

Service assumptions

What will be required of the workforce in the future?

To develop a Workforce Strategy, we need to understand the current and likely future expectations of those working in adult social care. Shown here are a set of reasonable assumptions based on evidence about likely future developments. Of course, there is more known about the current position and immediate future and less certainty for five to 15 years ahead.

The requirements will be impacted by a number of factors:

1. Current and possible future legislation, regulations and policy which underpin the service
2. The configuration of services and support that exists in response to legislation and market factors
3. Changes in the operating environment that will impact on adult social care services, such as greater use of technology
4. Events and initiatives that are less certain
5. Population changes affecting the number of people requiring care and support and their changing needs
6. The views and aspirations of those seeking social care services, now and in the future
7. The views and aspirations of those working in adult social care, now and in the future.

What is adult social care?

Adult social care is the care and support commissioned by local authorities or individual citizens who need extra support to be able to live their lives. This includes older people, working age people with learning disabilities and/or autism, mental ill health, physical disabilities or with drug and alcohol problems, and unpaid carers.

Legal responsibilities include a leadership role for local authorities for safeguarding adults, although it is the responsibility of all relevant agencies to identify and take action in situations where adults may be at risk of harm. In the context of mental health and mental capacity legislation, there is a responsibility for assessments of people who may need detention in hospital or restrictions in the community under the Mental Health Act. Similarly, there is a responsibility to make assessments of mental capacity to determine any restrictions that may be required and their justification.

Adult social care services include care homes, day services, home care, equipment and technology. It includes the mechanisms for delivering services such as assessment, personal budgets and direct payments.

In some cases, the extent and type of support provided has widened in the last 20 years to include more bespoke or targeted provision. This includes the ability of people to employ their own carers and determine the support they require (once assessed as eligible) and the growth of reablement as a response to people who have experienced a health and care crisis and need support to regain as much independence as possible. It includes the growth in extra care housing for older people and supported living environments for working age adults.

There has been an increasing emphasis on integrating health and social care in order to better meet the needs of individuals. This has now been enshrined in the development of integrated care systems (ICSs).

Existing legislation and policy

Many specific responsibilities of adult social care are defined by primary and secondary legislation including the Care Act 2014 (and the latest update of Care Act regulations in March 2024). They are supported and enhanced by policy initiatives.

Key pieces of legislation are:

- The Care Act 2014
- The Mental Health Act 2007
- Health and Social Care Act 2022
- Mental Capacity Act 2005.

In addition, there are other pieces of legislation that interface with adult social care responsibilities. These include housing and homelessness (where the Care Act specifies the responsibility of local authorities to ensure the suitability of the person's living accommodation) and care and support needs within the criminal justice system. Provisions and requirements on the health service clearly have significant implications for the provision of social care, one example being in continuing healthcare. A significant number of care packages are jointly funded by health and care.

The legislation defines not only what organisations and the workforce need to do, but critically for the workforce, how it should be carried out. There are six principles defined by the Care Act 2014, underpinned by the need to promote wellbeing, independence and choice and control.

The responsibility to promote individual wellbeing is broadly defined by:

- a) Personal dignity (including treating the individual with respect)
- b) Physical and emotional mental health and emotional wellbeing
- c) Protection from abuse and neglect
- d) Control by the individual over day-to-day life
- e) Participation in work, education, training or recreation
- f) Social and economic wellbeing
- g) Domestic, family and personal relationships
- h) Suitability of living accommodation
- i) The individual's contribution to society.

The principles are:

- a) Empowerment - people being supported and encouraged to make their own decisions with informed consent
- b) Prevention - it is better to take action to maintain people's independence and choice of control, delaying the development of needs for care and support
- c) Proportionality - the least intrusive response appropriate to the risk presented
- d) Protection - support and representation for those in greatest need
- e) Partnership - local solutions through services working with their communities
- f) Accountability - in practice, particularly in relation to safeguarding.

