directors of
adass
adult social services

2024 AUTUMN SURVEY

November 2024

Introduction

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

Core Autumn Survey questions are designed as follow up to key financial questions asked in our earlier Spring Survey. Additional questions vary from year-to-year. This year we were keen to understand more from our members about service issues related to the Government's three strategic shifts for health and care: from analogue to digital, hospital to community, and sickness to prevention.

The survey was distributed via an online link and remained open between 12 September and 9 October 2024.

There were 131 returns from councils, which is a response rate of 86%. 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.

Contents

.... 1
Introduction 2
Foreword 4
Key Messages 6
1 Financial sustainability 7
Overspends 7
Savings 9
In-year savings 9
Modelled savings for 2025/26 11
2 Shifting from treatment to prevention 12
What are the barriers to implementing prevention in social care? 12
What would be most helpful to improve your information and advice offer? 15
What evidence do Directors have of the impact of prevention? 16
3 Shifting from hospital to community 20
NHS investment in adult social care 20
Better Care Fund 22
4 Shifting from analogue to digital – the role of data 24
Client Level Data 24
Confidence in understanding national reporting of CLD 24
Accuracy of national reporting 25
Conclusions and investable propositions 27

Foreword

This report has been published just a week after the Chancellor stood up and delivered her first Budget. We welcomed the attempt to recognise the resources that social care needs to respond to increasing requests for support, and the increasing cost of care that providers face. The Budget increased that cost of care through increases in national insurance and national living wage, and this report is crucial so we can clearly set out the impact.

What is clear is that in the short-term things are going to get worse before they get better. We welcome Government commitments to multi-year funding settlements for councils and a review of Carers Allowance. A 10-year plan for the NHS that is cognisant of social care and Fair Pay Agreements for care workers are important steps to improving the sustainability of the sector in the longer term. At the same time, we acknowledge that those measures will not impact significantly on the financial health of our 153 councils.

In our Spring Survey we described the financial situation in adult social care to be 'as bad as it has been in recent history'. This report highlights the ongoing and intensifying pressures facing adult social care, which are also directly impacted by the broader challenges facing local government and the NHS. We now face a situation whereby more than one-third (35%) of Directors have made in-year budget savings, on top of the almost £1bn of savings planned for 2024/25. Savings of this magnitude will have an impact on the timeliness, level and choice of care and support that people can access. In parallel, 81% of councils are on course to overspend on their adult social care budget in the current financial year.

These are not the conditions for adult social care to thrive. These are not the conditions under which the new Government's proposed National Care Service can hope to succeed.

We are realistic about the challenging financial outlook set out by the Office for Budget Responsibility (OBR) for the next few years. However, this does not mean that government cannot take action to lay the foundations for more fundamental reform of social care in future years. Our publications Early Priorities for a New Government and our submission to the Autumn Budget proposed a range of practical steps that could increase productivity, improve planning between health and social care, and create the conditions for adult social care to flourish.

The Government's "three strategic shifts" - from hospital to home, analogue to digital, and treatment to prevention - have the potential to provide a robust framework for achieving the vision for social care reform outlined in the ADASS-commissioned Time to Act roadmap. However, this will only be possible with a determined political commitment to invest in this mission. ADASS stands ready to work with the

Government, alongside our sector partners and people who draw on care and support, to make these goals a reality.

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. Investment in health and adult social care should not be seen as a cost to the public purse, but instead crucial to our economy's growth and productivity.

We extend our gratitude to ADASS members and their staff for sharing their insights, and to our Policy and Communications teams, and Trustees whose collective expertise has made this report possible. We look forward to working with the Government, councils, and all those dedicated to transforming adult social care in England.

Melanie Williams

ADASS President

Director for Adult Social Care and Health at Nottinghamshire County Council.

Key Messages

Adult social care financial pressures are intensifying, meaning that councils continue to face challenges in fully delivering on their legal obligations to people accessing care and support and their carers. 81% of councils are on course to overspend their adult social care budget in the current financial year, up from 72% in 2023/24. This is why ADASS has asked Government to, at a minimum, take urgent action to stabilise social care. Investing in social care is not only important to provide the care and support people need, but an important strategic investment in our economy's productivity and growth, through supporting more people get into and stay in work.

More councils are being required to make savings despite growing levels and complexity of need and escalating costs. Some 35% of councils are being asked to make in-year savings, up from 19% in 2022. This is on top of planned savings for 2024/25, which in our Spring Survey we reported was £903bn, the highest since 2016/17. For 2025/26, these planned savings are estimated to increase by 55% to £1.4bn**.** In this context, it will be even harder for councils to make the investment needed in workforce, prevention and unpaid carers, all of which are crucial to improving health and social care in the longer-term.

To achieve the Government's goal of shifting health and social care from "sickness to prevention," investment is needed to ease council pressures that currently limit spending to only those with the highest needs. Directors have a good understanding of how prevention can reduce care needs and support people to live well. They rated financial barriers and competing service pressures such as delayed discharge as the most significant barriers to implementing the preventative activities that will help more people live healthier and more independently for longer.

The workforce is key to making community-based health and social care a reality. Social care professionals working alongside health colleagues, workforce planning for Allied Health Professionals[1], and enough physios and occupational therapists in hospitals were identified as key NHS investments that could have a positive impact on local care and health services.

The Better Care Fund is vital for sustaining adult social care and aligning it with local finance cycles, and earlier framework publication could enhance its effectiveness from 2026. The next iteration of the policy framework is an opportunity to reorientate the fund towards prevention, with health and social care partners working together to deliver the right care, in the right place, at the right time.

Access to better and more joined up health and social care data can transform our understanding of people's needs and the support that suits them best. Client Level Data is part of this, though it's still on the journey to reaching its full potential. Continued Government focus and collaboration are crucial to unlocking the potential of integrated data across health, housing, welfare, and social care - empowering people with more choice and control and informing sound policy and spending decisions.

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[1] TLAP Jargon Buster: *Allied health professionals:* people who provide different types of health care who are not doctors, nurses or pharmacists. The description includes a wide range of roles, including physiotherapists, occupational therapists, dietitians, podiatrists and others.

