

Social care, housing, health and winter



AUTUMN SURVEY REPORT 2023

directors of
adass
adult social services

**Association of Directors
of Adult Social Services**

Charity reg 299154

FOREWORD

In last year's ADASS Autumn Survey, we concluded that '*With winter on the horizon this report clearly sets out that adult social care is in a significantly worse position to cope than in the same period in 2021*'. The results of this year's Autumn Survey show that whilst some positive progress has been made, adult social care remains in a precarious position where we are continually moving from one crisis to another.

To escape this cycle of winter crisis in future years we need to shift to a preventative model of care that enables more people to live at home, or in a place they call home. Our report sets out some investable propositions that Directors think could help to flick the switch and begin to deliver a shift from a predominant focus on meeting the needs of people in crisis, to one where we aim to keep people as healthy as possible, for as long as possible. This can be achieved by prioritising and investing in good quality accessible, specialised and age friendly housing and accommodation, intermediate care and crisis support and personalised information, advice and support.

We ask the government to demonstrate without doubt that when we are older or disabled and need care and support, if we are mentally ill, homeless, from poorer communities or diverse ethnic communities, when we care for someone and aren't able to balance work and caring responsibilities, when we are part of the largely female workforce, they are leading the country in valuing our lives and investing in social care. These are the people who have suffered so desperately during the pandemic. Investment will have payback.

Beverley Tarka
ADASS President

Cathie Williams
**ADASS Joint Chief
Executive**

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INTRODUCTION

The ADASS (Association of Directors of Adults Social Services) Autumn Survey has been 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.

This snap survey has been conducted around the same period for several years to enable comparability. The report summarises data from a membership survey carried out from 26 September to 13 October 2023.

It gathered information on a range of issues including adult social care budgets, the number of people waiting for assessments, care and support or a direct payment to begin, or for a review of their care plan, the health and social care interface and insight to inform discussions with the [Older People's Housing Taskforce \(OPHT\)](#). This report focuses on the results from questions on the health and social care interface and OPHT and a separate report will set out the results from the remaining areas of the survey.

126 councils submitted responses to this survey - a 82% response rate. To ensure that results are comparable from year to year for the financial data contained within this report, we take the figure from the number of responses that we have received and extrapolate them to represent the estimated circumstances of 153 councils.

The survey report is anonymised and aggregated to a national level. No individual council data is shared with third parties unless the specific party to be shared with was agreed by individual respondents prior to the survey. The data and details in the report remain the property of ADASS.

We are extremely grateful to Directors of Adult Social Services (DASSs) and their colleagues who have taken the time to collate and submit responses to this survey

KEY MESSAGES

Operationally this winter is going to be very difficult for health and adult social care. There will inevitably be a detrimental impact on people's health and wellbeing. Well documented NHS pressures, nearly half a million people waiting for an assessment or review of their needs or for care and support to begin, shifts of activity and costs from the NHS to social care and increasing costs because of stubbornly high levels of inflation mean that we are once again entering winter in extremely challenging circumstances.

Already stretched frontline adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff on an unfunded basis. Seven in ten Directors (70%) reported that this is the case in their local areas. This is significant because it adds to councils' financial pressures, reduces the time that frontline social care staff have to meet people's essential needs and means that people are being charged for care that would have previously been free at the point of delivery.

Directors have proposed three investable propositions ahead of the next Spending Review and General Election that offer the potential to improve outcomes for people, free up council funding from crisis care to focus on reducing levels of unmet and under met need and shift to a more preventive model of care. More of the same is not an option, otherwise we will continue this cycle of winter crisis in future years.

Investable Proposition 1: To escape this cycle of winter crisis in future years we need to shift to a preventative model of care that enables more people to live at home, or in a place they call home. Directors identified that increased investment and provision of mainstream homes that meet the 'accessible and adaptable' design standard, Shared Lives, extra care housing, supported living and specialist housing or extra care accommodation designed for people with dementia would have the biggest impact on improving outcomes for people, whilst also reducing expenditure on adult social care. To deliver this increased a multi-year programme of revenue and capital funding investment is required by Government.