The description of wellbeing and the principles are consistent with the vision from [Social Care Future](#) which has now been widely adopted by the sector: *"We all want to live in the place we call home, with the people and things we love, in communities where look out for each other, doing the things that matter to us."*

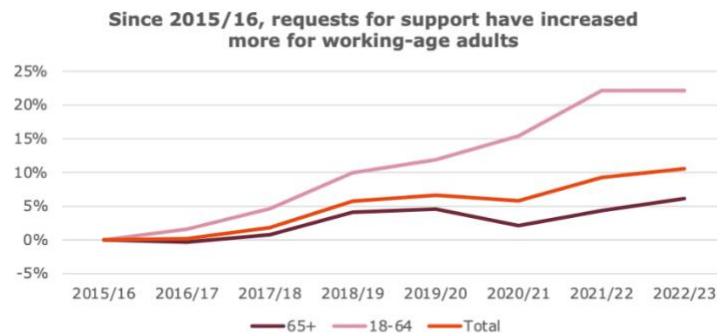
Future training and development for social care practitioners needs to embed the application of promoting individual wellbeing and the Care Act.

How many people receive social care and in what settings?

- 153 local authorities have responsibility for adult social care
- There are nearly 18,000 different providers, working in 39,000 settings
- 200,000 people in receipt of short-term care in the year
- 134,000 people with a learning disability receiving long-term support (aged 18-64)
- 91,000 people with physical disability or sensory needs receiving long term support (aged 18-64)
- 88,000 people with mental health needs (all ages).

Trends in service delivery

Trends in terms of service demand and spending are shown here.

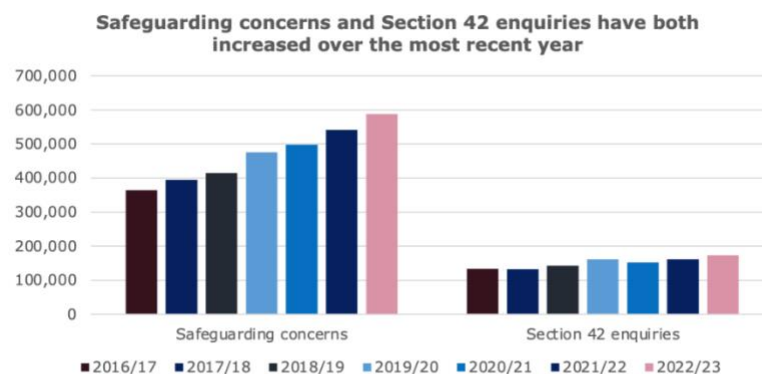


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Figure 1: Demand for care is going up, particularly from working age adults. Source: The King's Fund.

It is not surprising that demand is increasing, given the demographic changes of growing numbers of older people and working age adults with long-term conditions who need care and support. There is evidence that some needs may not be being addressed due to the financial and workforce constraints facing local authorities and social care providers – see [Age UK](#).

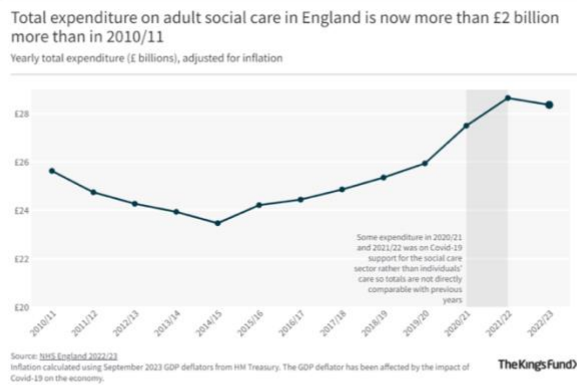


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Figure 2: Demands on local authorities are increasing. Source: The King's Fund.

