

Written evidence submitted by The Aldingbourne Trust (ASC0053)

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- How much is inaction on adult social care reform costing the NHS and local authorities, and what impact does this have on patients and the public?

Without funding and support for prevention we are backloading the health & care system – causing more complexity and cost. We are in crisis – people are waiting years for assessments and support. Their health and wellbeing is deteriorating, causing a vicious circle. We are working in services which do not support people, but battle against scarce resources.

Turnover and vacancy rates remain high. This adds cost, not value.

Carers are taking on more and more of the load. This is causing additional mental health and financial strains. They are unable to contribute as working members of our communities because of the care they are needing to give.

We cannot plan, we cannot invest as we are lurching from one year to the next, with increasing demand and increasing uncertainty.

- What NHS and local authority service reforms are not happening as a result of adult social care pressures, and what benefits are patients and the public missing out on?

Individual service funds are not being offered in social care. This is hindering flexibility, good outcomes and value for money.

The aim of integrated workforces across Integrated Care Systems has been stalled for several months. With cuts across the ICS and in social care people do not know what their budgets are, there are major reorganisations, people are stressed and at sea. Initiatives like integrated community teams, shared training, sharing resources are not being driven forward fast enough due to lack of capacity and structures to enable this. Example – Buurtzorg approach = improved outcomes for everyone!

- What is the cost of inaction to individuals and how might people's lives change with action on adult social care reform?

Individual service funds – without these support is being duplicated, where it could be shared. Support could be more creative and draw on community assets instead of locked into social care contracts.

Inaction is causing delays to assessment and accessing support. Example – autism – lack of support with strategies and understanding how to live well with autism = behaviour becoming ingrained from an early age and difficult to adjust.

Cuts to funding for initiatives like supported employment schemes = fewer people with potential to work being supported to work and become economically and emotionally well. They remain dependent on state benefits.

- Where in the system is the cost of inaction on adult social care reform being borne the most?

For us, fewer people being supported. Higher turnover of staff and vacancy rates in social care = less quality, less consistency, having to tell your story over and over again. Care leavers need more support to help them have a constructive life ahead of them, job seekers need more support to help them find and maintain work, carers need more support to live their lives healthily, staff need to be paid and valued appropriately.

- What contribution does adult social care make to the economy and HM Treasury and how might this change with action on reform?

See Skills for Care Report.

Social return on investment is over £3 for every £1 spent according to local provider in West Sussex Guild Care.

We employ over 1m workers. They could be future NHS and social care stalwarts but are being repelled by low pay and challenging working conditions due to lack of capacity in the system.

- To what extent are the costs of inaction on adult social care reform considered by the Government when evaluating policies, including within the Budget and Spending Reviews? How should these costs be assessed and evaluated?

HM Gov need to tell us this. Valuing People, in 2001 was a cross party effort to improve the lives of disabled people – this needs revisiting. It recognised the value of improving lives = a healthier economy and society.

Talk to us, show us your modelling, your assumptions.

The NI for employers would suggest you have not modelled the impact of this on social care. The situation is going to be made worse by this decision. We have lost hope.

Our prevention work saves £ by front loading and 'catching' people with the right support before their needs become more complex and more costly – case studies are available.

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