

Clive Betts MP  
Chair, Levelling Up, Housing and Communities Committee  
House of Commons  
London  
SW1A 0AA

6 May 2022

Dear Clive,

**Re: Long-term funding for adult social care**

I would like to thank you for the opportunity to provide evidence as part of the Committee's inquiry into long-term funding of adult social care. As highlighted during the session, the LGA overall welcomes much of the ambition in the White Paper, but this needs to be backed by sufficient funding so councils can support people to live the lives they want to lead. Similarly with the Government's 'Build Back Better Plan' and its proposals around charging reform, we recognise the importance of protecting people from catastrophic costs, paying providers a sustainable fee and tackling the self-funder cross-subsidy, but have serious concerns about the level of funding allocated for these reforms.

I wanted to follow-up with further detail on a number of issues covered in the session which I promised to clarify with the Committee.

**Data on increase in unmet need**

There is a variety of different data which highlights the increase in unmet need. Prior to the pandemic, [Age UK estimated that 1.6 million people aged 65 and over](#) in England did not receive the care and support they needed. They estimated this could grow to 2.1 million people aged 65+ by 2030.

Around [one third of requests for council adult social care support result in 'no support'](#). However, we must not assume this category equates to nothing at all; people will be offered information and advice, including signposting to councils' universal wellbeing services and voluntary/community sector services, that may well help delay/prevent the escalation of social care needs. But we can also assume this figure does include genuine unmet need in terms of no support for some activities of daily living.

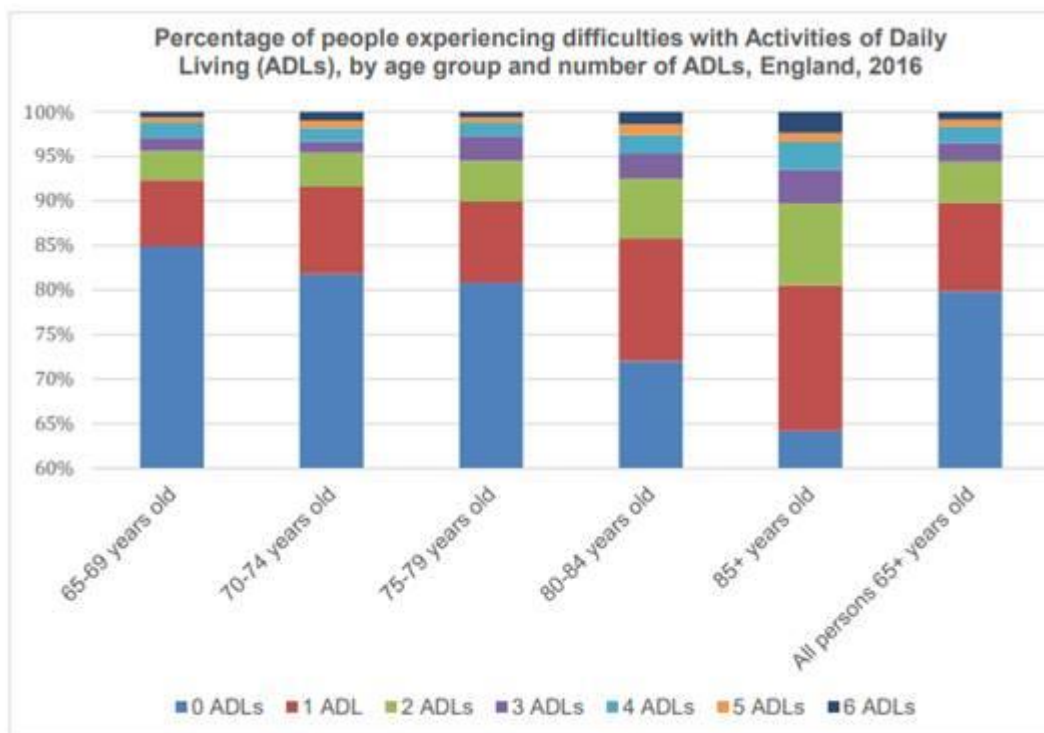
[The LGA has previously estimated](#) that it would cost an additional £4 billion to meet all unmet need amongst older people by 2024/25, and a further £1.9 billion (same timescale) to meet all unmet need amongst people of working age.

Although now a little dated, [our 2018 Green Paper](#) asked people's views on the most pressing issues that needed addressing. 'Adequate funding to pay for the additional people needing care' was the most common response (alongside paying providers a fair rate and funding for inflation) for both the immediate- and medium-term. In our accompanying wider public polling, 'Making sure everyone who needs care is able to access it' was the highest scoring priority at 89 per cent. It was the clear front runner when respondents were asked to pick their top two priorities (71 per cent for addressing unmet need, with 'funding for demand and inflation' a quite distant second at 40 per cent).

In a 2022 survey, ADASS reported that councils were taking drastic contingency steps to tackle pressures, such as allowing for shorter care visits (once core needs had been met), reprioritising support to those most at risk and essential activities only, and moving to 'life and limb' care only.

