

ADASS Autumn Survey 2025

124 responses (81%) response rate

Financial context

Overspends

£623mn projected overspend
in 2025/26

2024/25:£564mn 2023/24 = £586mn

3% average overspend

In year savings 2025/26

- **28%** of councils have been asked to make additional in year savings. This is down from 35% last year and 29% in 2023/24
- **£121mn** total of in year savings. Compared to £156mn estimated in year savings for 2024/25

Modelled savings 2026/27



75% of respondents answered the question about 2026/27 savings

£869mn – Extrapolated estimates totals savings for 2026/27, a reduction on previous years

3.8% – Modelled savings as a % of ASC budgets

Market Sustainability

Providers

61% of Directors said that providers had either closed, ceased trading or handed back contracts since 1 April 2025, compared to 65% in our Spring Survey 2024 and 66% in 2023

51% said providers had ceased trading or closed, **34%** said providers had handed back contracts

4,254 people impacted

Care and health

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To what extent do you feel you and/or your council has been able to influence decisions and activities within your ICS structure in the last 12 months?

2025

Significant influence	Some influence	Very little influence	No influence
10%	55%	28%	6%

Over a third of councils say they have very little or no influence over ICS structures up from a fifth when we asked the same question in 2024.

Delegated healthcare activities

- **25%** of councils have an agreement with health partners on delegated healthcare activities
- **26%** have an agreement in development.
- **49%** of councils have no agreement in place.

Of those who had an agreement:

- **70%** said it covers training (15% unsure)
- **78%** said it covers competency assessments (15% unsure)
- **64%** said it covered against ASC incurring unfunded costs, **32%** said it didn't.

Topical questions

Preparing for adulthood

Change in the number of 18–24 years olds supported by adult social care from 2024 to 2025

Price p/w	2024	2025	% change
Less than £999	23,318	24,184	4%
£1,000 – £2,999	6,061	6,382	5%
£3,000 – £4,999	1,452	1,624	12%
£5,000–£6,999	752	784	4%
More than £7,000	547	712	30%
Total	31,583	33,686	7%

Recommendations

Preparing for Adulthood

Aligning and updating guidance: A cross-government approach to align statutory guidance and policy across DHSC, DFE and MHCLG is essential. The Care Act Statutory Guidance needs to be updated to ensure it supports identification and early work with those in the 14–25 age group who are at risk of not making successful progression to adulthood.

Government to work with key stakeholders and people with lived experience to coproduce a national set of standards that outlines clear roles and responsibilities across education, health and social care regarding transitions to adulthood.

Coordinated data systems: Government to work with the sector to develop data to be collected and stored in ways that better allow forward planning and anticipation of future need across children's and adult social care.

Supporting the Workforce

- Government to provide £300mn for winter 2025/26 to enable local government to undertake actions, such as bringing National Living Wage increases forward, to improve recruitment and retention in the short-term. The Fair Pay Agreement will not be implemented until 2028, and the Government will imminently be ending international recruitment of care workers. Government should act now to prevent vacancy rates rising again in the interim.
- Government should commit to meeting in full the costs of the Fair Pay Agreement and its introduction, as well as other cost pressures introduced by the Employment Rights Bill, separately from existing adult social care funding stream.

Delegated Healthcare Activities:

- Health partners need to commit resource to ensure delegated activities can be commissioned on a planned and safe basis. The delegating NHS trust needs to support investment into the necessary infrastructure, including doing the relevant training, signing off competency and continuous review of a worker's practice.
- Ensure that care workers undertaking complex delegated healthcare activities are appropriately remunerated.
- Ensure that activities of daily living currently undertaken by a community trust as part of NHS care do not get re-badged and become a means-tested service for the residents