1 Financial sustainability

The ADASS Spring Survey 2024 detailed the serious financial situation facing Directors of Adult Social Services. Rising levels of need, complexity, and cost were placing intolerable stresses on services for people in need of care and support and jeopardising the financial sustainability of local government. The seriousness of that financial challenge has been detailed in subsequent studies. The LGA's latest projections see a gap of £2.3bn in council finances widening to £3.9bn in 2025/26 – the equivalent of around 3% and 5% of councils' spending on services in those years, respectively.[2]

Many councils are resorting to emergency measures simply to stay afloat. Some 10% of unitary councils have approached the Ministry of Housing, Communities and Local Government for Emergency Financial Support (EFS) over the last year, and 44% councils with social care responsibilities are likely to apply for EFS within the next couple of years. It is worth noting that where EFS is agreed it allows councils to use borrowing or the sale of assets to fund day-to-day expenditure and is therefore – as noted by the Institute for Government - a 'completely unsustainable' way of meeting rising need and demand.

The ADASS Autumn Survey confirms that these financial challenges are persisting and spreading. More councils are overspending on their adult social care budgets, are requiring additional in year savings, and the average level of savings required is increasing.

Overspends

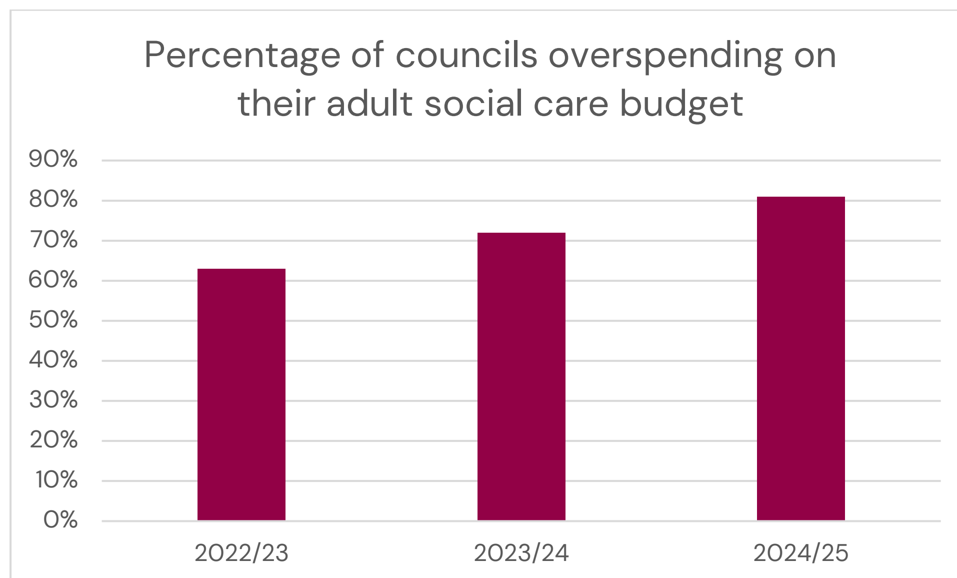
Overspends on adult social care budgets are affecting councils nationwide. Many find themselves in the media spotlight, explaining 'catastrophic' rises in costs and painful remedial actions: 'It is looking increasingly difficult'; 'the types of figures which have the potential to be breaking the organisations'; 'the toughest financial challenges the council has ever faced'.[3]

Four fifths (81%) of councils are on course to overspend their adult social care budget in the current financial year. This represents a continuing deterioration from the situation in 2023/24, when 72% were overspent, which was itself a deterioration from 2022/23, when 63% were overspent. Unless resolved, the trend indicates that within a couple of years, all council adult social care budgets will be overspent.

[2] LGA, Council finances and Autumn Budget 2024: survey of chief executives, (October 2024). See also County Councils Network, The outlook for council finances this Parliament, (October 2024)

[3] See media coverage of Norfolk, Northumberland Luton and East Sussex as examples of these crisis conversations.

Figure 1. Percentage of councils overspending on adult social care budgets 2022-2025.



Based on survey responses, the total projected overspend on 2024/25 adult social care budgets can be estimated at £564mn, or an average of 3% of councils' adult social care net budgets. This is down slightly from overspend for 2023/24 reported in our Spring Survey of £586mn. This was a very significant increase from the 2022/23, when it was £73.7mn. Pre-pandemic, in 2019/20, there was actually an underspend of £197mn.

The average covers a wide range, as might be expected from the diversity of councils in terms of size and local circumstances. Of those that have reported that they will overspent on 2024/25, 103 will be overspending by £0-£9.9mn, and 14 will be overspending by £10mn-£29.9mn.

The increasing prevalence of overspends points to long-term underfunding and increasing levels and complexity of need. Failure to close the adult social care resourcing gap has left councils struggling to square their legal duty to set a balanced budget with their duty to provide statutory services. The widespread sense of financial precariousness was summarised by one of our respondents:

> *'Funding is urgently required to address the immediate issues facing adult social care, not least in preventing avoidable admissions and meeting the complexity of need associated with early discharge from hospital. We are reliant on targeted funding streams, such as Market Sustainability and Improvement Fund and the Discharge Fund. This funding needs to continue beyond 2024/25 to avoid a loss of funded capacity.'*

The ADASS Spring Survey looked in detail at some of the drivers of social care budgets, which broadly relate to rising costs, increasing needs and increasing complexity of needs. Respondents to the Autumn Survey provided additional insights into some of these pressures. Several reported that they were seeing a particular rise in the number of young people with complex needs, including complex mental health needs. Several were worried about the affordability of higher wages for care workers. The LGA has

calculated that National Living Wage increases added £1.4bn and £1.6bn to the cost of commissioned adult social care services in 2023/24 and 2024/25 respectively.[4] In April 2025 the National Living Wage will increase to £12.21, which is a rise of 6.7%. One Director noted that:

> *'Every penny on the hourly wage costs us £60,000, so if this is not funded, services or other budgets have to reduce.'*

Responses included many examples of effective and cost-effective partnership working between social care and health, some of which are noted in the prevention section of this report. However, Directors in a number of areas were critical of ICB decision-making, where it appeared to be overly focussed on critical care, or where Continuing Healthcare (CHC) and S117 aftercare and associated Funded Nursing Care (FNC) decision-making was placing additional and unexpected strains on social care budgets.

Other budget-pressure issues raised during discussions around this survey included a rise in transport costs, bad debt and former self-funders seeking council funding to meet the ongoing cost of their care.

Savings

In-year savings

At the beginning of this financial year, Directors were asked to find exceptionally deep savings to their budgets. Our Spring Survey showed that they were planning 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, and only 15% of Directors were fully confident that they could be delivered. The Autumn Survey shows that they are now being asked to go even further with substantial in-year savings.

