

Written evidence submitted by Social Interest Group (ASC0121)

Submission of evidence for Inquiry - Adult Social Care Reform: The Cost of Inaction

About you:

Social Interest Group (SIG) is a national collective of charities supporting people with multiple and complex needs. Our services span mental health (forensic and non-forensic), criminal justice, drug and alcohol addiction, criminal justice, homelessness and domestic abuse. On average we support almost 10,000 people per year in residential, custodial and community services.

Our reason for submitting a response to this inquiry is that we have distinct knowledge and experience of public services due to the broad range of our service provision, and the experiences of our residents and participants who are following pathways to independence in the community.

The lack of integrated services, community support and accessible provision that the current inaction on Adult Social Care reform causes barriers to safe community living for our residents and participants as they seek recovery, rehabilitation, community connections and meaningful lifestyles.

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?*

The cost of inaction on social care reform is haemorrhaging funds from NHS, Local Authority (LA) but also DWP and the wider public purse as underfunding care;

- Leads people with support needs and their informal network into crisis
- Mental and physical health outcomes worsen for both groups as they struggle to cope
- Formal networks and adult social care staff leave employment due to increased needs, pressures and low wages
- Informal carers leave or decrease employment to bridge the gap in care and support needs

Those with care and support needs, their families and the NHS and LA workforce are stretched beyond capacity. This has contributed to the NHS crisis as posts are unfilled, huge numbers of staff are absent with sickness and patients are neglected.

Adult social care (ASC) and NHS are inter-dependent and failing to function efficiently because of a lack of integration in service and data access. The cost to health has reached crisis point for many people and has exacerbated health inequalities amongst marginalised groups.

The public are confused about how to access care appropriately and often waiting while health issues exacerbate or taking the wrong pathway which costs the system long term as preventative treatment and support opportunities are missed, creating greater and more expensive problems.

UK Health outcomes are directly impacted by the efficiency of ASC and NHS services and resources. Lack of community access to care is preventing communities from being self-sufficient and proactive in supporting good health. Only access to ASC can be preventative and only ASC can enable long term community living for those with support needs. Public health is community health.

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?*

Many reforms that have been mandated and therefore had resource invested, are failing as inability to discharge patients, recruit and retain staff and get people into theatre for operations mean that vast amounts of money are wasted because flow and efficient working is lost, and timely treatment is impossible.

The impact on patients is that whilst they await support and/or treatment, they suffer unnecessarily and their conditions worsen, as does their mental resilience to cope and recover. This deterioration means that patients and the public miss out on autonomy, dignity and independence through the denial of treatment, support and transparency from health and care services.

The wider public impact is vast as families and communities are denied support and treatment, struggle to bridge the gap without training or expertise, whilst also investing through their wages into a system that is failing to steward public funds and resources.

As people find themselves unable to work, whether due to their own health, the health needs of their dependents or the unmanageable stress of working in public services, all three groups are unable to cover the rising cost of living and high rents and mortgages. In 2023/24 there has been a 10% increase in people contacting their local authority after being threatened with homelessness or losing their home and 25.1% increase from the previous year in main homelessness decisions by local authorities ([Ministry of Housing, Communities & Local Government, October 2024](#)).

The public are a resource when empowered to be self-sufficient and to support each other. Robust ASC services keep conditions manageable in community and enable informal care networks to support people, avoiding the need for people to become NHS in-patients. The sense of wellbeing and health benefits conferred by community connection and practical support is evidenced to bring wellbeing and positive health outcomes. [NICE guidance](#) supports this, as well as Public Health and NHS England research.

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

The cost of inaction to individuals is colossal and unsustainable; people are unable to access statutory services across the health and social sector whilst in the community, from ASC, primary and secondary care services and so are suffering until they reach crisis. Currently even reaching crisis does not ensure support as ambulance services and A&E departments are not able to be responsive even in emergency situations.