Investable Proposition 2: We urgently need to increase investment in crisis resolution and recovery services, including community-based services, intermediate care and the voluntary, community, faith and social enterprise sector to enable people to stay as healthy and independent as possible, for as long as possible. Just under half (49%) of Directors indicated that there is only limited availability of preventative services focused on reducing the number of avoidable admissions in their local area. This issue is further emphasised by the fact that 63% of Directors either disagreed or strongly disagreed that step-up intermediate care capacity for people in the community experiencing a crisis or other

deterioration in their physical and/or mental health and wellbeing is widely available in their local area.

Investable Proposition 3: Everyone should be able to access the right information and advice at the right time to understand the different options available to them that best meet their preferences and circumstances, including options for where care and support would best be delivered, and costs they may need to meet. Everyone, whether that's people who already access care and support, or may need to in the future, their families and unpaid carers should be able to access timely information, advice and support to enable them to make well-informed choices about their future care. They usually make better and less costly decisions than professionals, particularly those professionals in hospitals rushed to discharge people quickly. It is of great concern that two in five (39%) Directors report that there is limited availability of timely information, advice and support in their local areas.

KEY FINDINGS

Every decision about care is also a decision about housing

Context

1. Our homes are essential to how we live and the interface between social care, housing and our health and is increasingly recognised. There are many facets to the interfaces between social care and housing.

2. The Government's statutory Care and Support guidance states:

'Local authorities should encourage a genuine choice of service type, not only a selection of providers offering similar services, encouraging, for example, a variety of different living options such as shared lives, extra care housing, supported living, support provided at home, and live-in domiciliary care as alternatives to homes care, and low volume and specialist services for people with less common needs'.¹

3. The Government's 2021 adult social care reform white paper 'People at the Heart of Care' built on this by stating that one of the ambitions of the 10-year vision was to '...give more people the choice to live independently and healthily in their own homes for longer'.²

4. The White Paper also used a key line from the ADASS Nine Statements to Help Shape Adult Social Care Reform 'Every decision about care is also a decision about housing' as a central pillar of its ambitions for its chapter on Providing the Right Care, in the Right Place at the Right Time.³ Our Nine Statements document set out the following, which still applies over three years later:

'Home and care are intertwined and the future must be about creating a diversity of provision which supports working age disabled people and older people to live as independently as possible to be supported to live in their own homes, with the care and support they need, for as long as possible. We should review current housing rights for people in care settings to strengthen the right to live at home, to remain at home following a change of care needs, and to be discharged home after a spell in hospital.'

¹ [Care and support statutory guidance, Department of Health and Social Care, July 2014.](#)

² [People at the Heart of Care, Department of Health and Social Care, December 2021](#)

³ [Nine Statements to Help Shape Adult Social Care Reform, Association of Directors of Adult Social Services, July 2020.](#)

5. Our independently commissioned report *Time to act: A roadmap for reforming care and support in England* added further substance to this by stating:⁴

‘From the current position where those with less complex needs live in unsafe or unsuitable housing that limits their ability to manage at home and to do the things they want, to one in which there is a diverse range of housing which can adapt as people’s needs change through their lives. In practical terms this means:

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

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

7. The impact of this, coupled with broader pressures on local government finances, is borne out in results in the ADASS Spring Survey (published June 2023). This found that in 2023/24 just over half (56%) of Directors reported that their council is taking a positive investment strategy for housing/accommodation models of care and support, which was a notable reduction from 62% in 2022/23.

