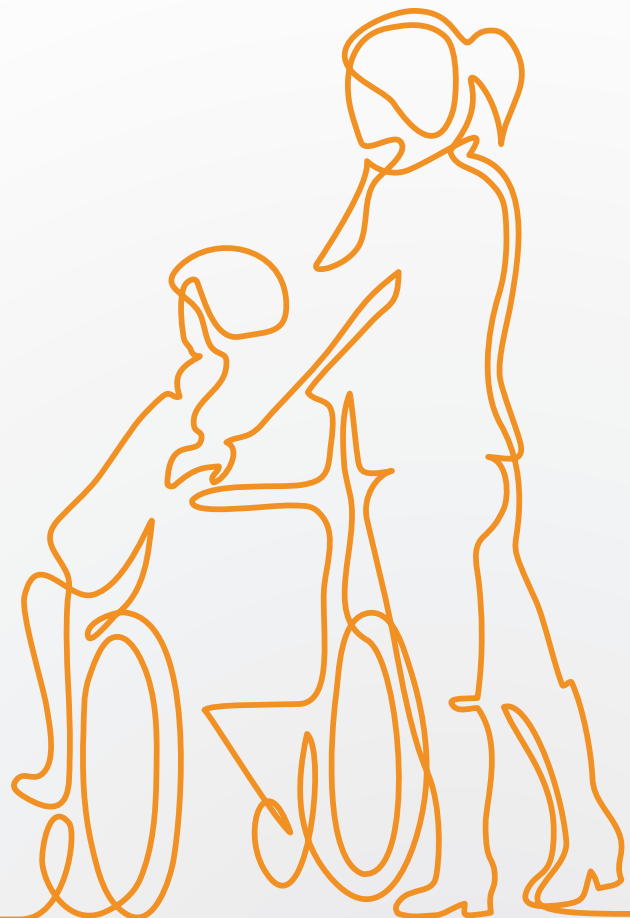


A sustainable adult social care and support system for the long term

Moving the conversation on



This paper is the very start of our campaign ahead of the Spending Review.

We have published a series of papers, commissioned by LGA boards, which start the new thinking around building the case for long term, sustained investment in local government as well as laying out the positive outcomes this would deliver for the country:

- local government funding
- housing, planning and homelessness
- improving schools
- Brexit
- the future of non-metropolitan England
- a sustainable adult social care and support system for the long term.

Over the coming months, we will be seeking your thoughts and evidence to further strengthen the rallying call to Government.

Find out more at www.local.gov.uk/moving-the-conversation-on

Ahead of the green paper on the future of adult social care, we have published a series of think pieces where sector experts address issues at the heart of the debate to help define what a system fit for future generations might look like.

In this publication we give the LGA perspective on the issues but to read the full collection of expert views, including all the contributions referenced here, visit www.local.gov.uk/future-of-asc

These will be used to help shape the LGA's own social care green paper available later this summer.

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This paper is a collection of publications which were correct at the time they were published.

How can we define what a system fit for future generations might look like?

Why does adult social care matter?

Visit www.local.gov.uk/future-of-asc to read think pieces from

Lyn Romeo, Chief Social Worker for Adults

Kate Kennally, Chief Executive,
Cornwall Council

Caroline Abrahams, Charity Director,
Age UK

Dr Rhidian Hughes, Chief Executive,
Voluntary Organisations Disability Group
and Chair, Care Provider Alliance

Martin Routledge, Convenor,
#socialcarefuture

Ipsos MORI's latest Issues Index from March 2018¹ shows that Brexit leads the public's list of the single biggest issues facing the country (selected by 32 per cent of those polled). The NHS, hospitals and healthcare comes second (14 per cent).

With less than a year to go until the United Kingdom leaves the European Union, it is perhaps unsurprising that Brexit tops the charts. Equally, given the much-publicised pressures that faced the NHS over the recent and challenging winter period, allied to the fact that our health service **tops the list of things that 'make us proud to be British'**², it is not unexpected to see the NHS poll so highly.