But action on adult social care reform will undoubtedly change people's lives as they access support in their own homes with community services supporting to ensure cost effective support that enables them to manage their conditions whilst living as independently as possible.

The cost efficiency of investing into the ASC is well established. Compared with the cost of even outpatient NHS support. Enabling effective social care means that informal care networks can feasibly offer support to people who need it in a way that is manageable for them as they maintain their own lifestyle. Thus creating even more cost benefits to the public purse.

The top up support provided by this kind of voluntary help means that adult social care funds will stretch much further and persons with support needs will benefit the most as they maintain independence, a sense of self in the community and relationships with their informal network. These are things that help people to reach and maintain good health and to age well.

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

It is people with care and support needs that are bearing the costs of inaction on adult social care reform the most as they are suffer in silence and isolation, the quality of their life deteriorating as they and any informal care network they have are ill equipped to manage their conditions without advice, equipment and physical support and signposting.

These multiple barriers are exacerbating health inequalities amongst the marginalised groups in society but a reformed adult social care system can address this effectively as it can empower people to understand how to take preventative measures for their own wellbeing, whilst providing the support they do need due to their existing conditions, so that they are as manageable as possible.

Financially, the knock on effect of the lack of early prevention and fair and appropriate support offers from ASC services, means that people seek help elsewhere such as through primary and secondary care, emergency services and from the VCSE sector.

The excess demands and associated costs stop these other organisations from functioning efficiently, drain their resources and extend waiting lists/time for service users and patients. The NHS is bearing the brunt of these costs as their running cost are so high even without inpatient admissions and people are being pushed to A&E to be able to see a medical professional.

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

ASC delivers incredible value for money compared with inpatient systems. Further to this, ASC can be embedded into community and work in partnership with existing public and personal structures that people have in place; homes, community centres and Voluntary, Charity and Social Enterprise (VCSE) services, and of course informal networks so the integration of ASC can be seamless but also extremely cost effective because other sources of support are being utilised.

The economy benefits greatly from informal care networks being enabled to support people. In 2023, [research by Carers UK and the University of Sheffield](#) revealed that unpaid carers contribute around £162bn per year to the economy. When compared with the estimated £164bn in funding for the NHS in 2020-21, this research highlights that unpaid carers are delivering the equivalent of a 'second NHS'.

Action on reform can bring even greater economic benefits to the economy and HM treasury as reform can address the disparities causing unpaid carers to leave work, but also make it manageable for more informal carers to contribute 'top up' support to that being provided through ASC in a way that they would not be able to sustain without formal care being in place. The preventative benefit to people with care and support needs would keep people out of hospital, feeling a sense of autonomy and dignity. This would also multiply economic advantages.

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?*

The cost of inaction has been evidenced for over a decade with increased spend on NHS services but decreased success in patient outcomes and workforce performance. The cost of inaction on adult social care reform appears not to be considered contextually at all by the government when evaluating policies, despite health needs increasing nationally, welfare budgets being overstretched, employment and sickness levels at unsustainable levels and NHS and LAs in budget deficits.

Policy making is currently detached from those impacted by decisions and a lack of integration between departments in national and local government means that evaluation of policy, budget and spending reviews, is ineffective as siloed approaches, short term funding cycles and lack of accountability for public spending are contradictory to efficient cost management and good return on investment.

Whilst current government approaches to evaluation and reviews pledge caps on costs, and increases in funding, there are not enough details about how this will bring the impact and transformation needed. How will the government apply policy for integration in public systems?

A holistic approach that addresses inefficiency in public services, and disparity and health inequity for the public is required. Modelling that works towards integration and parity, with sufficient and sustainable funds needs to be evidenced.

As part of this, better training and pay for adult social care staff is essential so that they have the skills and motivation to deliver good care in the community to people and help them to stay as independent as possible in that setting.

Assessment and evaluation of costs must take into account, whole system impact and outcomes on adult social care in relation to other statutory organisations, government departments, taxpayer spending, service users and the public's health and wellbeing.

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