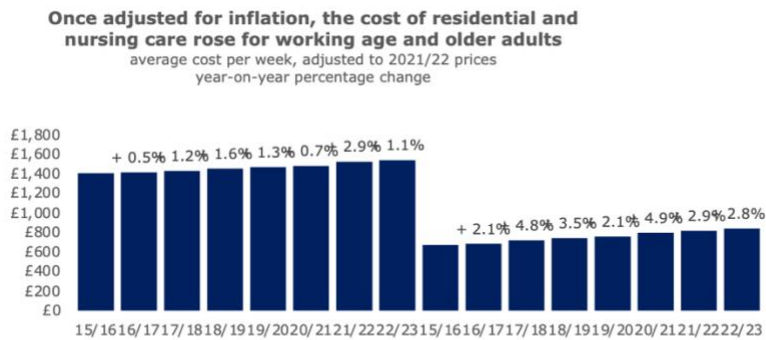
The Care Act 2014 represented a significant step forward in clarifying the formal responsibilities for safeguarding. Ten years on, awareness and practice continues to develop. It is reasonable to assume that this trend will continue.



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Figure 3: Local authority spending has been increasing since 2014-15. Source: The King's Fund.

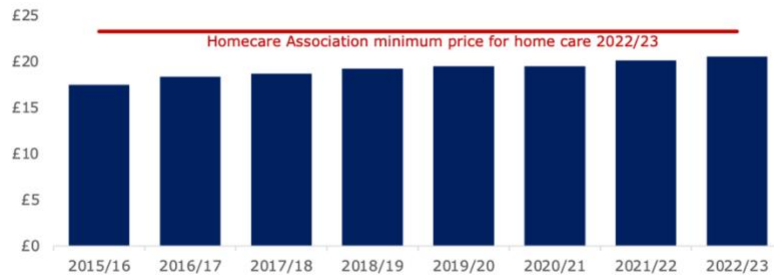


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Figure 4: Where the money has gone – fees have gone up in real terms (1). Source: The King's Fund.

Once adjusted for inflation the hourly rate for home care rose in 2022/23 compared to 2021/22
Average hourly rate for externally provided home care, adjusted to 2022/23 prices



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Figure 5: Where the money has gone – fees have gone up in real terms (2). Source: The King's Fund.

There are various funding sources for adult social care. A significant distinction is between those who are funded by the state (largely local authorities, with some funding by the health service through the provision of continuing healthcare).

There were an estimated 372,035 care home residents from 1 March 2022 to 28 February 2023, a 3.1% increase from the previous year (360,792).

People who have more than £23,250 in assets (excluding their house if they are receiving care and support at home) or sufficient income which requires them to contribute to or pay the full cost of their social care are self-funders – although in practice a significant number of people are partly funded by the state. Approximately, 137,480 (37%) of care home residents were classified as self-funders, compared with approximately 234,555 (63%) state-funded residents. Care homes providing care for older people (aged 65 years and over) had a higher proportion of self-funders (48.9%) compared with the proportion of self-funders in all other care home types. The proportion of self-funders in care homes providing care for younger adults was 2.0%¹.

From 1 March 2022 to 28 February 2023, an estimated 23% of people using community care services were self-funders (83,844) and 77% were state-funded (279,916)². It is anticipated when charging reforms are implemented (at the time of writing scheduled for October 2025), there will be a significant increase in the level of state support for care costs. The total number of self-funders is not complete as some people will arrange and fund their own care without consulting local authorities or use services not regulated by the Care Quality Commission (CQC). Therefore, we only have a partial picture of increased funding by local authorities but we can see

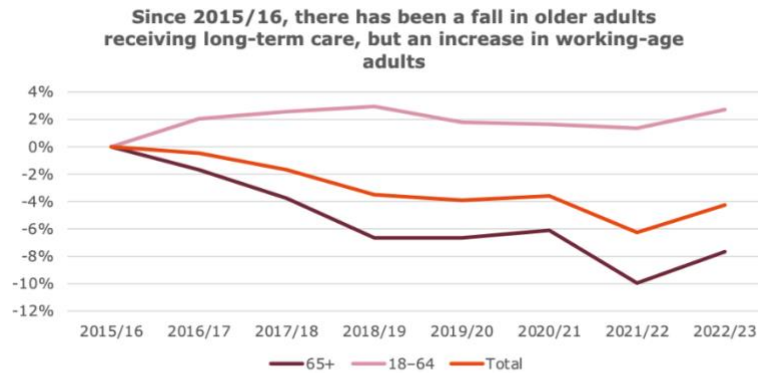
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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2022to2023#overview>