8. The value of investing in good quality accessible, specialised and age friendly housing and accommodation goes beyond adult social care. Research by the Healthier Housing Partnership found that:

‘People who make most use of, and place most demands on their home, are most exposed to unhealthy housing - elderly people, the very young, the already sick, and those vulnerable for physical or mental health reasons. This generates direct costs to the NHS (estimated to be at least £1.4 billion in first year treatment), and indirect costs to society (estimated to be at least £18 billion a year).’⁵

⁴ [Time to act: A roadmap for reforming care and support in England, Association of Directors of Adult Social Services, July 2023](#)

⁵ [Better Housing for Better Health, The Healthier Housing Partnership, February 2023](#)

What directors told us

9. Directors were asked their views on where increased provision of a range of housing and accommodation types would have a significant impact on outcomes for people, including supporting greater independence, inter-dependence and health and wellbeing. They were also asked the extent to which those housing and accommodation types would impact expenditure on adult social care.

10. The results highlight some critical areas that Directors see would both improve outcomes for all of us when we need care and support *and* potentially free up resources to address unmet and under met need. These should be seen investable propositions for Government, councils and providers over the coming years to provide a real step change in how people experience care and support that better aligns with the expectations set out in the Care Act.

11. The results show that Directors are of the opinion that mainstream homes that meet the 'accessible and adaptable' design standard would have the most significant impact on improving outcomes for people, with 98% of respondents indicating that increased provision in their local areas would either have some or a significant impact (See *Figure 1 below*).

12. A similar level of Directors (97%) Directors indicated that increased provision of specialist housing or extra care accommodation designed for people with dementia in their local areas would make some or a significant difference to outcomes for people. A shift away from formal care settings, such as care homes, to community-based specialist housing and accommodation for people living with dementia would also reduce or significantly reduce adult social expenditure in the opinion of 4 in 5 (81%) Directors. This funding could then be reinvested in preventative approaches to adult social care and addressing unmet and under met needs.

13. Good quality supported housing, where residents receive support, supervision or care, has a significant positive impact on its residents' health, wellbeing and sense of social connection.⁶ The majority of Directors (94%) indicated that increased provision would have some or a significant impact on outcomes for people. Seven in ten (70%) Directors reported that increasing availability of supported housing in their local area would reduce or significantly reduce adult social care expenditure.

14. Shared Lives, where an adult with long-term support needs is matched with a carefully approved Shared Lives carer and share family and community life, is also viewed by Directors as a highly impactful model to increase provision of in their local areas. Nine in ten (90%) of Directors indicated that increased

⁶ [Supported Housing In Focus, House of Lords Library, 23 March 2023](#)

provision would have some or a significant impact on outcomes for people, whilst a marginally smaller proportion (87%) are of the opinion that greater availability of Shared Lives would reduce or significantly reduce adult social care expenditure.

15. Increasing the provision of extra care housing, developments that comprise self-contained homes with design features and support services available to enable self-care and independent living, would have some or a significant impact on outcomes for people by 86% of Directors.⁷ Just over three-quarters of Directors (76%) indicated that increased provision could either reduce or significantly reduce adult social care expenditure.

16. Evidence provided to the Levelling Up, Housing and Communities Committee inquiry on the *Long-Term Funding of Adult Social Care* highlighted the financial benefits to health and social care of investing in good quality accessible, specialised and age friendly housing and accommodation:⁸
 - Sheltered housing saves the NHS £486 million a year;
 - For every resident in extra care, the local authority saves £6,700;
 - Specialist housing for older people saves the taxpayer £3,000 per person per year;
 - Specialist housing for people with learning disabilities and mental health needs saves £12,500-£15,500 per person per year.