Adult social care budgets are the biggest single spending item, after children's services, for most councils, and therefore have a significant impact on a council's overall financial position. They are set and reviewed in the context of the council's overall financial position and its total budget. Financial stresses across the council feedback into the management of adult social care budgets through the year and, as highlighted at the beginning of this report, that overall situation for most councils is extremely difficult.[5]

In this context, it is perhaps unsurprising that the number of councils needing adult social care to make in-year savings continues to rise. Some 35% of councils are requiring in-year savings for the current financial year, up from 29% in 2023/24 and 19% in 2022/23.

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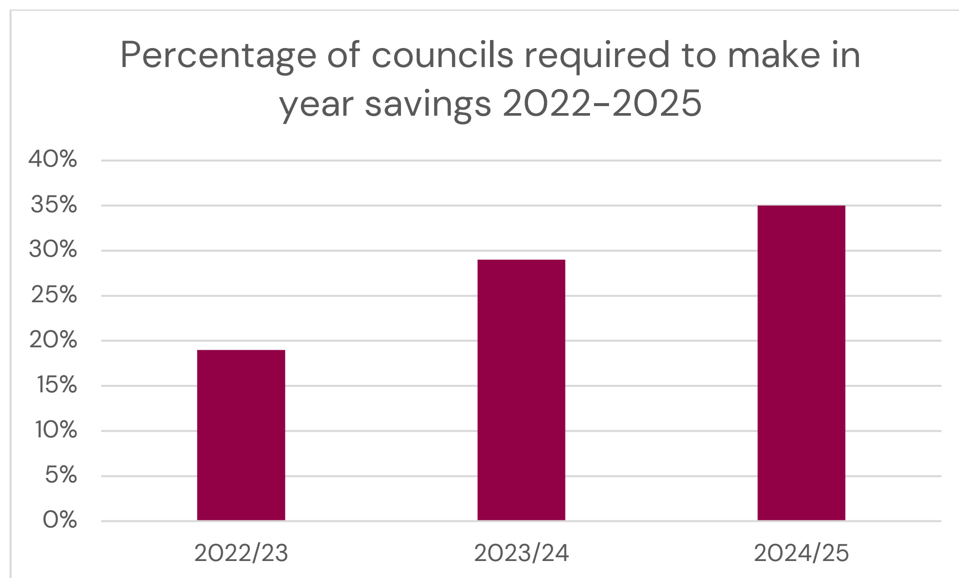
[4] LGA, Autumn Budget and Spending Review submission 2024, (September 2024)

[5] For an explanation of the mounting problems in local government funding , see IFS, How have English councils' funding and spending changed 2010 to 2024 (2024)

Figure 2 Percentage of councils required to make in year savings 2022/23-2024/25. This is on top of planned savings.



Based purely on survey returns, additional savings required from adult social care now total £156mn (131 responses, of which 46 councils reported having to make in year savings). This is almost twice the level of reported additional in-year savings required from adult social care in 2023/24 (£83.7mn). There is a significant range in the savings required by the councils who gave a percentage increase figure (40).

Figure 3 Range of in year savings as a percentage increase on savings originally modelled (123 responses)

Percentage increase on savings originally budgeted for the current financial year	Number of councils
0-1%	4
2-10%	13
11-100%	14
101-1000%	9

Given the range of savings required, an average figure should be treated with some caution, and primarily as a way of tracking broad trends over time. In 2023/24 the average in-year saving required of affected councils was £2.7mn. The average saving required of affected councils in the current year has now reached £3.4mn (or 28%). If survey returns were extrapolated to represent all councils, this year's additional savings requirement would be £183mn.

We know from discussions around this survey that Directors and their teams are focussed on delivering savings in ways that protect good quality care and support for people in their communities wherever possible. Vacancy management, repatriating out of area provision, reviewing pricing, reviewing the use of technology, reviewing high-cost packages of care, release of non-ringfenced grants and earmarked contributions,

utilisation of funding originally intended for investment and the use of reserves are among the approaches being taken. Nevertheless, savings of this magnitude will be painful to deliver. Looking at their 2024/25 budgets for the Spring Survey, nine in ten Directors (90%) indicated that they were either only partially confident or had no confidence that their budgets would be sufficient to fully meet their statutory duties. Those budgets have now shrunk further.

Modelled savings for 2025/26

Planning for 2025/26 is incomplete in most councils, and at an early stage in others. Fewer Directors were therefore able to provide financial details relating to this period than to the current year (101, rather than 131). Directors also caveated their responses, referencing uncertainty about central government's intentions including the level of the adult social care precept and specific grant funding and the level of next year's National Living Wage. It is also unclear the extent to which the impact of an increase in employer National insurance contributions and the proposed reforms included in the Employment Rights Bill will impact on the cost of delivering care and support. Nevertheless, a difficult picture is emerging.

At the time of the Spring Survey, Directors were expecting to find £905mn in savings in 2025/26. They now expect to have to find savings of £1.4bn, a 55% increase.

2 Shifting from treatment to prevention

The Secretary of State for Health and Social Care has set out three necessary shifts for our health and care system: : from analogue to digital, hospital to community, and sickness to prevention. Social care's contribution to delivering these shifts is nowhere more evident than in prevention. In the words of one of our respondents, *'Adult social care is by its nature a preventative service'*.

Yet in the Spring Survey, over half of Directors (51%) were concerned about the sufficiency of their budgets to meet their legal duties relating to prevention and wellbeing, up from just over one-third (35%) in 2019/20. The proportion of councils taking a positive investment strategy for preventative services dropped from 44% in 2023/24 to 29% in 2024/5. Early intervention and support provision, such as information and advice, voluntary, community faith and social enterprise sector services and advocacy were particularly negatively affected.

What are the barriers to implementing prevention in social care?

Directors were asked to rank a number of potential barriers to implementing preventative activities, from most (1) to least (10) important.

Figure 4 Ranking of barriers to implementing prevention activity.

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

Financial pressures:

Directors identified financial pressures as the greatest impediment to progress, by some margin. SOme 63% ranked them as the biggest barrier, while 89% put them in their top four choices.

Competing service pressures:

Competing service pressures were identified as important blocks on implementing more

preventative interventions. They were rated as the biggest barrier by 19% of Directors, and 83% of Directors ranked them in their top four choices.

In comments, some respondents expressed this as a crisis management problem, or one of immediate demand:

- '*Disjointed approaches across activity as a system, including ongoing crisis management resulting in inability to 'stop the clock' and consider prevention approaches*'.
- '*Immediate system pressures remain particularly in and around acute (hospital) providers…. This inevitably impacts on system budget flex for more preventative responses.*'
- '*Acute hospital pressures dominate the agenda, reducing focus on prevention, early intervention, and admission avoidance.*'

Other respondents expressed this as a capacity problem:

- *'Increased waiting lists in Adult Early Help due to increased demand (+36%)'* .

