Think Ahead's Submission to the Independent Commission on Adult Social Care

Can you give up to three examples of things that work well or new ideas you have seen in adult social care?

Example 1

Adult social care works best when clinical interventions are paired with social approaches. People's wellbeing depends not only on immediate care needs but also on wider social conditions, housing, income, employment, social connections, and access to community resources. When these factors are overlooked, individuals face repeated crises, escalating needs, and gaps in support.

The need to tackle the underlying social determinants of health are clear:

- **82%** of people experiencing homelessness have a mental health diagnosis.
- **Almost three-quarters** of adults starting treatment for substance misuse also need mental health support.
- **Nearly half** of those struggling with problem debt live with a mental health issue.

When a social approach is embedded into care it supports people to stabilise practical aspects of life, build connections, and navigate complex systems, reducing the need for repeated interventions and improving outcomes across physical, mental, and social wellbeing.

Mental health social workers exemplify this approach. Combining legal expertise, relational skills, and an understanding of lived experience, they address both immediate and underlying needs. By coordinating care around the person rather than services, they intervene early, prevent crises, and support adults in ways that reflect real-life challenges.

One member of our lived experience partnership shared how, after losing their job and facing eviction, their mental health social worker secured new housing and negotiated extra time with their landlord to collect belongings and recover their deposit. Without that support, they believe they would have fallen into crisis. When asked to describe the experience in one word, they said: "enabling."

Example 2

Think Ahead is a national programme that has helped position mental health social work as an ambitious and impactful career choice for people who want to transform mental health services through social approaches. Since its inception, 1,200 mental

health social workers have been trained through the programme. Its core contribution has been to attract a wide range of people into the profession through a clear, structured and fully funded route, opening doors for those who may not otherwise have been able to enter social work training.

The programme combines paid frontline experience with academic study, enabling participants to qualify as social workers within a year and progress to a full master's degree in their second year. This approach has led to consistently diverse cohorts, including strong representation from Black, Asian and ethnically diverse communities, LGBTQ+ participants, disabled trainees, men, and those who were the first in their family to attend university. Additionally, in 2025, 28% of our trainees were eligible for free school meals during their school years– this is a notable increase from 17% when the programme began -demonstrating increasing reach into underrepresented groups.

Our digital recruitment platform and narrative-driven outreach have further supported inclusion by presenting mental health social work as a meaningful, socially impactful career that combines relational practice with social justice. This has attracted highly motivated applicants who want to be part of a profession that addresses inequality through a social approach.

Example 3

Section 75 agreements create a formal mechanism for the NHS and local authorities to work as a single system, joining functions, pooling budgets, and delivering integrated mental health services. By enabling staff, resources and responsibilities to sit within shared structures, Section 75s remove long-standing organisational barriers and allow teams to work seamlessly around the person rather than organisational boundaries.

This model strengthens integration in several ways. Shared governance and pooled funding make it easier to plan services collectively and avoid duplication. Co-located, multi-agency teams benefit from unified leadership, shared information, and aligned priorities, which supports faster decision-making and reduces the hand-offs that often cause delays or gaps in care. People experience more coordinated support, with assessment, risk management, and care planning carried out collaboratively rather than in parallel.

The recent Health Services Safety Investigation Body (HSSIB) report on out-of-area placements highlighted the impact of Section 75 arrangements on system performance and safety. The report found that where Section 75s were in place, organisations demonstrated greater efficiency, clearer communication, and stronger collaborative working, all of which contributed to better oversight of placements and more consistent care pathways. These integrated arrangements also helped reduce unnecessary out-of-area placements by allowing teams to respond jointly and earlier to changes in need.

By enabling health and social care to function as one coordinated service, Section 75 partnerships embody the integration agenda and create more responsive, effective, and person-centred mental health support.

Can you give up to three examples of things that don't work well in adult social care?

Example 1

In practice, many Section 75 arrangements are limited, inconsistently applied, or have been revoked due to operational or financial pressures. Where agreements are weak, responsibilities between organisations are unclear, resulting in delays, repeated assessments, and fragmented care. Staff in adult social care may have to navigate multiple reporting lines or coordinate with organisations that operate under different priorities, which reduces efficiency and distracts from direct support.

The removal of these arrangements impedes holistic, person-centred approaches, limiting support that addresses social determinants such as housing, finances, or community connection. These breakdowns illustrate the consequences of inconsistent partnership working, highlighting the need for sustainable agreements that enable coordinated and effective adult social care.

To address these issues, authorities could re-establish Section 75 agreements with clear governance, joint accountability, and aligned priorities, ensuring staff have the right expertise and resources. Stronger oversight, regular review of joint budgets, and investment in integrated working systems would improve efficiency, enhance workforce morale, and provide adults with more responsive, person-centred social care.

Example 2

Adult social care services often operate under short-term, single-year funding cycles, which limits the ability to plan, invest in staff, or develop preventative services. Councils may struggle to maintain stable care packages, workforce continuity, or community-based support that addresses underlying social needs, such as housing, social isolation, or access to transport and day services.

