

VODG Response on Adult Social Care Reform | Cost of Inaction

Health and Social Care Select Committee

1. 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?

1.1 As a national membership body, the Voluntary Organisations Disability Group (VODG) brings together over 130 not-for-profit disability support organisations who collectively contribute approximately £3 billion to the UK economy. This response is informed by the experience and feedback shared by our members.

1.2 Our members' deep expertise in delivering community-based support, combined with their understanding of disabled people's lived experiences, offers essential provision that meets people's needs in a way public services do not.

Funding

1.3 Yet disability services have faced years of rising costs, reducing fees and increasing burdens from national government, which are neither consulted on in advance or funded. For example, the recent announcement of increased employer national insurance contributions, which are due to cost disability charities over £266million a year according to new analysis by Cordis Bright¹. The impact of the Budget would have been worse if it was not for the vast majority of disability charities surveyed already doing whatever they can to pay staff at a rate above the National Living Wage (NLW).

1.4 Inaction to address the financial stability of the sector and put third sector support for disabled people on a surer footing means that organisations are having to make extremely difficult decisions, including refusing to accept new referrals and handing back contracts.

1.5 The Care Provider Alliance, of which VODG is a member, conducted research of over 1000 care and support organisations on the impact of the 2024 Autumn Budget and found amongst other things²:

- 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
- 22% are planning to close their businesses entirely
- 77.6% of care home services will reduce or stop planned maintenance
- 76% of providers will have to cut training and resources for staff
- 86% cannot maintain wage differentials, threatening career progression
- 64% will step back from paying the Real Living Wage

¹ [Published here](#) 12/12/2024

² <https://www.vodg.org.uk/resource/care-provider-alliance-calls-for-urgent-action-post-budget.html>

Workforce

1.6 The social care workforce plays an equally vital role as NHS staff in supporting people's health and wellbeing, yet faces stark disparities in pay, recognition and career development. We hope future government plans address this through:

- Establishing genuine pay parity between NHS and social care staff
- Creating funded career progression pathways that recognise the breath of specialisation across social care
- Expanding specialist training programmes beyond basic awareness to develop real expertise
- Supporting providers to invest in staff development and retention

1.7 The success of initiatives like the Oliver McGowan Mandatory Training demonstrates the impact of properly resourced workforce development. Similar investment is needed across the sector to build and maintain expertise in supporting people with complex needs in community settings.

Early Intervention and Prevention

1.8 Our members deliver services that consistently demonstrate how early intervention prevents crisis and reduces pressure on acute services. Yet preventative services are often first to face funding cuts. This particularly impacts children's services, where early intervention is crucial. A focus on prevention must be balanced with improving services for children with rare diseases, long-term illness and disabilities which are often not caused by preventable factors.

1.9 The stark health inequalities faced by disabled people in England remain deeply concerning, with many dying 15-20 years earlier than the general population from preventable causes. Despite clear evidence that annual health checks can significantly improve early detection and prevention of serious conditions, their implementation remains patchy and often fails to meet acceptable standards.

1.10 Too many opportunities are missed to co-produce effective solutions with disabled people and their families - experts who understand intimately how services could better prevent and identify health issues. When disabled people are meaningfully involved in designing health check programmes and preventative care pathways, the results show marked improvements in both uptake and effectiveness. Yet this vital expertise continues to be undervalued, leading to systems and processes that fail to identify health issues until they reach crisis point.

1.11 The current government's focus on this is welcome but action is needed to

- Ring-fence funding for preventative services
- Mandate joint commissioning of prevention programmes
- Establish improvement metrics specific to children's health outcomes at both national and ICS levels

- Improve data collection on outcomes and impact
- Address social determinants of health inequalities

1.12 The LeDeR programme has provided crucial evidence about preventable deaths among people with learning disabilities. Similar systematic learning must be embedded across services for all disabled people.

Co-production

1.13 It is essential that all levels of decision making – across government, the NHS and local government - ensure meaningful co-production with disabled people, their families, Deaf and disabled people's organisations in both service design and delivery.

1.14 The COVID-19 pandemic and subsequently VODG's Commission on COVID-19, Ableism and Racism³ highlighted how poor accessibility of health information and guidance - from the lack of British Sign Language interpretation and limited Easy Read formats to a lack of meaningful engagement with disabled people especially from Black, Asian and minority ethnic communities - directly impacted health outcomes.

1.15 We need systematic change to ensure accessible communications, engagement and networks are built into service design from the outset, not treated as an afterthought. Not only does this mean people feel more engaged with services, building trust and increasing engagement, but it reduces wasted resource, where projects launch and fail due to a lack of co-design. For example, we hear of Dynamic Support Registers that while well-intended, people with a learning disability are hesitant to engage with them because of a lack of trust around technology and the NHS and a lack of understanding as to the benefits.

2. 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?

2.1 In our response to Lord Darzi's review of the NHS and the 10-Year Health Plan, we emphasise the need to mandate meaningful collaboration between the NHS, local authorities and third sector providers. This means moving beyond surface-level consultation to genuine partnership in service design and delivery. For instance, our members have demonstrated how community-based crisis prevention services can significantly reduce hospital admissions yet struggle to secure sustainable funding despite proven cost-effectiveness.

2.2 There is urgent need to end the inappropriate detention of autistic people and people with learning disabilities in Assessment and Treatment Units (ATUs)⁴. Despite multiple commitments to resolve this over many years, another government deadline passed in March 2024 with over 2,000 people still detained, many far from their homes and families.