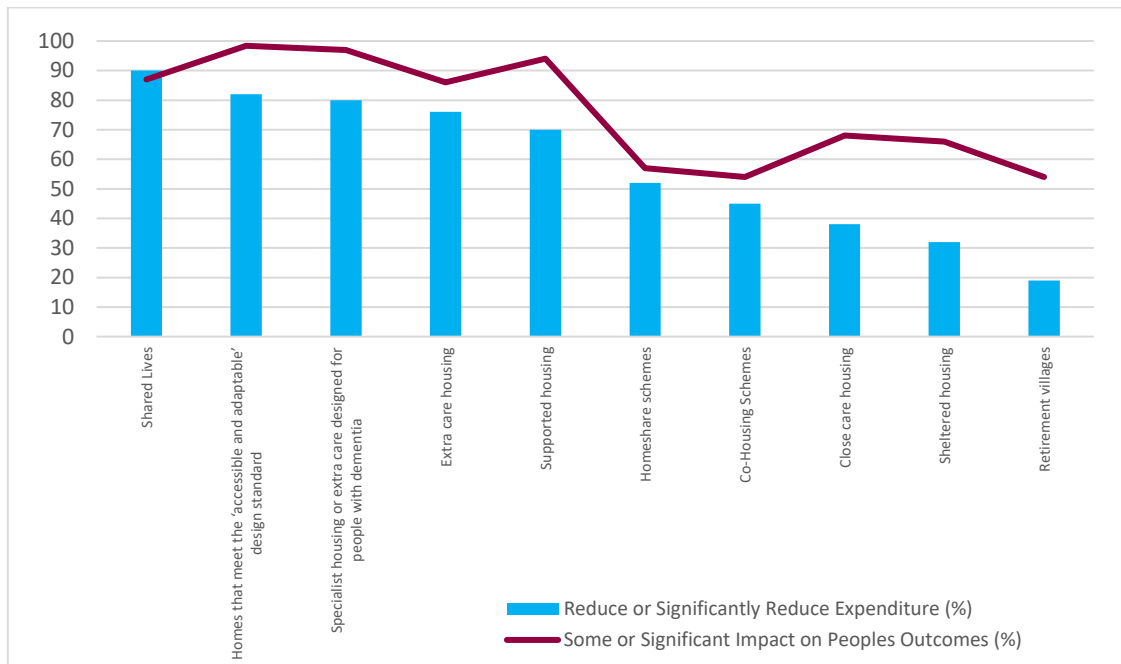
17. Investing in increased provision of the housing and accommodation, as set out above, not only has the potential to improve outcomes for people and reduce costs for councils by preventing or delaying people accessing higher cost care and support. It also has significant social value. For example, for extra care housing, the reduction in the level of loneliness because of living in an environment with communal spaces and the ability for older people to release capital from existing properties which in-turn can help counter pensioner poverty.⁹

⁷ [What is Extra Care Housing?, Housing LIN, Accessed 3 November 2023](#)

⁸ [Long-term funding of adult social care, Levelling Up, Housing and Communities Committee, 4 August 2022](#)

⁹ Unlocking the housing market- Helping first time buyers by helping later life buyers, Demos, November 2017

Figure 1: Directors views on where increased provision of a range of housing and accommodation types would have some or a significant impact on outcomes for people and would reduce or significantly reduce adult social care expenditure.



NHS INTERFACE

Context

18. We are fast approaching the winter of 2023/24 and there are significant concerns about the capacity for the NHS and adult social care to be able to fully meet people's needs in a timely manner.
19. Health and adult social care are two sides of the same coin. Pressures in one will have an impact in the other. Evidence from surveys of leaders from both health and adult social care support this assertion:
 - Over 80% of healthcare leaders agreed a lack of adult social care capacity had a very significant or significant impact in driving urgent care demand.¹⁰
 - *'Squeezed capacity in acute, primary and community care is also an important factor and leading to more pressure in social care services'*.¹¹
 - 99% of Directors of Adult Social Services either strongly agreed or agreed that increased NHS pressures in 2023/24 will result in additional pressures for adult social care.¹²
20. Therefore, it's important that in seeking to address these pressures the Government take an equitable and balanced approach across both or the risk is that the use of already limited public funding is not maximised to its fullest effect.
21. National policy and investment has predominantly focused on addressing issues relating to discharge from hospital over a number of years. It is clear from the findings in this report that a more rounded approach that focuses on keeping people as healthy and independent for as long as possible, which can be achieved by shifting policy and investment towards early intervention and prevention.
22. Our ADASS Spring Survey found that a consequence of the continued focus on hospital discharge was that more people who were discharged are sicker, have a high level of need and require more intensive support in the community and via council funded adult social care. Just over three-quarters of Directors (76%) reported that the average size of care packages for people being discharged from hospital had increased over the previous 12 months prior to the survey (published in June 2023).¹³

