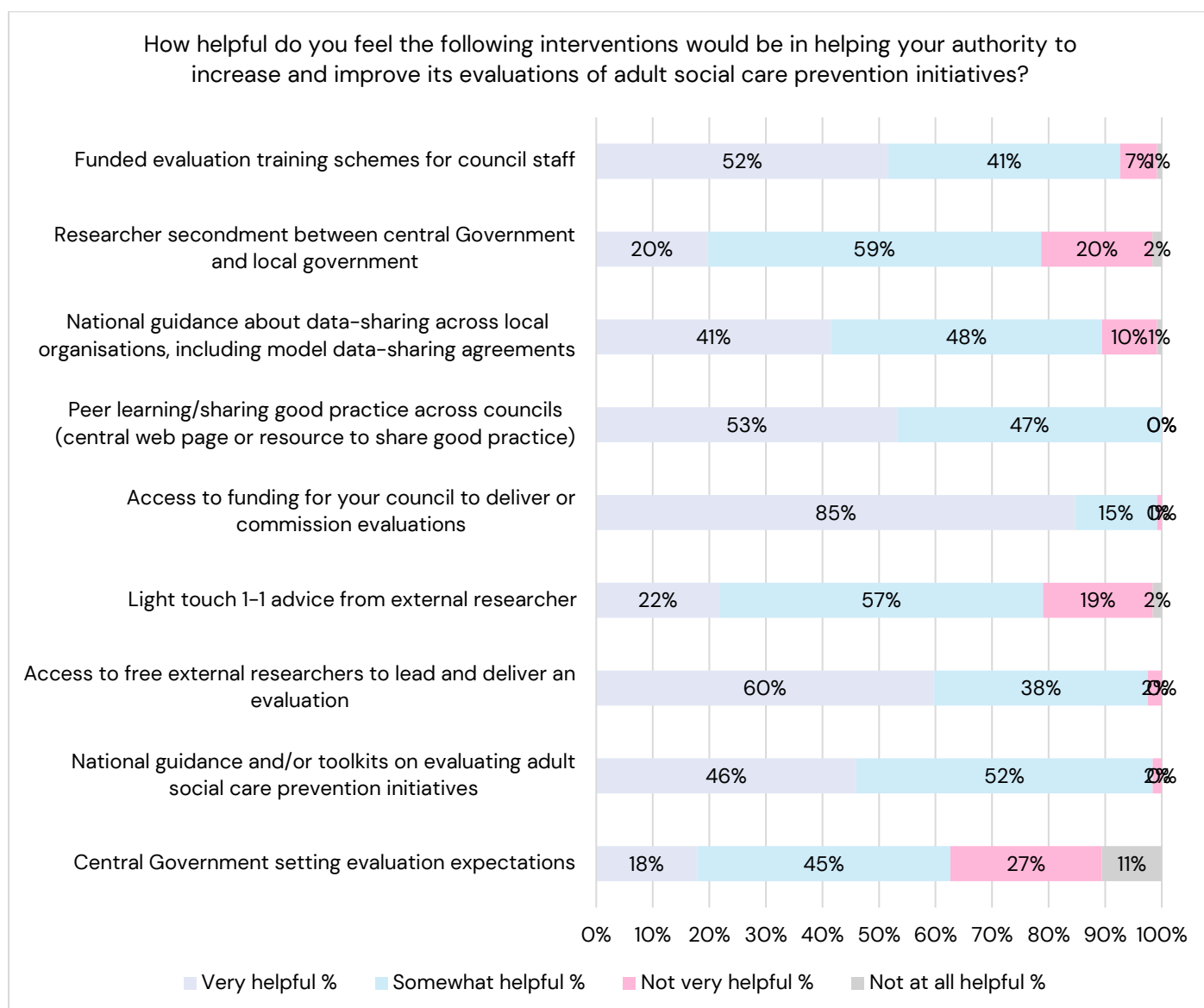
'[We] are not set up systematically and resourced to do evaluation across the ASC footprint.'