2

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/bulletins/estimatingthesizeoftheselffunderpopulationinthecommunityengland/2022to2023>

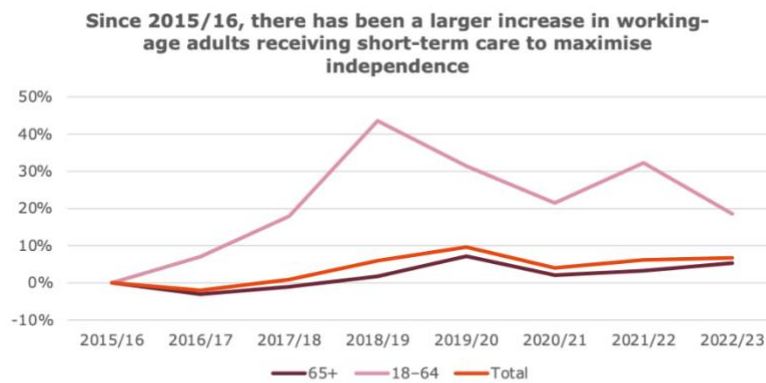
the trend is upwards and the projections of increased need through demographic changes suggest this will continue.



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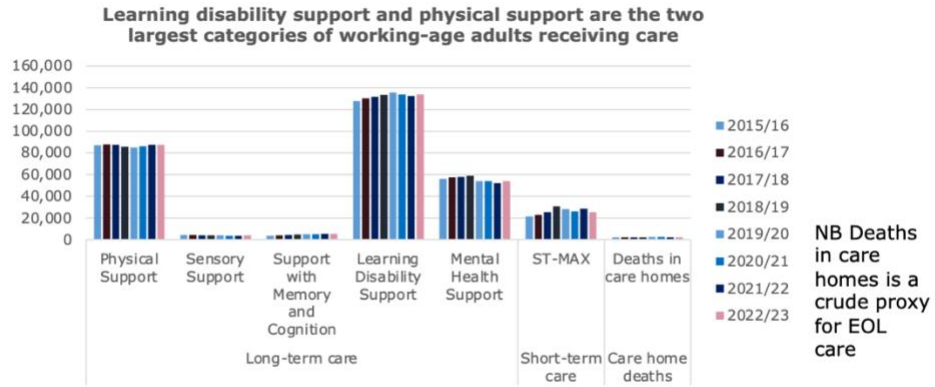
Figure 6: Working age adults are the only group to see an increase in long-term care receipt. Source: The King's Fund.



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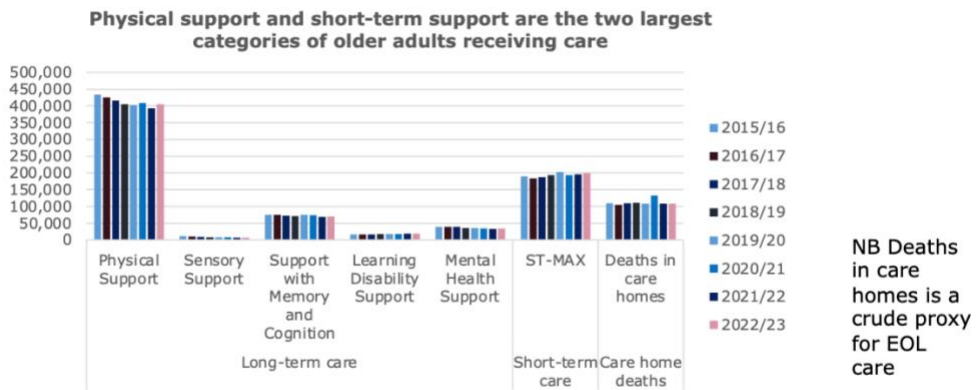
Figure 7: Working age adults have seen the biggest increase in short-term care. Source: The King's Fund.



