

Written evidence submitted by Brainkind (ASC0061)

Brainkind

[Brain Injury Charity and Rehabilitation - Brainkind | Brainkind](#)

Brainkind is the UK's leading charity helping people to thrive after a brain injury. We support people living with acquired brain injuries and other neurological conditions in the UK to access the best specialist rehabilitation available to achieve their goals and exceed expectations. We also carry out ground-breaking research and provide effective interventions for those outside of mainstream services, such as our Brain Injury Linkworker service provided in prisons across England and Wales.

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?

- Inaction represents a devastating cost to NHS and local authorities. The limited funding available results in delays in assessments following a brain injury, meaning people have to remain in hospital for extended periods of time and cannot be moved to a less restrictive environment in a timely manner. This results in consistently higher costs for the NHS and poorer outcomes for the patient.
- In addition, inadequate funding means there is a reluctance to fund higher-cost rehabilitation or respite placements for those with more complex needs. This means those commissioning care can no longer prioritise the best outcomes; long-term, this results in higher expenditure on care for NHS/ local authorities as individuals remain in lower-level care but for much longer - years, if not the rest of their lives.
- Proactive, higher-input rehabilitation that occurs as soon as possible following injury would therefore result in less reliance on long-term support, and represent less cost to the NHS and local authorities overall.
- Evidence shows that brain injury is overrepresented in homeless populations ([Brain injury and homelessness | Understanding the link | Brainkind](#)) and in the criminal justice system ([Brain injury and the criminal justice system - Brainkind](#)), but often goes undetected and untreated. This can have hugely significant implications for health and wellbeing, and result in individuals struggling to access services and manage the impact of their brain injury. They are therefore more likely to go on to have poor long term physical and mental health, find it harder to sustain housing, and are more likely to have contact with the criminal justice system; all of which represents a huge cost to services such as the NHS, local authorities and Ministry of Justice.
- Insufficient available social care means more people are likely to 'fall through the gaps' in this way, and experience extreme structural marginalisation. A robust and well-funded social care system would mean more accessible and available support.

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?

- Care providers, NHS and local authorities are stretched to the absolute limit both financially and in staffing resources just to cover the basics of care.
- This means there is no capacity for innovation, creativity or renewing approaches. There are no reserves left to invest to improve efficiency or to provide preventative and proactive rehabilitation that enable patients to recover to their full potential.
- For some, the right care & support provided proactively, rather than after the fact, could improve independence going forward and have a long-term reduction in the level of support needed. For those who unavoidably need care, these individuals could be proactively supported to reduce the level of input they require long term.
- Overall, these types of approaches could result in a significant reduction in the level of resources required across adult social care, and therefore the financial burden that care currently represents.
- There are also challenges when it comes to uncertainty in funding. As each local authority and NHS ICB undertake their commissioning and annual uplifts in an individual and often in siloes, there is no assurance to providers in what is being offered. If placements at the same home are being commissioned by multiple different authorities, this can create doubt about sustainability if you are reliant on differing offers of support.
- If there were a national agreement on inflationary increases and methods of commissioning, then this would create assurance as providers would be able to forward plan financially and ensure the best level of care to the people we support.

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

- Due to the stretched budgets of both providers and the NHS and local authorities that place with them, there is no option currently for blue sky thinking for problem solving. The people we care for are not able to benefit from additional support or resources that could assist with outcomes on their care, such as assistive technologies or time to undertake social activities and other rehabilitative work. Because of this, it is likely to mean their recovery is extended, which again results in additional cost and resource to local authorities.
- As an organisation, we are being pushed by commissioners to reduce our costs, and these cuts have to come from reducing what we offer. We are no longer in a position to be able to subsidise care placements on behalf of the NHS and local authorities.

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

- The providers most greatly impacted by underfunding are the smaller organisations who are more at risk of closure. These closures increase the influence of 'for profit' large organisations providing care, which in time will lead to a monopolisation of the care industry and increased costs overall.
- In 2022/23, local authorities' total spend on adult social care was £28.4 billion, and this does not include NHS spend on care placements. Following the NI and national minimum wage increases, Brainkind's payroll costs are expecting to increase by 7% due to this alone next year, and this increase will have to be reflected in our fees if we are going to be able to sustain our service offerings.
- As a result of these increased costs, providers have been subsidising the cost of placements at their homes in the interim, but many providers do not have the reserves to be able to sustain this and will have to hand back their contracts to commissioners, which will result in further burden on local authorities both administratively and financially in finding them alternative placements.
- The National Living wage has increased by 37.04% from April 21 to April 25 which the care sector is having to manage the impact of, given the largest cost centre for all care providers is staff pay. There is a duty for local authorities and the NHS to commission under the Care Act 2014, and it is therefore imperative that fee increases and funding align with both inflationary trends and wage growth.
- The Nuffield Trust have recently undertaken a [survey](#) of care and support providers to establish the impact of the NI and NLW changes in the recent budget, which in total would be an additional cost burden of £2.8bn. This increase would not be adequately covered by the £600m currently proposed to address this. Within their feedback it was found that of the providers who responded:
 - 73% will have to refuse new care packages from local authorities or the NHS
 - 57% will hand back existing contracts to local authorities or the NHS
 - 64% will have to make staff redundant
 - 22% are planning to close their businesses entirely
- Additionally, they found that 64% have noted that they will need to step back from paying the real living wage. This will have a large detrimental impact economically, as it will mean that a large swathe of individuals who work in the care industry will be pulled down from this higher bracket of income, which will impact both their quality of life and will bring about large recruitment issues in the sector as previously seen back in the Covid pandemic, which took several years to bring back to a manageable level.
- Furthermore, within the Nuffield Trust survey, they noted that a limited budget from providers has meant that crucial investments at organisations will not be taking place, that 75% will reduce and or stop digital transformation projects and 78% will halt environment and de-carbonisation efforts. Given this Government views climate action as a priority, the limited resources that are being provided to the care sector mean that they will not be able

to act as a partner to the Government in their work and the most vulnerable people in our society who need care, will be left behind in these efforts.

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