Short-term funding also undermines long-term commissioning, making it difficult to establish sustainable contracts with care providers. Services are frequently reactive, focusing on urgent cases rather than preventing escalation or supporting people to maintain independence. This can result in duplicated effort, inefficient allocation of resources, and reliance on temporary staff, which increases costs.

In addition, workforce planning is hindered when funding is uncertain. Recruitment, retention, and training of permanent staff are more challenging, reducing consistency and quality of care.

Providing multi-year funding settlements would enable councils to plan strategically, invest in preventative programmes, and stabilise the workforce, improving efficiency and outcomes across adult social care. Longer-term funding allows services to focus on supporting independence and wellbeing, rather than managing short-term crises.

Example 3

Adult social care relies on staff across multiple sectors, including local authorities, the NHS, and voluntary or independent providers, to deliver consistent and coordinated support. However, workforce planning is often fragmented across these sectors, with separate strategies, recruitment drives, and training programmes. There is no overarching plan that aligns staffing levels, skills, or professional development across the entire system, despite service users experiencing care that crosses organisational boundaries.

This fragmentation creates inefficiencies and gaps in service delivery. Adults requiring care often need support from multiple providers but inconsistent workforce capacity and coordination can result in delayed interventions, duplicated assessments, or fragmented care. The lack of a unified workforce plan also hinders strategic recruitment and retention, with organisations competing for the same staff rather than working collaboratively to address shortages or skill gaps.

Developing a cohesive workforce plan which gives parity to mental health social work alongside other professions across NHS, local authorities, and the independent sector, would improve coordination, enable strategic allocation of staff, and support the development of consistent training and career pathways. Integrated workforce planning would reduce duplication, improve efficiency, and ensure adults receive reliable, person-centred care, regardless of which sector provides it.

Can you give up to three examples of things that waste time, money, or effort in adult social care?

Example 1

Adult social care services rely on accurate, timely information to support people effectively. However, different IT systems across local authorities, NHS providers, and care agencies often prevent seamless sharing of information. Case records, assessments, and care plans may need to be uploaded to multiple systems, creating duplication of effort and delays in communication. Staff spend significant time transferring information or chasing colleagues for updates rather than providing direct support to adults.

The administrative burden is compounded by outdated or incompatible technology. Slow systems, poor internet connectivity, or manual paperwork reduce efficiency and increase the risk of errors. These inefficiencies waste both staff time and financial resources, while also negatively affecting the quality and consistency of care.

Investing in modern, integrated IT systems would reduce duplication, allow real-time information sharing, and free staff to focus on care delivery. Standardised data formats, shared platforms, and digital tools designed for care coordination would streamline administrative tasks, improve oversight, and reduce the costs associated with duplicated effort and errors.

Example 2

Adult social care often overlooks the social factors that shape wellbeing-housing, income, employment, social connections, and access to community support. When services focus narrowly on individual needs without addressing these wider circumstances, people are left to navigate multiple organisations themselves. This creates duplication, wastes resources, and places the burden on individuals to coordinate care.

Without a social approach, people fall through the gaps. Someone leaving hospital may have care arranged but still face housing instability, debt, or isolation. Without coordinated support, these issues escalate, leading to repeated crises, avoidable hospital readmissions, and higher costs. Each separate referral or assessment consumes time and money yet often fails to tackle root causes.

One member of our lived experience partnership described the siloed nature of addiction and mental health services. After a lapse, they tried to re-engage with mental health support but were told: *"We're only for people with certain mental health problems, not for people who have addiction."* They reflected: *"There is a dichotomy."* Services treat mental health and addiction as separate, rather than parts of a complex whole.

A social approach would integrate health, care, housing, and social support in one plan, reducing duplication, improving coordination, and preventing crises. Adults would experience care that responds to real-life circumstances, not fragmented systems. Failing to adopt this approach wastes time, money, and effort, as services repeatedly react to problems that could be prevented through holistic, person-centred support.

Example 3

High turnover and staffing shortages lead to reliance on temporary or agency staff. This increases costs, disrupts continuity of care, and burdens management with repeated recruitment. In adult social care, agency use has risen sharply, with some reports showing a 25% year-on-year increase. Skills for Care estimated that it costs up to £3,600 to recruit a replacement care worker in the health and social care sector. And this cost doesn't take into account the cost of onboarding and training practitioners once they are recruited.

This is particularly concerning in light of the recent decision by the Department of Health and Social Care to not run the Think Ahead programme beyond the current

cohort. Until now Think Ahead has brought up to 160 mental health social workers into services each year. Without this stream, there is no alternative mechanism to meet workforce need. Our partners have expressed serious concerns about how they will maintain and grow their mental health social work workforce in the future.

We must also prioritise the well-being of practitioners. Mental health professionals bring exceptional skill, compassion and commitment to their work. However, practitioners are managing unacceptably high caseloads and working in increasingly pressured environments, relying on personal goodwill to keep services afloat. This is not sustainable and undermines the quality and continuity of care for people with mental health problems. Reducing caseloads, investing in high-quality training and ongoing professional development, and creating clear progression pathways would improve retention, strengthen practice, and ensure adults receive consistent, high-quality support.