³ <https://www.vodg.org.uk/resources/projects/commission-on-covid-19-home.html>

⁴ <https://www.vodg.org.uk/resource/building-the-right-support-vodg-position-paper.html>

2.3 We are working with organisations across health, social care and housing to urge the Government to prioritise investment in community alternatives, drawing on third sector expertise in delivering person-centred support, and opportunities to open-up NHS capital investment for local government and third sector organisations. There are cost-neutral solutions to tackling inappropriate provision largely because funding is not in the right place. We are also clear, and have long emphasised, that with a strong mandate to third sector providers, assets and funding from outside of the public purse can be harnessed to address this entrenched policy problem.

2.4 Where costs for long-stay and crisis interventions can reach upwards of £10,000 per week across a number of types of publicly funded services, we also know that more appropriate community-based solutions which offer better support to people in these situations costs around £2,000 per week, and often for shorter periods of time⁵.

2.5 Housing remains a critical stumbling block. For example, despite clear evidence that most people currently detained in ATUs could be successfully supported in community settings, the lack of appropriate accommodation creates significant barriers to discharge.

2.6 Our members frequently encounter situations where they have the expertise and willingness to provide support for disabled people in the community, but simply cannot access suitable properties in communities where people want to live. The complex funding arrangements for specialist accommodation development, combined with local opposition to new supported living developments, create additional obstacles that must be overcome.

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

3.1 The ongoing financial challenges facing organisations means that the future of direct services is uncertain, causing instability and unease for people in receipt of support and the workforce.

3.2 While high quality provision of a safe service is paramount, the so-called 'extras' are no longer affordable. This means investment in capital projects, growth plans, digital transformation and decarbonisation efforts will be delayed or abandoned because considerable uncertainties about future funding hold back investment decisions. a lack of sustainable funding⁶.

3.3 A more specific example is the ongoing scandal of over 2000 autistic people and people with a learning disability detained in Assessment and Treatment Units (ATUs), because of a lack of policy focus, investment and integration. The impact on individuals and their families is heart-breaking, as children spend months and sometimes years away from family, with little contact with anyone⁷.

⁵ <https://www.lookahead.org.uk/app/uploads/2023/01/look-ahead-away-from-hospital-and-into-community-report-web.pdf>

⁶ <https://www.vodg.org.uk/resource/care-provider-alliance-calls-for-urgent-action-post-budget.html>

⁷ <https://www.voiceability.org/about-us/what-we-think-influencing-policy/use-your-power>

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

4.1 There are complex services, like alternative provision to ATUs, which do not progress due to a lack of prioritisation, funding and drive from the Secretary of State. Instead millions are spent maintaining a system that does not meet people's needs or deliver a decent quality of life.

4.2 More generally, current commissioning approaches often create a dangerous race to the bottom on price, undermining service quality and sustainability. VODG are asking for a reframing of commissioners to

- Ensure full cost recovery for third sector providers
- Prioritise quality and outcomes over lowest cost
- Enable long-term planning and investment
- Support innovation and service development
- Ensure services commissioned in the community have equitable funding for care delivered for babies, children and young people, not just adults

4.3 New research by VODG and Collaborate CIC highlights how reformed commissioning approaches could better meet people's needs while improve system efficiency⁸.

4.4 The research identifies critical shifts needed in commissioning practice, including moving power to disabled people through meaningful co-production and choice over their support, replacing competitive approaches with genuine collaboration between commissioners and providers, and better utilising existing mechanisms like direct payments and personal budgets. The evidence shows that when commissioning focuses on what matters most to disabled people - rather than units of time or costs - it delivers better outcomes and more sustainable services. Key to this is moving from tightly defined services to outcome-based commissioning that recognises the complexities of people's lives and enables them to exercise real choice and control over their support. This means reimagining commissioning across health and social care so that it truly enables people to live "gloriously ordinary lives" through services designed and delivered in partnership with disabled people.

4.5 Without these changes, the NHS will continue struggling to meet growing demand while disabled people face unnecessary barriers to accessing appropriate support.

4.6 The 10-Year Plan presents a critical opportunity to create a more integrated, preventative, and person-centred system that enables disabled people to live the lives they choose.

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

⁸ <https://www.vodg.org.uk/resource/reframing-commissioning-vodg-and-collaborate-report.html>

5.1 Social care contributes a significant amount to the economy – not only financially as a significant employer of over 1.5m people in adult social care in England alone⁹, but through the support it delivers. For example:

- Education, skills and employment support for disabled people seeking to enter employment
- support for people in employment, with additional needs
- mental health and wellbeing support to individuals and families
- respite care which helps to reduce crisis and related emergency costs
- helping people to live independently and safely, reducing demand on the NHS and other services.

6. 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?

6.1 We are unclear to what extent this is considered, and greater transparency is needed around decision-making. Access Social Care is currently undertaking work to ascertain the data available to and used by policymakers in relation to decision making on social care funding¹⁰.

www.vodg.org.uk | Research.policy@vodg.org.uk
VODG is a registered charity no 1127328

⁹ <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care>

¹⁰ https://static1.squarespace.com/static/5f2160ae3e84ef21653b8190/t/6710e03491a06d7f9368a80e/1729159220430/PRESS+RELEASE_Government+ordered+to+reveal+social+care+data.pdf