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Figure 8: Learning disability support is the biggest long-term care need for working age adults. Source: The King's Fund.

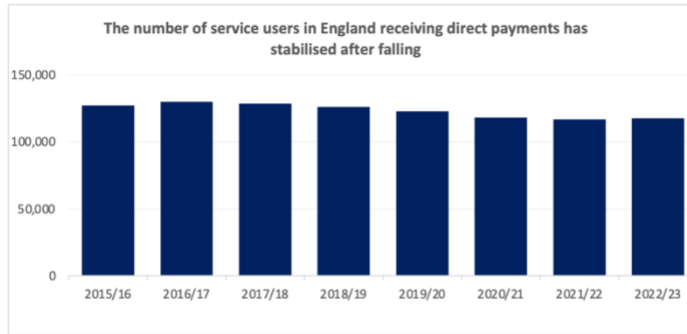


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Figure 9: Physical support is the biggest long-term care need for older adults. Source: The King's Fund.

As indicated above, whether the level of support available to older adults is adequate to meet need is a matter of debate. Perhaps unsurprisingly, the greatest need is support for people with their physical needs. The data shows the increasing level of short-term support which will be allied to the use of reablement where there is good evidence of its ability to promote independence following a health crisis or deterioration. Given the increasing prevalence of dementia among older people, it is surprising that support with mental health needs is reducing.

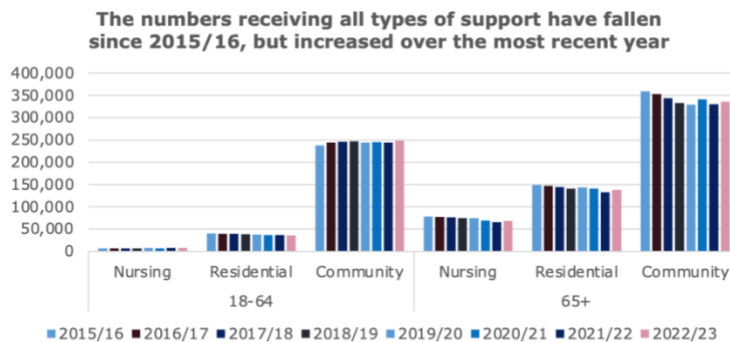


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Figure 10: Fewer people receive support through direct payments. Source: The King's Fund.

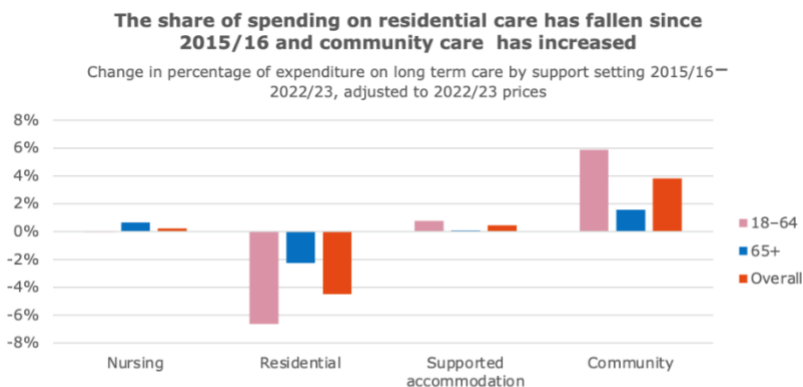
Given the emphasis in the Care Act and Government policy towards increased choice and control and promoting independence, it is surprising that the level of direct payments has reduced. Direct payments can be used by the public to arrange their own care (or in the case of people who do not have the capacity, it can be arranged by those acting on their behalf). This emphasises the need to recruit, retain and develop personal assistants as an important requirement of the Workforce Strategy.