***Competing pressures to implement other policies*:**

Competing policy pressures were seen as the greatest barrier by 5% of Directors. They were the second most important to 18.5% of Directors, indicating that they are currently an impediment to prevention for over a quarter of Directors.

- '*ICB recovery programs risk short-term decision-making, limiting strategic investment*'

Lack of understanding of what works and difficulty demonstrating impact or value for money:

Eight per cent of Directors identified lack of understanding 'what works' and demonstrating value for money as the greatest barrier. However, although not the primary barrier to implementing prevention, this still emerged as an important concern overall. Over half (54%) of Directors ranked it in their top four choices.

Issues of evidence, impact and the timescale of any returns were raised in some comments:

- '*There is an ongoing issue re evidencing ROI going forward and that might impact on funding, but the prevention agenda is not currently contingent on other funding pressures*'.
- *'We don't always know the art of the possible with regards to prevention and what's out there in the CVSE and TEC and it takes time and resource to investigate and to grow the market in this way*'.
- *'Lack of robust evidence of what works to drive commissioning decisions. We need more evaluation capacity both nationally and locally.'*
- *'Investment is now; benefit is later. When pressures are so acute now, long term is often not considered.'*

Difficulties collaborating across boundaries and systems:

10% of Directors saw difficulties collaborating across boundaries and systems as either the most or second most important issue, while 12% ranked them as the least or second

least important. Although not a high scoring barrier in its own right, several comments flagged the importance - and challenge - of strategic system working:

- '*Lack of focus on this has resulted in a plethora of initiatives and challenges in measuring their impact. We are starting to address this through a more strategic approach to priority setting.*'
- '*The tendency to want a single approach across ICB, when place based solutions are targeted to place based characteristics and operating conditions, requiring difference - WARRANTED variation is not a concept well-understood in practical terms*'.

Lack of buy-in from partners e.g NHS:

These did not rank highly as a barrier. Nine per cent of Directors saw them as either the most or second most important issue, while 8.5% ranked them as the least or second least important.

***Staff training or skills*:**

Few Directors saw skills and training as significant barriers. And 3.5% saw them as either the most or second most important issue.

Organisational culture:

Only 1% of Directors saw organisational culture as the most significant barrier to prevention, while 15% ranked it as the least or second least important.

A number of comments raised the need to shift their council's relationship with its community for prevention to fully take root:

- '*Need to reset the relationship with our population'*.
- *'Local authority procurement processes create barriers when trying to work with the third sector.'*

***Lack of senior buy-in in the council*:**

Very few Directors saw this as a barrier. Only 0.5% of Directors identified it as the biggest blocker, while 57% ranked it as the least or second least important.

There was push back against any supposed problem of council reluctance in several comments.

- '*There is not a reluctance in terms of senior buy in within the Council but there is a lack of capacity and resources to develop a strong prevention model across the community*'.

Other:

Of the 7% of Directors who identified other barriers, two thirds rated them as least important in the ranking option. Most respondents who used this option did so to amplify or finesse their responses to other options.

In the context of the answers above, it is important to mention that respondents to the survey separately showcased a wealth of preventative practice. Asked to supply case examples of successful or innovative approaches to addressing increasing complexity of care needs, councils responded with interventions that were largely preventative in

nature. Alongside reablement and intermediate care services, Directors pointed to the use of care technology and predictive tools and various types of supported accommodation. Many of the interventions were interdisciplinary partnerships, involving health colleagues or the voluntary and community sector, showing that while working across organisational boundaries may add difficulty in some cases, it is an essential element of many preventative services in the community.

What would be most helpful to improve your information and advice offer?

Information and advice is an important – and statutory - element of prevention and early support. Yet, as noted earlier, provision has been under significant pressure as Directors have rightly had to prioritise resources towards those people with the highest levels of need. Further support for information and advice was one of the elements of the People at the Heart of Care White Paper (2019), but the hoped-for investment was undelivered.

The survey therefore asked particularly about what might be helpful to councils in strengthening their offer. Respondents were asked to rank the four options from most (1) to least (4) helpful.

Figure 5 What would be most help for improving your information and advice offer?

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

Ringfenced Government funding for an enhanced digital offer, including AI was identified by Directors as the most helpful potential offer. Some 81.6% of respondents ranked this as either the most important (63.3%) or the second most important (18.3%) offer to improve their information and advice offer.

Second in importance was one-off funding to develop and pilot good practice in relation to joined-up information and advice offers between councils and local NHS partners including ICB, primary care and hospital discharge teams. Half (51%) of respondents ranked this as either the most important (10.6%) or second most important (40.4%) offer.

Further support for councils to support the professional development of their digital, data and technology staff development trailed these funding-specific options in

importance. One third (34%) of respondents ranked this as either the most important (11.4%) or the second most important (22.9%) action that could be taken. Although not a key priority, some respondents referenced staff support and development in their additional comments:

- *'Dedicated staff to manage online directory and to focus on development and continual improvement of information and advice, co-production of resources, implementation and monitoring support function to explore the use of AI via a chatbot type function to aid self-service'*.
- *'Running communities of practice nationally to allow authorities to come together to share knowledge.'*

Of the five support options, there was least support for an enhanced support programme to enable sharing of information and advice resources regionally, and nationally where appropriate. This was a favoured as either the most important (7.6%) or second most important (13.7%). Although not a key priority, some respondents referred to the desirability of national or regional development in their additional comments:

- *National agreements on information sharing and collective care and health records*.
- *Being able to demonstrate the measures/metrics for prevention across ASC to ensure consistency nationally*

Other support options were suggested, though only 8.3% ranked these as either the most (5.3%) or second most important (3%) potential action. Suggestions centred on cultural, or all-council shifts, and respondents also raised the importance of digital inclusion for all communities, and working with the local voluntary, community, faith and social enterprise sector (VCFSE):

- Council – Corporate Transformation
- Promoting a cultural shift to reflect that the provision of information is not just an Adult Services priority. Easy read and digitally accessible information along with BSL video equivalent to website pages need to be recognised as core corporate communications priorities as well
- Funding for approaches to reach seldom heard groups
- National and coordinated support for residents to be more digitally included
- Money to VCFSE to enhance their offer of information, advice and guidance Support (Age UK, Dementia Care, Autism, MIND).

What evidence do Directors have of the impact of prevention?