¹⁰ [System on a cliff edge: addressing challenges in social care capacity, NHS Confederation, 2022.](#)

¹¹ NHS Confederation/Age UK, September 2023

¹² [ADASS Spring Survey, Association of Directors of Adult Social Services, June 2023.](#)

¹³ [ADASS Spring Survey, Association of Directors of Adult Social Services, June 2023.](#)

23. We acknowledge the Government's recent policy and funding announcements, such as on the Intermediate Care Framework and the Market Sustainability and Improvement Fund, that have sought to increase capacity in social care and shift the focus towards more rounded approach to admissions avoidance, there is still more to be done.
24. To make a difference we need the right kinds of support for people at home and in their communities: more 'prevention', accompanied by investment in community, primary, mental health and adult social care. This is important, as for adult social care around four in five new requests for support originate from the community and only one in five from hospital discharge (2022/23 data).¹⁴

What Directors Told Us

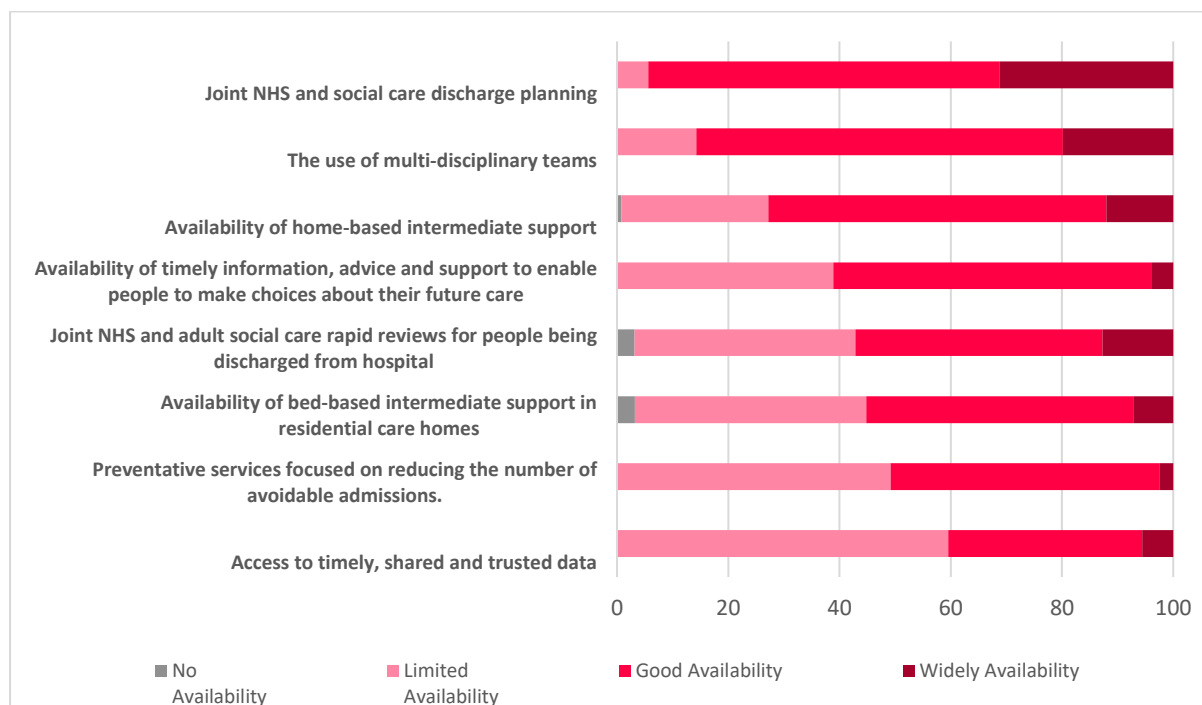
25. The majority (94%) of Directors report joint NHS and social care discharge planning either has good availability or is widely available in their local areas. In those areas this joint planning is likely to take place via multi-disciplinary teams, which involve professionals from the NHS and social care, with 86% of Directors reporting the use of these teams has either good or wide availability. However, for joint discharge planning (6%) and the use of multi-disciplinary teams (14%) it is concerning that in a small number of areas there is only limited availability.
26. Three in five Directors (60%) report that there is limited access to timely, shared and trusted data, with the remaining 40% indicating that there is good or wide availability.
27. It is of great concern that two in five (39%) Directors report that there is limited availability of timely information, advice and support to enable people to make choices about their future care in their local areas. Personalisation is the keystone of adult social care. We reported in our Spring Survey that 37% of Directors indicated that local hospital discharge processes are not personalised. The implication is that in these areas, adult social care and the NHS may be working together but neglecting to engage sufficiently with the people they support and take full account of their views, aspirations and wishes and to give them the opportunity to consider the risks, benefits and costs of their options. Often what people choose is less expensive or institutionalised than what professionals consider – particularly professionals under great pressure at the point of hospital discharge.
28. Nearly three-quarters (73%) of Directors report that there is either good availability of home-based intermediate support or that is widely available in their local areas. However, it is concerning that 27% report limited or no availability. By comparison, there is significantly less availability of intermediate