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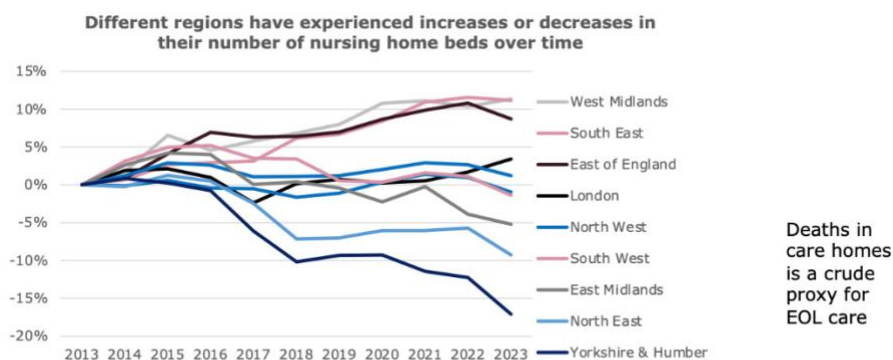
Figure 11: In care settings, only nursing and community care for working age adults have increased. Source: The King's Fund.



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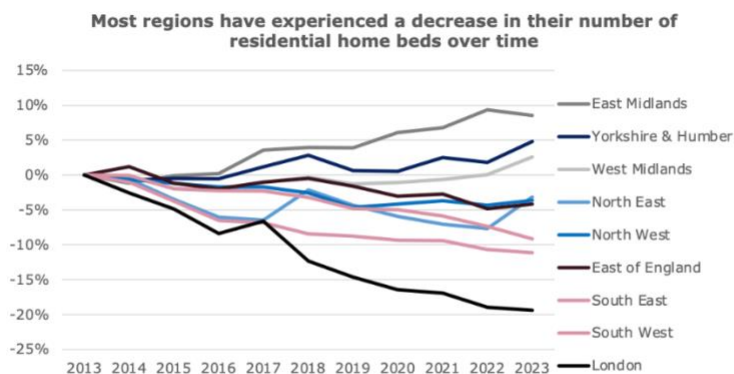
Figure 12: Local authorities have shifted spending towards community services. Source: The King's Fund.



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Figure 13 Increase/decrease in nursing home places (beds) (1). Source: The King's Fund.



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Figure 14 Increase/decrease in care home places (beds) (2). Source: The King's Fund.

There is a long-term trend in providing a greater proportion of care and support in the community. The most significant reduction is in relation to residential care homes, compared with nursing homes. There has been an increasing level of alternative provision such as extra care housing for older people and supported living for working age adults.

Recent policy

In December 2021, the Conservative Government published its [People at the Heart of Care](#) White Paper which described a ten-year vision with a set of policy initiatives and some funding support to 2025. The White Paper sought to extend the consistent application of the Care Act.

The White Paper set out an ambition that people should have choice, control and support to live independent lives; that they can access outstanding quality and tailored care and support; and that they should find adult social care to be fair and accessible. Person-centred care is a key theme running through this vision.

The then Government said there were strong examples already of their vision in action, where people can choose the type of care and support that works for them, happening in pockets across the country. They stated they wanted to see more consistency in this approach.

The White Paper identified a continued commitment to implement charging reform (changes to the eligibility threshold for care funding and the introduction of a cap on care costs). This was planned for October 2025. Given this was a provision of the Care Act 2014, it will clearly be a major policy development to be accounted for in the lifetime of the strategy.

Other White Paper policy developments include:

- Housing into local health and care strategies
- Greater adoption of technologies and wider digitisation
- Training and qualifications for the workforce
- Support for minor repairs and changes in peoples' homes
- Support to unpaid carers
- Innovation projects
- A new national website providing information and advice
- Improving the offer of care and support and its delivery.