What is surprising – and concerning – is that only 2 per cent of the public believe that 'ageing population/social care for the elderly' is the most important issue facing the country. Surprising given the growing media coverage of the agenda since its prominence in the last year's General Election and subsequent political fora. Concerning because it suggests that, as a nation, we are not alert to the reality before us. As many commentators have observed, the provision of adult social care and support is now a major public service challenge given the increasingly difficult task of squaring rising demand with reducing resources.

In 2016, that task prompted the sector's regulator, the Care Quality Commission, to speak of adult social care 'approaching a tipping point'.³ Today, others might argue we have already tipped, or have at least moved much closer to the edge. Whatever our precise location on the scales, one thing is clear: the long term future of adult social care is far from secure.

¹ Issues Index, Ipsos MORI, 2018

² Six in ten prefer to be British than of any country on earth, Ipsos MORI, 2016

³ State of Care 2016/17, Care Quality Commission, 2016

That is why the Government's delayed, but much-anticipated, green paper on care and support is so vitally important; it is a chance to build a system that is fit for future generations.

We have been here before, of course. In the last 20 years there have been several green and white papers, commissions and independent inquiries considering the future of adult social care. The experience has taught us that consensus can be achieved with relative ease when it comes to defining the problem and articulating a vision for the future. What has proved far less easy, ultimately to the point of progress being derailed, is consensus on the key question of how, as a society, we should pay for adult social care and support.

Upon its publication, this could well be the section of the green paper that most people turn to first. Whether or not the answer to this question will lead to this latest green paper suffering the fate of its predecessors and ending up in the long-grass remains to be seen. The LGA will be doing all it can to ensure it does not. As part of our efforts, we are publishing a series of think piece reports that address some of the key questions that cut to the heart of the debate about the future of adult social care and support.

This first section starts from first principles and asks the question: why does adult social care matter? It seems a simple question to answer and in one sense it is: it's about improving people's lives. But delve a little deeper and you uncover a series of different answers that point to social care's importance to our communities, our economy and our very values as a country. Indeed, as the Secretary of State for Health and Social Care said recently: "How we care for our most vulnerable citizens is the true litmus test of whether we are a civilised society".⁴ By his

own admission, "we need to do better". I do not disagree with him.

The prominent colleagues who have contributed their views have not only offered a powerful and persuasive answer to the question at hand, but they have also helped define what "better" should be. As you read through them, and the LGA's headline position, I hope the content motivates you for the weeks and months ahead as we collectively work to secure the future of adult social care and support.

There is no doubt that work will be made easier if the public is behind us; not just those with an immediate stake in the service, but all parts of the public, including young people. That is why the LGA is planning a campaign to engage young people on the future of adult social care and I can think of no better starting point in helping to raise awareness than in setting out clearly and powerfully why adult social care matters. I therefore encourage you to share and promote this publication widely as part of our joint efforts to promote the real value of care and support.

Councillor Izzi Seccombe OBE

Chairman, LGA Community Wellbeing Board

⁴ 'We need to do better on social care', Department of Health and Social Care, 2018

The LGA perspective

The individual

In our 2017 State of the Nation report on adult social care funding⁵, we included a series of case studies that described what life is like for people who use, or have recently used, care and support services. Among those was Geoff, a carer to his wife who lives with multiple sclerosis. “The role of social care in our lives has been vital and transformative” he said, before going on to explain that care and support enabled him to stay in work, volunteer in the community, fulfil his duties as Mayor of St Helens, and continue providing care to his wife so she did not have to enter a care home.

“Without social care both of us would not have been able to lead such full lives.”

In just a few short lines, Geoff powerfully conveys that adult social care matters because it supports people to live the life they want to live. This links clearly to Lyn Romeo’s perspective – that social care is about protecting people’s rights so that people with care and support needs can live “with as much opportunity, independence and control as people without such needs.” In this way the service itself is, as the Association of Directors of Adult Social Services (ADASS) describe it, ‘distinctive, valued, personal’.⁶

The legislation

This central value, a “daily essential” as Caroline Abrahams articulates it, is framed in legal terms by the 2014 Care Act. This is a landmark piece of legislation somewhat rare for its genuine coproduction between government, politicians and all those with an interest in the system. Underpinning the Act, in Section 1, is the general duty on councils to promote an individual’s wellbeing. Wellbeing is drawn deliberately broadly and encompasses: dignity; physical, mental and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training and recreation; social and economic wellbeing; domestic, personal and family relationships; suitability of living accommodation, and; the individual’s contribution to society.