¹⁴ [Adult Social Care Activity and Finance Report, England, 2022-23, NHS Digital, October 2023](#)

support in residential care homes, with 45% of Directors indicating that there is limited or no availability in care homes. The remaining Directors (55%) reported that there is good availability of intermediate support in care homes, or that it is widely available.

29. It is of significant concern that only just over half of Directors (51%) report that there is either good availability of preventative services focussed on reducing the number of avoidable admissions, or that it is widely available in the area. The remaining 49% indicated that there is only limited availability in their local areas. If we are to begin to address the pressures on both the NHS and social care, then it's imperative that we flick a switch and have a greater focus on keeping people as healthy and independent as possible, for as long as possible.
30. Looking at trying to reduce the number of people going into hospital, only 58% of Directors either agreed or strongly agreed that there is an agreed multi-agency admission avoidance plan for their local health and social care system(s). The remaining Directors either disagreed or strongly disagreed that this was the case.

Figure 2: Directors' views on joint working between health and social care and the availability of a range of services and support.



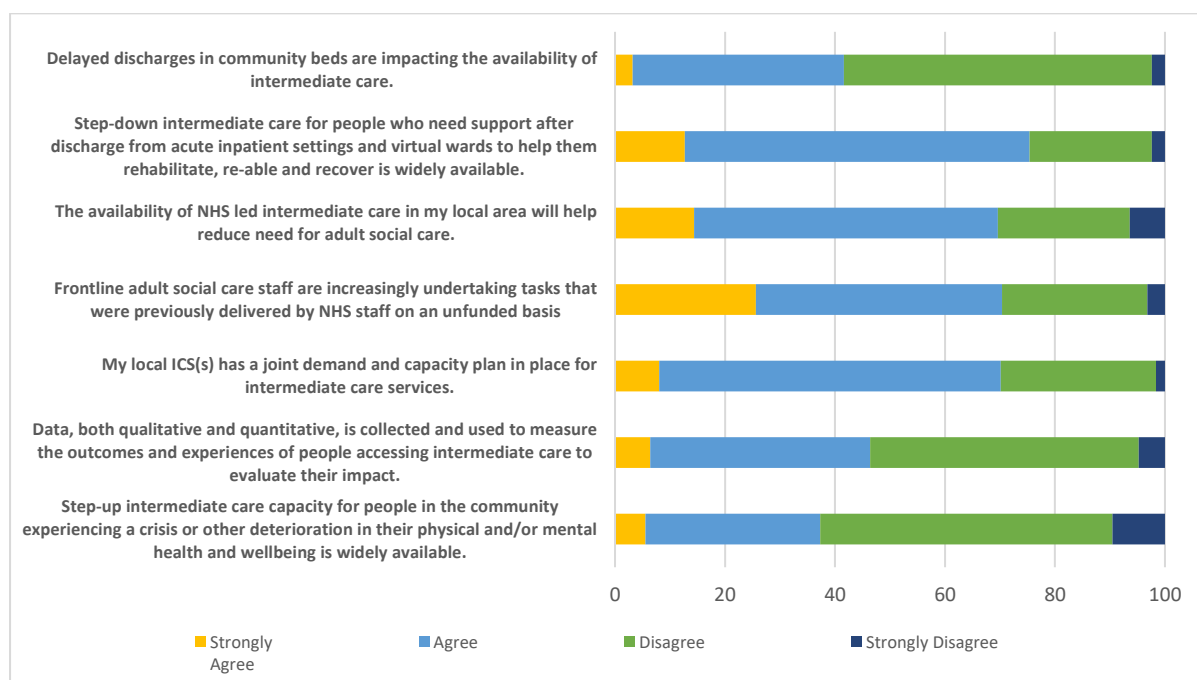
31. Directors were asked the extent to which they agreed or disagreed with a range of statements relating to health and social care in their local area. The most startling finding is that seven in ten Directors (70%) report that frontline adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff on an unfunded basis. This is significant because it adds to councils' financial pressures, reduces the time that frontline social care staff have to meet people's essential social care needs and means that people are being charged for care that would have previously been free at the point of delivery.
32. In terms of good outcomes for people, supporting them to be well and connected at home, effective intermediate care to address crises and prevent deterioration (and the need for hospital treatment) is a significant investable proposition. This is as much so as recovery, rehabilitation and reablement after an episode in hospital.