Future policy

Previous Conservative Party policy was set out in the Government's *People at the Heart of Care*³. One key area of reform is the introduction of a cap on lifetime care costs, together with changes to eligibility for care. Introduction of these was intended in October 2023 but was postponed to October 2025. Workforce reform was a key part of the strategy, albeit the funding for this has been scaled back from £500m to £250m, and plans were outlined for development of career pathways for care workers and an improved workforce training offer. The Conservative Government announced the launch of a two-year £46m 'Accelerate Reform Fund' to promote innovation by local authorities. A significant part of this fund was to focus on innovations to support unpaid carers. A further announcement saw a drive to improve the uptake of digital social care records among care providers, with a current (at time of writing) 60% uptake against a target of 80% by March 2025.

Prior to the election of a new Labour Government in July 2024, their manifesto spelt out their aspirations for social care. The new Government is committed to ensuring everyone lives an independent, prosperous life. They state that social care is vital to achieving this, but hundreds of thousands of people suffer without the care they need for a dignified life. It adds that the sector needs deep reform: there are inconsistent standards, chronic staff shortages, and people are not always treated with the care, dignity and respect they deserve.

They commit to a programme of reform to create a National Care Service, underpinned by national standards, delivering consistency of care across the country. Services will be locally delivered, with a principle of 'home first' that supports people to live independently for as long as possible. New standards will ensure high-quality care and ongoing sustainability, and ensure providers behave responsibly. Labour state they will develop local partnership working between the NHS and social care on hospital discharge.

They commit to enhancing partnership working across employers, workers, trade unions and government and to establish a Fair Pay Agreement in adult social care. This sector collective agreement will set fair pay, terms and conditions, along with training standards. The new Government says that it will consult widely on the design of this agreement, before beginning the process and learning from countries where they operate successfully.

They state that they are committed to ensuring families have the support they need and will guarantee the rights of those in residential care to be able to see their families. As part of the efforts to move healthcare into local communities and professionalise the workforce, they will task regulators with assessing the role that social care workers can play in basic health treatment and monitoring.

Alongside these changes, they intend to build consensus for the longer-term reform needed to create a sustainable National Care Service. This will include exploring how we best manage and support an ageing population; how integration with the

³ <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

NHS can be secured; how to best support working age disabled adults; and how to move to a more preventative system.

There is also a commitment to workforce planning:

“Getting the NHS back to working for patients means ending the workforce crisis across both health and social care. When one in seven people in hospital do not need to be there, joint working is essential. Labour will ensure the publication of regular, independent workforce planning, across health and social care. We will deliver the NHS long-term workforce plan to train the staff we need to get patients seen on time.”⁴

The Liberal Democrats are the third largest party following the 2024 General Election. As part of this review of policy options over the next 15 years, it is relevant to reference them here. Their policies on social care include:

- Introduction of free personal care modelled on the system introduced in Scotland
- Introduction of a more generous means test and assistance for those unable to pay for their accommodation costs in residential care
- Improvements to pay, conditions, career progression and training for care workers
- A more preventative approach to care so people can stay at home for longer
- Introduction of national minimum standards for care with locally tailored service delivery
- Building on the 2014 Care Act, a move towards full personalisation of social care services
- Addition of being an unpaid carer to the list of protected characteristics under the Equality Act.

Other changes that will impact on adult social care services

As part of the development of this strategy, a number of expert working groups were established. This included four that reviewed developments and expectations arising from the following areas:

- Science, technology, artificial intelligence (AI) and pharmaceuticals
- Integration
- Prevention
- New service models and multidisciplinary working.