In short, the legislation takes as its starting point the identification of different dimensions of ‘wellbeing’ to ensure care and support is truly “vital and transformative” to Geoff and the many others who receive care and support. And of course, this fundamental principle applies to adults of all ages and their carers – social care is not just about older people, as is too often portrayed in the media.

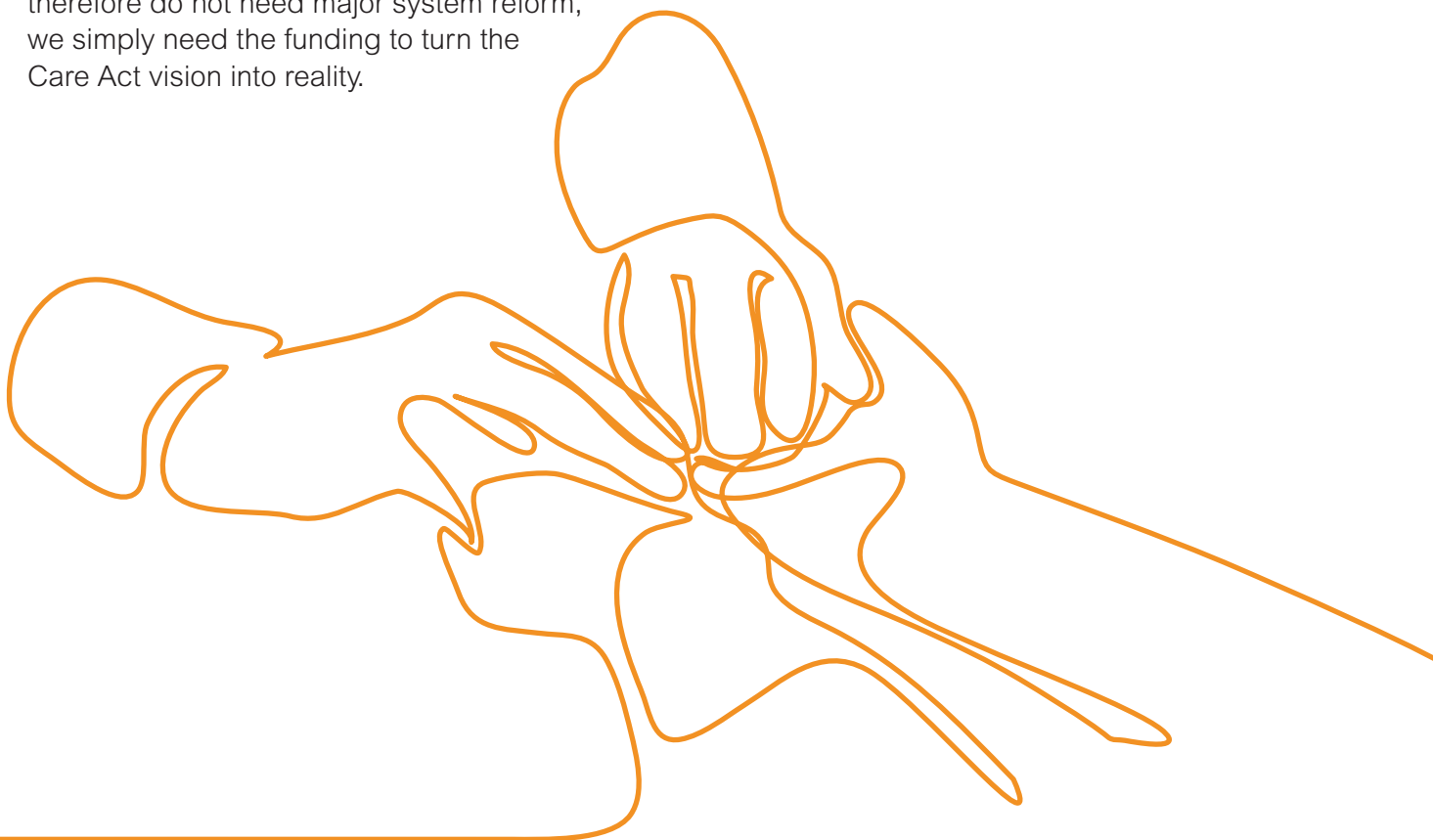
⁵ Adult social care funding: State of the Nation 2017, LGA, 2017