Our survey asked Directors whether they had evidence of positive impact in relation to a number of interventions commonly described as preventative. Directors could either say they had evidence of preventing, reducing or delaying needs, or that they had evidence of a positive return on investment (ROI), where benefits are measured as gross NHS / social care savings. 125 councils responded to this question.

Figure 6 Directors indicating they had evidence of the benefits of a range of preventative interventions

	% of respondents	% of respondents stating they had evidence of **preventing, reducing or delaying needs**	% of respondents stating they had evidence of **positive ROI, where benefits are measured as gross NHS / social care savings**
Reablement	90%	63%	37%
Assistive Technology, including Telecare and digital communications	80%	75%	25%
Voluntary and Community Sector Preventative services & support	76%	79%	21%
Carers' support and Services	76%	87%	13%
Lifetime housing, aids and adaptations	65%	79%	21%
Intermediate Care	65%	69%	31%
Falls services	63%	77%	23%
Information and advice, including planning for future care needs	60%	92%	8%
Day activity including involvement in family, community, education and leisure	60%	88%	12%
Employment services	54%	81%	19%
Dementia services	54%	87%	13%
Community development	52%	78%	22%
Preventative safeguarding work	48%	88%	12%
Social work linked to rough sleeping, substance misuse, diversion from custody, linked to refuges and hostels	47%	93%	7%
Meals, laundry, shopping and handyperson Services	31%	72%	28%
Stroke recovery	22%	86%	14%
Transport (not including concessionary fares)	22%	81%	19%

Most Directors were confident that they had evidence to support the majority (12 out of seventeen) of the interventions listed. Overall, Directors were much more likely to say that they had evidence of preventing, reducing or delaying needs, than that they had evidence specifically of a positive ROI. Some of the reasons why prevention may both be difficult to design and evidence, including through financial savings, are discussed in a recent NHS Confed report from an ICS perspective.[6] It should be noted that there is no single 'gold standard' of evidence applicable across all interventions.

ROI was generally most likely to be cited for services close to clinical recovery or management, rather than for Earlier Action and Support (EAAS) services, sometimes known as primary or community intervention services. Perhaps unsurprisingly, reablement[7] was the intervention most commonly identified as being supported by evidence, including a positive ROI. Unsurprisingly, 90% of respondents identified evidence of benefit, of whom 37% cited a positive ROI. Intermediate care responses were similar: 65% of respondents identified a benefit, of whom 31% had evidence of a positive ROI. These are interventions where there has been a considerable research focus over a number of years.[8]

However, clinical support and recovery services were by no means the only ones for which Directors were confident of a positive ROI. Assistive technology, including telecare and digital communications was identified as evidenced by 80% of respondents, 25% of whom cited evidence of a positive return of investment; and a similar level of ROI confidence was associated with investments in the voluntary and community sector – 21% of the 95%.

The interventions for which Directors were least likely to cite evidence of a positive ROI were: information and advice services; carers services; social work linked to rough sleeping, substance misuse, diversion from custody, linked to refuges and hostels; and stroke recovery. It would be interesting to understand whether Directors would welcome further support to extend ROI into these areas, or whether other ways of understanding impacts here are more appropriate or proportionate.

The interventions which Directors cited least in terms of prevention evidence – either evidence of a positive ROI or of preventing, reducing or delaying needs were: meals, laundry, shopping and handyperson services; stroke recovery; and transport (not including fares). It would be unwise to draw strong conclusions about the effectiveness or importance of these services on the basis of these findings, particularly as commissioning arrangements differ in different areas – for example, handyperson or laundry services may not operate as 'stand-alone' services in some areas, so Directors would not have appropriate evidence to bring to bear. Certainly, separate feedback to these and other questions demonstrated that that Directors are monitoring them carefully across a range of KPIs.

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[6] NHS Confederation, Unlocking prevention in integrated care systems: a guide to balancing short- and longer-term impact, (October 2024)

[7] Reablement can be defined as 'A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability'; see TLAP, Care and support jargon buster (2013)

[8] See, for example, Better Care Fund Support Programme, LGA & Newton Europe, The case for Home-Based Intermediate Care (2023);ADASS and Impower, Intermediate Care: the Reset (2023)

Nevertheless, these findings suggest that Directors are taking a different approach to evidence-led practice across different interventions. Given that Directors identify lack of understanding of what works and difficulty demonstrating impact or value for money as a barrier to greater preventative working – albeit a much less important one that financial pressures and service pressures – we believe that government should look at further support to build capacity and common standards. Our submission to the new government in September of this year, setting out what we believed should be its early priorities included a call for funding to evaluate and disseminate lessons from existing preventative interventions and projects.[9] We also asked for health and care partners to be supported to use common standards in reviewing the effectiveness and cost effectiveness of preventative interventions.

[9] ADASS, Adult social care: priorities for a new Government, (October 2024)