33. Nearly two-thirds of Directors (63%) did not feel that 'step up' intermediate care, which supports admissions avoidance, was widely available. Three-quarters of Directors (75%) agreed or strongly agreed that intermediate care was widely available at hospital discharge, though it is concerning that around a quarter did not. Investment in intermediate care has the potential to enable people to rehabilitate, improve their lives and reduce the need for expensive hospital or long-term care.
34. It's also concerning that 54% of Directors either disagree or strongly disagree that data, both qualitative and quantitative, is collected and used to measure the outcomes and experiences of people accessing intermediate care to evaluate their impact. The utilisation of such data is vital to measure the effectiveness of intermediate care services, to inform future planning and to make an evidence-based case for the scaling-up of such services at a local, regional and national level.
35. The absence of good quality data on intermediate care across the country was also reflected in our Spring Survey. Directors were asked whether data is collected and used about the numbers of people needing and accessing intermediate care/ crisis resolution/ rehabilitation/reablement support to avoid hospital admission in their local area across health and social care. 58% of Directors either agreed or strongly agreed that this is the case in their local area, with 42% disagreeing or strongly agreeing that this is the case.¹⁵
36. In relation to the availability of NHS led intermediate care, seven in ten Directors (70%) either agree or strongly agree that it will help reduce need for adult social

¹⁵ [ADASS Spring Survey, Association of Directors of Adult Social Services, June 2023.](#)

care in their local area. The remaining 30% of Directors either disagreed or strongly disagreed with this statement.

37. In 42% of Directors either agree or strongly agree that delayed discharges in community beds are impacting the availability of intermediate care in their local areas, with the remaining 58% of Directors either disagreeing or strongly disagreeing that this is the case.
38. A significant majority of Directors (70%) either agreed or strongly agreed that their local Integrated Care System(s) has a joint demand and capacity plan in place for intermediate care services, with the remaining 30% either disagree or strongly disagreeing that this was the case.

Figure 3: The extent to which Directors agree or disagree about a range of statements relating to health and adult social care in their local area.