⁴ <https://labour.org.uk/change/>

Further developments

We have reviewed the factors that influence the provision of adult social care in the future and set out here ten key service assumptions:

1. That the Care Act and the policy of integration between social care and health will continue to be a fundamental platform for the delivery of social care services. Evidence suggests that there are aspects of the Care Act where aspirations have not been fully implemented. Clearly, there are many factors at play, but future workforce development needs to be strongly linked to the requirements and principles of the Act.
2. There has been a consistent policy direction of integrating health and social care over decades, through initiatives by successive governments. The latest of these is placing ICSs on a statutory footing through the Health and Social Care Act 2022. The legislation provides the basic structures – integrated care boards and partnerships – but there is a local focus to the service areas where integrated arrangements are to be further developed. There is evidence that there has been an incremental drift of tasks and responsibilities that were the responsibility of the health service and are now being undertaken by social care staff and services⁵. There is a case for a more conscious policy decision about this development to ensure the appropriate training, clinical and regulatory oversight and resources are in place. However, for our purposes, it is reasonable to assume that workforce development at all levels needs to address the skills needed to work effectively in multi-disciplinary arrangements.
3. There is continued debate and uncertainty about the balance of responsibility in paying for care which could lead to a higher proportion of state-funded social care than is currently the case. The need for an additional workforce to manage additional financial and needs assessments has been estimated in preparation for previous deadlines for the introduction of paying for care reforms. This development and its impact will need to be kept under review in the light of any move to implement the reforms.
4. For mental health services, there has been a strong clamour for reform of the legislation which would lead to changes in statutory responsibilities for health and social care organisations. Any change would need to be factored into workforce development.
5. Demand for social care is increasing, with a predicted need for an extra 540,000 staff by 2040. We can expect some changes from the advent of scientific, pharmaceutical and technological developments over the coming years. While difficult to predict the impact, it is likely that technological developments (including technology-enabled care and AI) will be a significant component of the care and support that people receive in future and to the way in which people carry out their jobs. Having the knowledge and skills to take advantage of this opportunity and ensure that it is delivered safely and effectively will be a key requirement

⁵ <https://www.communitycare.co.uk/2023/11/16/social-care-staff-carrying-out-tasks-previously-undertaken-by-nhs-without-extra-funding-say-directors/>

upon organisations and the workforce.

6. The largest increase in care and support has been put in place for working age adults, while there is a debate about the level of unmet need in the older population. However, evidence suggests that there is unmet need for the working age population and the increase in the longevity of working age adults with significant needs means that the increase in the level of need will continue. Among working age adults, the largest increase has been for people with a learning disability. We might also reasonably expect this trend to continue. We are aware that there is increasing need for bespoke skills in working with people with learning disability and/or autism, for example.
7. There has been a consistent trend towards increases in the level of safeguarding concerns year-on-year since the Care Act. This has translated into annual increases in the number of Section 42 inquiries, except for during the height of the Covid-19 pandemic in 2020. As awareness and numbers of people needing care and support increases, we can expect this trend to continue. This highlights the importance of appropriate levels of training and support for the workforce in safeguarding.
8. Since 2015-16, the overall care and support provided in care homes has been declining and overall local authority expenditure has seen a greater proportion of care being delivered in the community. Successive policy statements and documents produced by the Association of Directors of Adult Social Services (ADASS) would suggest that while there may or may not be a continued decline in the use of care home beds, it is reasonable to assume that a greater proportion of future additional need and demand will be met in the community.
9. Surprisingly, despite encouragement from the Care Act for increased choice and control, there has been a decline in the use of direct payments. While this varies between working age and older adults, we might anticipate that it will continue to be an expectation of a significant number of recipients of care and support (and for those who do not have mental capacity – those representing their best interests). The principle of putting people in control of their care and support transcends all care and support arrangements. This needs a focus in training and development plans.
10. One area where there has been consistent feedback from people with lived experience, their unpaid carers and significant parts of the sector is the degree to which prevention needs strengthening. There are various levels, including preventing ill health, thereby delaying the need for care and support, and helping to maintain people's levels of independence as much as possible. The degree to which prevention is utilised in the coming years will partly depend on national and local policy developments and the use of resources. For our purposes, ensuring that the workforce has an understanding of the evidence and skills needed to work in a preventative way will be a requirement.