What more could be done by central government to help more local authorities move from being partially confident to fully confident? Nine interventions were suggested that Directors were asked to rate as either very helpful, somewhat helpful, not very helpful, or not at all helpful. The most

enthusiastically supported proposal was the ability to access funding to deliver or commission evaluations. 85% of Directors said that this would be very helpful. Access to free external researchers to lead and deliver evaluation was seen as being a very helpful proposal by 60% of Directors, and somewhat helpful by a further 38%. The least favoured suggestions were those which proposed temporary or external interventions. Light touch advice from an external researcher was a top two suggestion for only 2% of Directors, while secondment from central government was a top two suggestion for only 1%.

'Whilst the opportunity to access additional funding for external consultant and researchers would be valuable, this is a risk that this is short term and the better option would be to build the skillset into teams.'

Figure 6. Directors' confidence in evaluating the quantitative impact of adult social care prevention services



Conclusion

Our survey report has been published at a time of both opportunity and risk for adult social care and local government more broadly. We are approaching a period of change to how local government funding is distributed, and how council and ICB structures and geographies look.

These structural and distributional changes are taking place at a time of ongoing and intensifying financial strain for both local government and the NHS. This survey highlights the impact of increasing levels of complexity and need for adult social care, alongside the increasing costs of care, which mean that Directors are already projected the highest levels of overspending for three years. The impact of National Living Wage and Employer National Insurance Contributions increases, alongside restrictions on international recruitment, have yet to fully present themselves in our figures on care market sustainability at a national level, but we are increasingly hearing more localised concerns.

More positively, the Casey Commission presents an opportunity for more fundamental adult social care reform. Many of the opportunity areas for reform are touched upon in this report, including prevention, preparation for adulthood and delegated healthcare activities. These also underpin the Government's three shifts, in particular, treatment to prevention and hospital to community, as well as the shift to neighbourhood health and care.

The recommendations below are realistic in the economic circumstances that the country faces, presenting pragmatic and incremental steps that will support more fundamental reforms to adult social care in the medium to long-term.

Recommendations

Preparing for Adulthood:

- **Aligning and updating guidance:** A cross-government approach to align statutory guidance and policy across DHSC, DFE and MHCLG is essential. The Care Act Statutory Guidance needs to be updated to ensure it supports identification and early work with those in the 14–25 age group who are at risk of not making successful progression to adulthood.
- **Government to work with key stakeholders and people with lived experience to coproduce a national set of standards that outlines clear roles and responsibilities across education, health and social care regarding transitions to adulthood.**
- **Coordinated data systems:** Government to work with the sector to develop data to be collected and stored in ways that better allow forward planning and anticipation of future need across children's and adult social care.

Supporting the Workforce:

- Government to provide £300mn for winter 2025/26 to enable local government to undertake actions, such as bringing National Living Wage increases forward, to improve recruitment and retention in the short-term. This action is required as the Fair Pay Agreement will not be implemented until 2028, whilst the Government will imminently be ending international recruitment of care workers. As such Government should act now to prevent vacancy rates rising again in the interim.
- Government should commit to meeting in full the costs of the Fair Pay Agreement and its introduction, as well as other cost pressures introduced by the Employment Rights Bill, separately from existing adult social care funding stream.

Delegated Healthcare Activities:

- Health partners need to commit resource to ensure delegated activities can be commissioned on a planned and safe basis. The delegating NHS trust needs to support investment 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 do not get re-badged and become a means-tested service for the residents.

Prevention:

- Government to provide 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.
- Government to encourage the acceleration of peer learning through support for online guidance and resource sharing, enabling clear linkage to recent and ongoing academic research, including (for example, the forthcoming NIHR HSDR research into early action and prevention within Health and Social Care Services)



About ADASS

We are a membership organisation for those working in adult social care.

As a charity we work with professionals, other organisations and people with lived experience to influence decision makers, policy and legislation – from the local to regional and national level.

We raise awareness of the benefits social care can bring to individuals and communities, and aim to ensure all of us who need care and support can live the lives we want regardless of age, ability and background.

Our 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.



Contact us

For **technical enquiries**, please contact: team@adass.org.uk

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