39. The pressures set out above have a direct impact on the estimated 4.7 million unpaid carers in England.¹⁶ The increased pressure on carers is further evidenced by the increase in the number of people providing substantial care

¹⁶ [Unpaid care by age, sex and deprivation, England and Wales: Census 2021, Office for National Statistics, 13 February 2023](#)

between 2011 and 2021, with an increase of 152,000 people who provide 50 hours of unpaid care per week to just over 1.5 million people.

40. The impact on unpaid carers is stark, with over two-thirds (68%) of Directors reporting in the ADASS Spring Survey 2023 an increase in referrals to their council relating to carer breakdown, which is an increase from 65% in 2021/22. Where Directors have seen an increase in carer breakdown the main drivers appear to be, burnout, lack of access to health support and the struggle to find the right support services. Most (91%) Directors either strongly agreed or agreed that unpaid carers are coming forward with increased levels of need in their local area.
41. The over-reliance upon unpaid carers is having detrimental impact on their physical and mental wellbeing, as well as their ability to be in paid employment if they so wish. Figures from the Carers UK State of Caring Survey 2022 found that unpaid carers are taking on more than ever, with 41% not taking a break from their caring role in a year.¹⁷

¹⁷ [State of Caring 2022 report, Carers UK, 8 November 2022.](#)

CONCLUSIONS AND RECOMMENDATIONS

Although additional resources from Government have helped to slow down increases in waiting times and the number of people with unmet needs (who aren't getting care and support), adult social care and NHS waiting lists remain at historically high levels. It's evident that continuing to deliver more of the same is not a viable proposition for health and adult social care.

Although additional resources from Government have helped to reduce the rate at which waiting times and the number of people with unmet needs (who aren't getting care and support) have increased, adult social care and NHS waiting lists remain at historically high levels. It's evident that continuing to deliver more of the same is not a viable proposition for health and adult social care.

Looking forward to the next Spending Review period and General Election, what's required is a fundamental shift in policy and investment from Government to focus on wellness and wellbeing, enable people to remain as healthy and connected as possible, for as long as possible and living the lives they want to lead in their own communities.

As this report sets out, increasing levels of construction of good quality accessible, specialised and age friendly housing and accommodation will not only have significant benefits in improving outcomes for people with care and support needs, but this investable proposition will also:

- Create jobs in the construction industry, which in-turn will contribute to driving economic growth.
- Reduce expenditure for both adult social care and the NHS by enabling a greater number of people to live as independent and healthy lives for as long as possible.
- Increasing the supply of good quality accessible, specialised and age friendly housing and accommodation will also support Government to free-up larger family homes and support the aim of tackling the housing crisis.

If we are to breakout of this cycle of winter crises in the future then a new approach is required, more of the same is not an option. Our second investable proposition focuses on developing greater health and social care capacity in the community, shifting the focus away from discharge from hospital to early intervention and prevention. For example, investing in crisis resolution intermediate care capacity for people in the community experiencing a crisis or other deterioration in their physical and/or mental health and wellbeing or social circumstances. This needs to be

supported by the development, collection and use of data to measure the outcomes achieved as result of intermediate care, peoples views and to inform an evidence-based case to scale up such provision in the future.

Ahead of the next Spending Review and General Election we recommend that Government, in partnership with ADASS, key partners and people with lived experience:

- i) Deliver a multi-year programme that includes an increase in revenue and capital funding from Government to enable councils to work with care and housing providers, people with lived experience and planners to significantly increase the availability of good quality accessible, specialised and age friendly housing and accommodation.***
- ii) Develop a multi-year programme that delivers increased in investment for prevention, crisis resolution and recovery services, including community-based services, intermediate care and the voluntary, community, faith and social enterprise sector to enable people to stay as healthy and independent as possible, for as long as possible.***
- iii) Reinstate the funding for developing and delivering personalised information and advice set out in the Adult Social Care White Paper. This will enable people, their families and carers to access timely information, advice and support to enable them to make well-informed choices about their future care.***

ABOUT ADASS

ADASS is a **membership charity, and 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.

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