3 Shifting from hospital to community

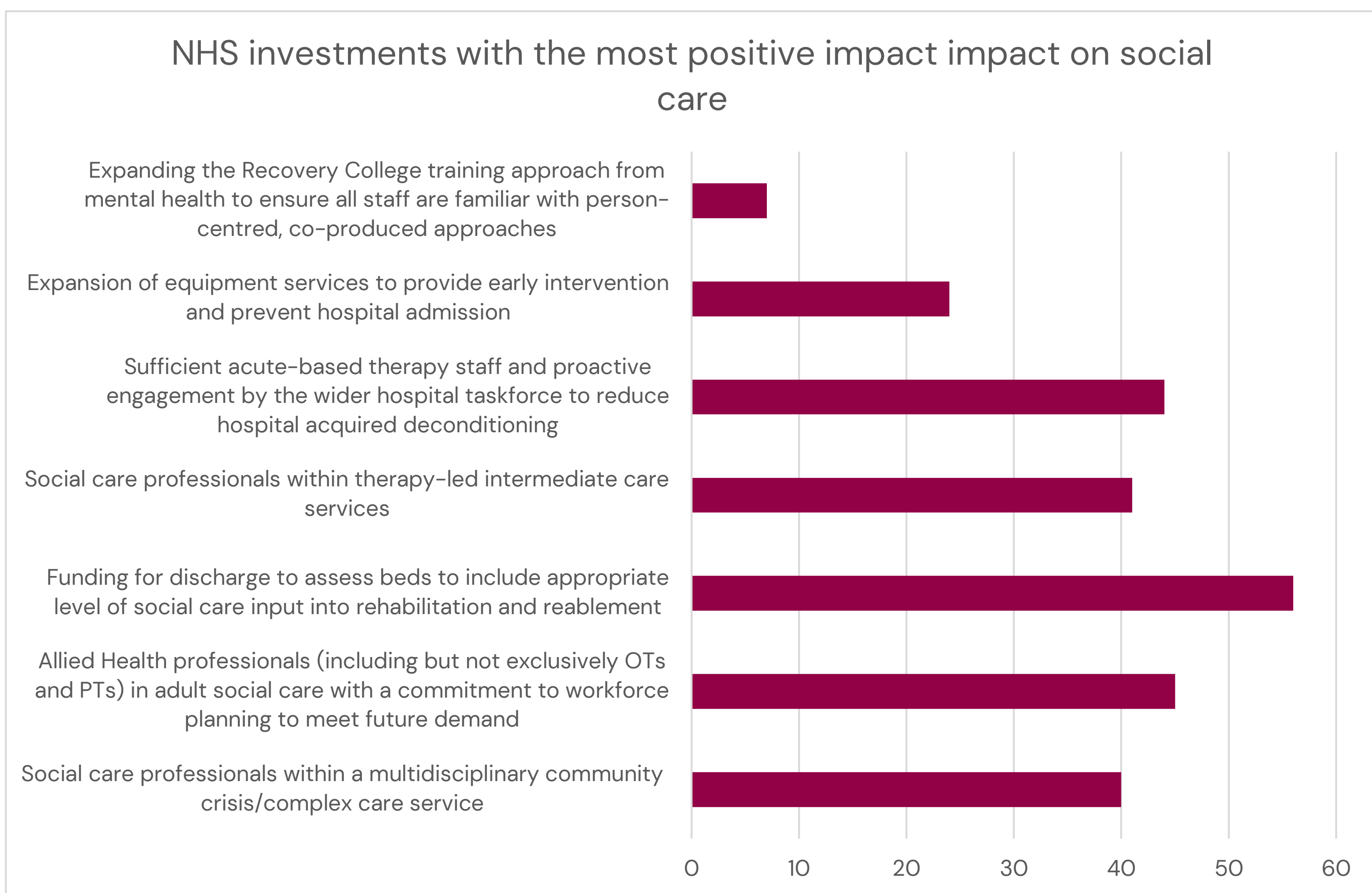
The challenges facing the NHS are well-known and continue to command political attention, ensuring they will be a priority for the new Government. Adult social care and the NHS are fundamentally interdependent; progress in one is only achievable with corresponding investments in the other.

NHS investment in adult social care

Too often, the financial narrative around health and social care runs in one direction: investment in social care is important to reduce spending and pressures on the NHS. Whilst early intervention is often more cost effective, it's important to recognise that adult social care is a pillar of a compassionate, rights-based society and more than just a puzzle piece in the 'flow' of people to and from hospital.

There are opportunities for NHS investment into social care to support our local systems and impact on better outcomes for people drawing on services, whether they be health or care. In collaboration with the Principle Occupational Therapy Network with input from the Royal College of Occupational therapists, we produced a list of potential opportunities for NHS investment into social care and asked Directors to rank them.

Figure 7 Number of 1st and 2nd place rankings for NHS investments with the most positive impact on social care



Funding for discharge to assess beds to include appropriate level of social care input into rehabilitation and reablement was considered the most impactful – 43% of respondents ranked this option as number 1 or 2.

After this, it was clear that staffing related issues were a priority for respondents. The workforce is key to making community-based health and social care a reality. Social care professionals working together with health colleagues; workforce planning for Allied Health Professionals[10] and enough physios and occupational therapists in hospitals were identified as key NHS investments that could have a positive impact on local care and health systems. By enhancing social care services, including occupational therapy services in the community, local health systems can help deliver on the outcomes NHS funding aims to achieve as well: reduced hospital readmission, improved patient independence, and alleviated pressure on acute healthcare services.

Figure 8 Percentage of respondents ranking investments relating to staff as 1 or 2 in order of most positive impact

Proposed investments	% respondents ranking 1 or 2
Allied Health professionals (including but not exclusively OTs and PTs) in adult social care with a commitment to workforce planning to meet future demand	35%
Sufficient acute-based therapy staff and proactive engagement by the wider hospital taskforce to reduce hospital acquired deconditioning	34%
Social care professionals within therapy-led intermediate care services and within a multidisciplinary community crisis/complex care service	32%

These specific interventions are part of a larger resource and investment shift that is needed to provide early support to many more people in their homes and communities so people are empowered to maintain their well-being for longer, which prevents illness or them getting to a crisis point where they need hospital or residential care. It is essential that local government has a strengthened role to support such a shift given that it is responsible for a range of community-based services that impact on people's health and wellbeing including, but not limited to, social care, public health, transport, housing and leisure. In our recent Autumn Budget representation, we called on the Government to commit an incremental shift in funding over the Spending Review Period from acute and crisis care to community, primary, mental health and adult social care support.

[10] TLAP, TLAP Jargon Buster: *Allied health professionals:* people who provide different types of health care who are not doctors, nurses or pharmacists. The description includes a wide range of roles, including physiotherapists, occupational therapists, dietitians, podiatrists and others.

Better Care Fund

The Better Care Fund (BCF) serves as a prime example of a policy originally designed to promote prevention and early intervention, which has since been redirected toward the short-term alleviation of hospital capacity.

An initial driver of the Better Care Fund, as outlined by Sir David Nicholson, former Chief Executive of the NHS, was 'this upstream expenditure in meeting the needs of vulnerable people will represent a better quality and more efficient service across the health and social care system, preventing the need for greater expenditure downstream in acute healthcare'.[11] Spending on adult social care can be regarded, in part, as effective 'upstream investment', reducing the extent of demand and costs that would otherwise emerge in the NHS.

Yet in recent years, national political direction means that BCF resources have been heavily focused on hospital discharge. In our Spring Survey, 46% of Directors reported increasing investment from BCF resources in Discharge to Assess whilst only 21% report increasing investment in prevention and early intervention; 35% in intermediate care and fewer still (14%) report increasing investment in crisis resolution.

As one respondent put it:

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

The current Better Care Fund (BCF) framework runs from 2023-2025. We provided Directors with a range of suggestions for improving the next iteration of agreements and asked them to select all that they agreed with.

Figure 9 Percentage of Directors agreeing with suggested improvements for the next BCF framework

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

[11] Letter dated 20th October 2010, Gateway Reference No 14968.