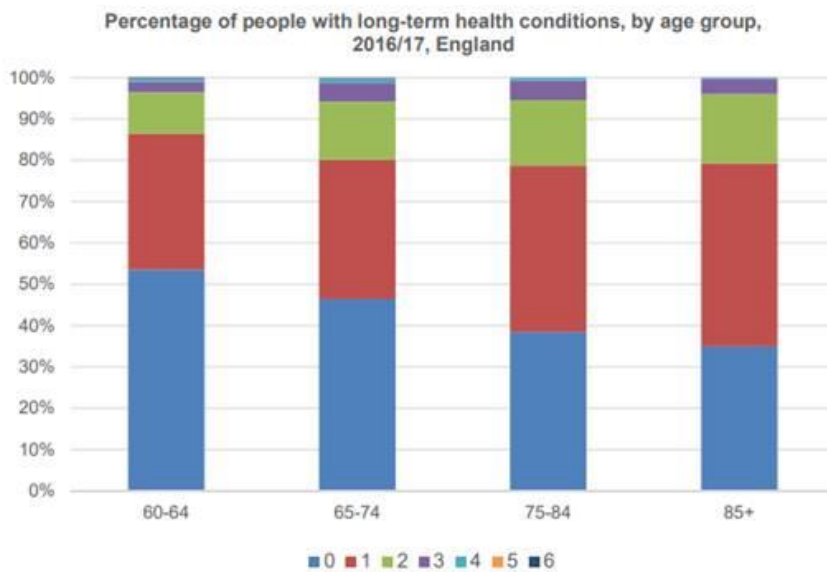
### Data on regarding complexity of needs

There is less data regarding the increase in the complexity of needs, but there is some data available in [Age UK's report on the health and care of older people 2019](#), taken from the English Longitudinal Study of Ageing (ELSA). On increased difficulties with Activities of Daily Living (ADLs) with age, the data says:



Source: English Longitudinal Study of Ageing (ELSA), 2018: wave 8

From the same report, there is also data on multimorbidity with age:



Source: ELSA 2018: Wave 8

The LGA also conducted some work looking back at ADASS budget surveys over the last ten years. This illustrates how demographic pressure in terms of £ has changed over time. Column two in particular shows working age adults pressure has risen consistently for most of the period:

Year	Younger Adults Demography £m	Older People Demography £m	Total Demography £m	Inflation £m	Typical provider price increase %	Planned savings in that year £m	Additional resources for Adult Social Care £m
2011	245	180	425	NA	0	991	
2012	237	166	403	NA	1	891	
2013	NA	NA	372	NA	0	795	
2014	NA	NA	391	NA	NA	853	
2015	205	148	353	NA	1	1,065	
2016	234	179	413	612	4	941	
2017	243	157	400	37	4	824	2,304
2018	258	190	448	466	4	700	1,114
2019	282	202	484	448	4	699	679
2020	331	189	520	690	5	608	c £1,200
2021	417	243	660	494	2.5	601	

The below table also illustrates the same point with more detail:

Younger Adults demography £m	Spended on younger adults £m	Demographic pressure %	Older people demography £m	Spended on older people £m	Demographic pressure %	Total demography £m	Spended on long term care £m	Demographic pressure %
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2015/16	£205	6,409	3.20%	£148	£6,653	2.22%	£353	£13,062	2.70%
2016/17	£234	6,675	3.51%	£179	£6,927	2.58%	£413	£13,902	3.04%
2017/18	£243	6,871	3.54%	£157	£7,100	2.21%	£400	£13,971	2.86%
2018/19	£258	7,237	3.57%	£190	£7,407	2.57%	£448	£14,644	3.06%
2019/20	£282	7,542	3.74%	£202	£7,850	2.57%	£484	£15,392	3.14%

During the session I mentioned unit cost changes and this chart from Grant Thornton shows how they have changed over time. Ageing population/complexity of need will be one of the drivers of this:



### Self-funders research

We have been working with two councils to better understand in more detail what the likely impacts – including costs – will be from the part of the Government’s charging reforms that relates to section 18/3 and the fair cost of care. We hope to conclude this work by the end of May and would be happy to share headline findings with the Committee at that point, subject to approval from the councils in question.

### Position statement on care worker pay

I mentioned during the session that the White Paper was missing a comprehensive workforce strategy that addresses the issue of care worker pay. I said I would provide you [with the joint position paper on the adult social care workforce](#) which was prepared jointly by the LGA, Association of Directors of Adult Social Services (ADASS); Care Provider Alliance (CPA); Care and Support Alliance (CSA); Skills for Care; Social Care Institute for Excellence (SCIE); and Think Local Act

Personal (TLAP). The LGA and these other sector bodies say that without improving the pay, conditions and career progression opportunities of care workers, it will be difficult to make meaningful progress towards their shared goal of best supporting people to live the lives they want to lead.

Whilst we support the positive workforce developments in the Government's recent adult social care white paper, they do not amount to a proper long-term workforce strategy. This is desperately needed to allow for better workforce planning, including consideration of the types of roles and provision that will be needed in the future, as well as establishing the links that need to be made between the care and health workforces. We stand ready to support government with the development and delivery of the workforce strategy including ensuring coproduction with people with lived experience.

### **Updated cost pressures work**

Finally, in the session I mentioned that we will be shortly publishing our updated cost pressures work, which will include analysis of adult social care costs as well as local government as a whole. When this analysis is published, I will be happy to share with the Committee.

I hope this additional information is helpful, and as always please do not hesitate to get in touch with Laura Johnson if you have further queries. My thanks once again for the invitation to share the LGA's thoughts with the Committee, and I look forward to reading the Committee's final report.

Yours sincerely,

Sarah Pickup  
Deputy Chief Executive, LGA