EMBARGOED UNTIL: 09.01 on Friday 13th May 2022



Waiting for Care and Support

May 2022

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Introduction

This is a summary of the ADASS survey carried out in April 2022, which combined a continuation of the monthly monitoring of people waiting for assessments, care and support or a direct payment to begin or a review of their care plan (which was committed until July 2022), together with a repeat of the survey measuring homecare hours delivered in a quarter. This was last reported in January 2022.

There were 94 responses to this survey, which is a 62% response rate. The results are extrapolated to represent figures for 152 local authorities for comparative purposes.

This summary report combines these latest results with data over the last year, including surveys in April (Spring Survey), July and November (Homecare), and November 2021, January and February 2022 (Assessments). Surveys of local authorities' use of contingency measures were reported in January and March of this year.

We are extremely grateful to Directors of Adult Social Services (DASSs) and their colleagues who have contributed responses to these surveys.

Key findings

- The number of hours of homecare delivered increased significantly in 2021/22.
- The number of hours of homecare that it has not been possible to deliver due to capacity has risen *very* significantly.
- The number of people waiting for an assessment, for care and support or direct payments to begin or for a review of their care plan is continuing to rise very significantly.

1. Homecare hours

Increase in the number of	Increase in the number of		
homecare hours that <u>have</u>	homecare hours <u>not</u>		
been delivered	possible to deliver		
16%	671%		
From Feb-Apr 2021 to Jan-	From Feb-Apr 2021 to Jan-		
Mar 2022	Mar 2022		

The number of homecare hours that have been delivered since the question was asked in the Spring Survey 2021 (for the quarter ending 30 April 2021) has increased significantly. The number of homecare hours delivered in the quarter to the end of March 2022 (with staff vacancies and sickness increasing) has levelled off since that reported in January 2022.

- From 1 February 30 April 2021, 34,635,217 homecare hours were delivered.
- From 1 January 31 March 2022, 40,288,271 homecare hours were delivered.
- This represents a 16% increase.

But there has been an even more significant increase in the number of hours that cannot be delivered due to insufficient workforce capacity being available:

- From 1 February 30 April 2021, 286,148 hours were not able to be delivered due to capacity.
- From 1 January 31 March 2022, 2,206,187 hours were not able to be delivered due to capacity.
- This represents a 671% increase.

That means people are not getting the essential care and support that they need, leading to increases in unmet and under met need. It is important to consider that eligibility levels for

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care and support mean that only people with higher levels of need (substantial and critical) can access state-funded care and support.

The increasing volume and complexity of need is far outstripping the capacity to meet it.

Homecare	· ·	•	1 May – 31 July 2021			•	1 January – 31 March 2022*
	2021	2021		2021	2021	Mar 2022	2022
Homecare hours delivered	34,635,217	4.0	36,028,857	14.9	41,395,909	-2.7	40,288,271
Homecare hours not delivered	286,148	103.1	581,282	164.4	1,536,993	43.5	2,206,187

^{*} NB during this period staff absences and vacancies were a factor due to Omicron

2. People waiting for assessments, care and support, direct payments, or reviews

Increase in the number of	Increase in the number of	Proportion of people who are		
people awaiting assessment,	people awaiting care and	awaiting an assessment and		
care or direct payment, or	support or a direct payment	have been waiting for six		
review	to begin	months or more		
28%	71%	26%		
From Nov 2021 to	From Nov 2021 to	On 28 February 2022		
Feb 2022	Feb 2022			

We saw in the last two surveys (January and March 2022) that 61% of DASSs are having to prioritise their assessment capacity to only people with life and limb safeguarding or at the point of hospital or reablement discharge. This means that people will be waiting without support and relying on unpaid/family carers (33% of respondents in the last two surveys reported that they were having to ask unpaid carers to take paid or unpaid leave from work as care wasn't available). Others will not be living a decent life and are likely to be deteriorating (becoming dehydrated or malnourished or falling for example). A proportion will need admission to hospital or will see their health and wellbeing deteriorate significantly.

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The table below shows estimated national figures, (extrapolated from the responses received) of the results of several surveys including the most recent. For the ADASS Home Care and Workforce Rapid Survey, published in November 2021, the question wording was changed to specifically include all types of assessments, such as DOLs and OT assessments. (Prior to that some respondents had included all categories, others not).

Assessment category reported	Homecare & Workforce Snap Survey (Sep 2021)	& Workforce Rapid Survey	% change (Nov 2021- Jan 2022)	Number on 31 Jan 2022 All types of assessments	% change (Jan-Feb 2022)	Number on 28 Feb 2022 All types of assessments
Awaiting assessment, care or direct payments, or reviews	294, 353	395,845	16.5	461,269	9.8	506,131
Awaiting assessment	70,000	204,241	6.5	217,557	12.9	245,537
Awaiting assessment for over 6 months	11,000	41,192	48.6	61,226	5.8	64,772
Awaiting care & support or direct payments to begin	20,629	25,468	7.6	27,406	58.7	43,503
Overdue 12+ months Care Act reviews	184,062	166,136	30.2	216,326	0.4	217,090
DASS Respondents	69	83		101		94

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Links to full reports

Links to full reports:

ADASS Winter Contingencies Survey, Association of Directors of Adult Social Services, January 2022.

ADASS Home Care & Workforce Rapid Survey, Association of Directors of Adult Social Services, November 2021

Social Care Winter Contingencies and Waiting Surveys March 2022

About us

The Association of Directors of Adults Social Services is a charity. Our members are current and former directors of adult care or social services and their senior staff. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time;
- Furthering the interests of those who need social care services regardless of their backgrounds and status; and
- Promoting high standards of social care services.



ADASS is the Association of Directors of Adult Social Services in England.

We are a charity, a leading and independent voice of adult social care. For all enquiries, please contact: mediaenquiries@adass.org.uk

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