Whilst delivering core services may not have been the original policy intention behind the fund, Directors are clear that this has become a key role that it performs, with 98% of respondents agreeing it underpins core services. It therefore makes sense that a similarly high percentage (97%) said that ensuring the policy framework is published to match councils' budget-setting timescales would improve the fund.

As one respondent put it:

'Currently, BCF is supporting essential service delivery and room for innovation is getting limited'.

Whilst this remains the case, it's crucial that BCF funding is protected but any review of the BCF should aim to be more ambitious, to consider how it can be refocussed to support the 'prevention revolution' that the Government has committed to achieving.

The majority of Directors also agreed with the other suggestions proposed. Almost two thirds (62%) supported more significant pooled budgets and 59% supported clarifying the roles and responsibilities between different organisations. The findings show that in terms of the flow of money around the system and decision making, establishing a more equitable and more clearly defined relationship between health and care partners, potentially through the Health and Wellbeing Board is important to Directors. This should be considered in policy formulation related to the National Care Service.

Key themes from 'other' responses included:

Governance & Joint Planning: Emphasis on joint financial planning between ICBs and councils, clearer responsibilities, and the need for a unified approach to managing contributions, risk-sharing, and pooled budgets.

Reduction in Bureaucracy and longer-term planning: Desire to reduce the administrative burden of monitoring, reporting, and planning, with a preference for trust in local systems and consolidated, less burdensome reporting requirements. Many respondents left comments highlighting that multi-year funding settlements would be beneficial.

Service Delivery & Flexibility: Concerns about limited flexibility in using funds, with a push for more innovative spending, particularly in preventative and community-based services, instead of just discharge-focused health services.

Partnership & Collaboration: Support for place-based approaches and stronger partnerships across health and social care, recognizing the importance of joint decision-making and integrated services.

Policy Alignment: Calls for better alignment between NHS and council timelines and priorities, and a more meaningful framework for demand and capacity planning.

The findings from this survey, both in terms of the importance of workforce in delivery more health and care in the community and the need to align objectives and planning around the Better Care Fund are important considerations for the Government's vision of a Neighbourhood Health and Care services.

4 Shifting from analogue to digital – the role of data

Many social care services are already underpinned by digital technologies, and many more are being developed that are wholly or significantly digital in nature, such as the Care Technology applications mentioned earlier as part of councils' preventative offers, or information and advice services which, while retaining essential 'in person' dimensions, are largely digital. The shift to digital is unlocking huge benefits for people who draw on care and support, and the pace of change is rapid.

Digital technologies also offer the prospect of smarter data analysis to support better decision making, joined-up decision making, improved performance management, greater choice and control and more public accountability. Until recently, the ways in which councils have reported their adult social activity to central government has provided a rather historical picture of provision, lacking granularity, and lacking join up with health data. The recent introduction of Client Level Data (CLD) has opened-up the possibility of working differently with a more complex set of insights. It is a major change that has involved extended consultation, support and feedback between government and Directors of Adult Social Services and their colleagues. We therefore used the Autumn Survey to check how confident Directors are that its potential benefits will be realised.

Client Level Data

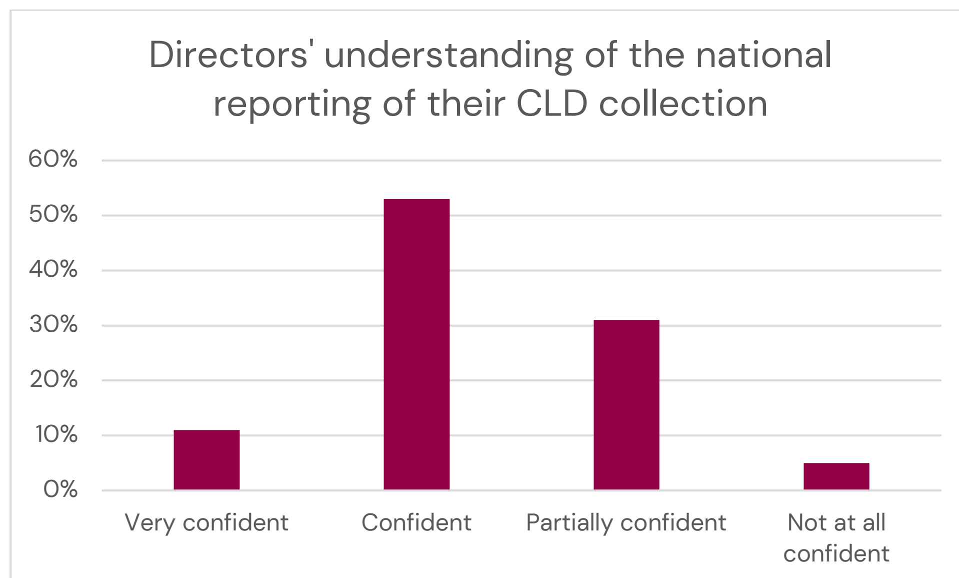
Client-Level Data (CLD) is a nationwide data product of personal-level social care records which covers requests for support, assessments, reviews and services provided or commissioned by councils as part of their duties under the Care Act 2014. It is intended to support councils, ICBs and ICSs to undertake benchmarking, market oversight and care planning. Its introduction began in 2023 and it became fully operational in April 2024. CLD collections from councils are quarterly.

With CLD now the primary source of information about councils' delivery of adult social care, the Autumn Survey asked how confident Directors are in understanding the national reporting of their local CLD collection, and how confident they are that the national reporting gives an accurate account of performance in their local area.

Confidence in understanding national reporting of CLD

Two thirds (64%) of Directors said that they were either confident (53%) or very confident (11%) that they understood the national reporting of their local CLD collection. And 31% were partially confident, and 5% described themselves as not at all confident.

Figure 10 Directors' confidence that they understand the national reporting on their local Client level data (CLD) collection



Some respondents noted that they were still unclear how the CLD return will generate the equivalent of last year's Adult Social Care Outcomes Framework (ASCOF) Performance Indicators.

> *'We have significant concerns regarding the calculation of the ASCOF figures from CLD. It is challenging to replicate the calculations locally to check and compare and ensure that the results are not the result of chance. There are also variations in how measures are calculated between SALT and CLD which means they are incompatible for comparison in the longer term*'.

Another respondent identified uncertainties, while putting these in the context of a system in transition:

> *'CLD data is still relatively new, and [the] latest dashboard has given us a couple of areas to look at in more detail. It's not immediately obvious how the data we submit is then transformed before being published (although documentation is available).'*

There was a call for further support and guidance.

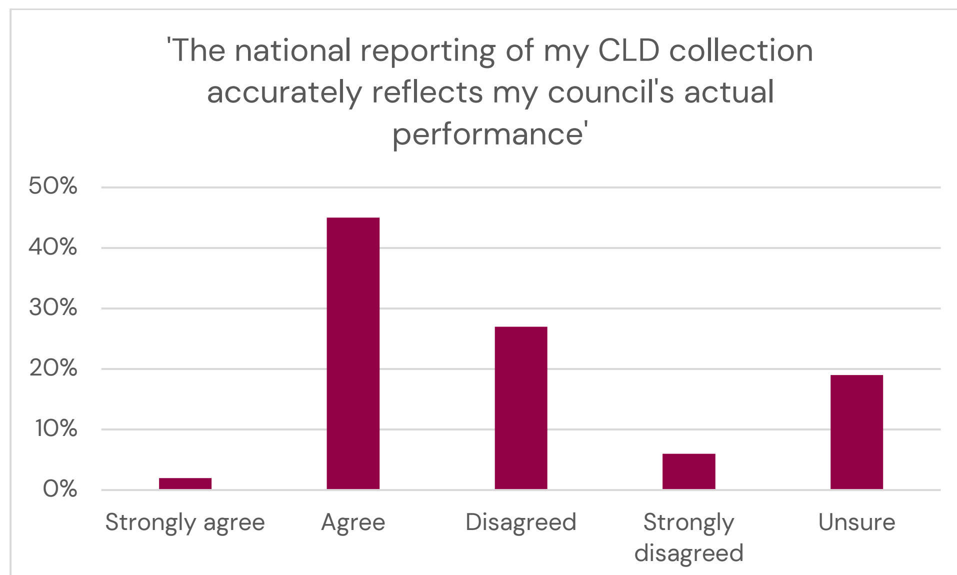
> *'We believe that we are submitting our CLD dataset aligned with guidance, although some data quality issues remain. However, we continue to be uncertain re how data is being transformed. Work to date highlights that local authorities have very different business processes so to be able to compare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

Accuracy of national reporting

The transition to CLD is has been complicated and has involved extensive consultation and support. Nevertheless, most Directors are currently not entirely confident that the national reporting is giving an accurate picture of what is happening on the ground.

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%).

Figure 11 Directors' views on the accuracy of national reporting of their local CLD collection



Several respondents detailed their concerns.

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

Together, these findings indicate the importance of maintaining ongoing work with Directors as CLD beds-in as the new business as normal for councils. ADASS has argued separately that DHSC should start to enhance CLD 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.[12]

[12] ADASS, Adult social care: early priorities for a new Government (October 2024)

Conclusions and investable propositions

Adult social care at its best transforms lives. It enables millions of us to live the lives we want to lead, where we want live. Whether we need support with our mental health, because of physical disabilities, learning disabilities, 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. Investment in health and adult social care should not be seen as a cost to the public purse, but instead as one of our country's biggest investments in human capital and productivity.

In many ways this survey is a continuation of the messages set out in our Spring Survey. In July, we set out the impact of increasing levels and complexity of need, pressures on adult social care and council funding and the interdependence of social care and the NHS. However, this survey also highlights some opportunities to change, with clear agreement at both national and local level about shifting towards a more preventative model of social care which is embedded in communities and collaboration, informed by data and enabled by digital and care technology.

When the new Government came into office earlier this year, ADASS acknowledged the challenging financial outlook described by the Office for Budget Responsibility. We didn't expect there to be significant investment and reform in the immediate term. Nevertheless, we argued that it was crucial to stabilise adult social care as further deterioration, such as that detailed in this report, would make reforming the sector more difficult in future years.

Many of the messages from this report are similarly pragmatic, asking for specific investments and simplifications in order to make the best progress possible in straitened times. For example:

From treatment to prevention – Directors see an opportunity to go further and faster with digital in their information and advice provision, including through the use of AI, so would favour dedicated funding, despite some caution around prescriptive or ring-fenced grants.

From hospital to community - Directors emphasise the need for timely government decisions and better alignment with council budget cycles, along with local flexibility in the next phase of the Better Care Fund to support preventive, community-based interventions.

From analogue to digital – the role of data - Directors are generally positive about Client Level Data but seek more support and dialogue to resolve data issues and improve confidence.

There are ways forward which could improve the lives of people who draw on care and support, despite today's challenging financial position. The findings of this Autumn Survey strengthen our belief that Government should move quickly to stabilise adult social care finances and then focus on some key investable propositions that will lay the foundations for greater sustainability and better outcomes.

These investible propositions include:

Resources – Confirming the continuation of all adult social care grant funding and precept at the earliest opportunity, to provide certainty, confidence and continuity for councils, care providers and voluntary, community, faith and social enterprise sector organisations.

Workforce – In alignment with the Skills for Care's and the Royal College of Occupational Therapists workforce strategies, accelerating recruitment of Allied Health professionals (including but not exclusively occupational therapists and physios) in adult social care, a key building block for the Neighbour Health and Care services.

Prevention – Providing one-off funding to enable councils to commission independent evaluations of existing adult social care projects and services that aim to keep people as healthy as possible, for as long as possible in their community.

Carers and other support services – Reviewing the Accelerating Reform Fund to ensure sufficient resources are available to fully evaluate and scale up the work; and ensure that the learning from the fund sets consistent future standards for evaluation and dissemination of prevention work.

Integration – The next iteration of the Better Care Fund should reorientate the fund away from delivering core services towards prevention and innovation, ensuring that additional funding is provided to cover the resulting gap.

Data – Building on the shared insights offered by Client Level Data, preparing the groundwork for Neighbourhood Health and Care services by ensuring that councils have equitable access to health and social care data at local level geographies, including granular geography.

We hope that government will work with us to at speed to put these proposals into practice. We also hope to continue to work with government, partners and the communities we serve as we take forward necessary – and sometimes challenging – conversations about resources, and the role and value of social care in our national life in the longer term.

ADASS is the Association of Directors of Adult Social Services in England.

We are a membership charity, a leading, independent voice of adult social care.

We promote higher standards of social care services and influence policies and decision-makers to transform the lives of people needing and providing care – so that all of us needing care and support can live the lives they want regardless of age, disability, status, and social background.

The membership is drawn from serving directors of adult social care employed by local authorities and their direct reports. Associate members are past directors and, since 2019, our wider membership includes principal social workers.

Charity reg.

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CONTACTS

For technical enquiries, please contact:

team@adass.org.uk

Media enquiries, please contact:

mediaenquiries@adass.org.uk