⁶ Distinctive, valued, personal; Why social care matters: the next five years, ADASS, 2015

More broadly, the Care Act sets out a range of other duties that together provide further evidence of why adult social care matters. For instance, it helps prevent or delay the onset of care and support needs, it promotes integration with health and housing, it helps secure a diverse market of providers delivering quality services, it keeps people safe and it personalises care and support so that the focus is on the individual, not the system. Therefore, adult social care matters because the support it offers, in every sense, is geared to the totality of each individual receiving it. For this reason, the letter and spirit of the Care Act matters enormously too and its implementation must be pursued with vigour and determination. We therefore do not need major system reform, we simply need the funding to turn the Care Act vision into reality.

The community

As Kate Kennally sets out in her piece, social workers play a vital role in connecting social care to other local government services and the services of partners. In this way the individual with care and support needs benefits from the full range of support that exists within their community, not just that which exists within the purview of their local council. This is true not just for people assessed with eligible needs. Adult social care works closely with public health, community health, primary care, and housing to name but a few of the services that help address the wider determinants of health.



Therefore, adult social care matters because it is a vital piece of the puzzle that is needed to hold our communities together. In this sense, it is part of on-going efforts to build communities that Rhidian Hughes notes must be "resilient and sustainable". As Martin Routledge suggests, social care in this context needs to start with what matters to individuals and then build on that through the support available from the full spectrum of services and agencies in a given community.

The NHS

As described above, social care matters because it links to a wide range of other services that can support people's wellbeing. Within that range, the relationship with the NHS is particularly important not least because, as a recent Public Accounts Committee report notes, 'the NHS is still very much in survival mode, with budgets unable to keep pace with demand'.⁷ This is a situation that adult social care is all too familiar with, albeit without the ability the NHS has to run a deficit budget.

Nevertheless, adult social care continues to help mitigate demand pressures on the NHS. Figures published in April 2018 show that, since July 2017, delayed transfers of care attributable to social care have reduced by 27 per cent (compared to a reduction of 8.5 per cent for delays attributable to the NHS).⁸ But of course,

social care is not simply about support at the 'back door'; councils work closely with the NHS to improve self-management of conditions, prevention, community support and information and advice, which are all services that stop people presenting at the 'front door' in the first place.

In the year that the NHS celebrates its 70th birthday, it is important to remember that social care will also reach the fiftieth anniversary of the Seebohm Report⁹, which paved the way for the modern adult social services departments we know today. Throughout this period, but particularly in the last decade or so, we have seen that adult social care matters because it is central to the fortunes of our health system.

The scale of the operation

The scale of adult social care is significant. As ADASS has noted¹⁰, nearly one fifth of the adult population in England will have some contact with the service, be that as part of its workforce, as a user of its services or as one of the 5.5 million informal carers in England.

As Skills for Care's 2017 report on the state of the workforce indicates¹¹, adult social care comprises more than 20,000 organisations, more than 40,000 care providing locations and a workforce of more than 1.5 million jobs. Skills for Care estimate that the sector contributes nearly £42 billion annually to the English economy.

⁷ Sustainability and transformation in the NHS, House of Commons Committee of Public Accounts, 2018

⁸ 'LGA responds to latest delayed transfers of care figures', LGA, 2018

⁹ The Seebohm Report, 1967

¹⁰ Distinctive, valued, personal; Why social care matters: the next five years, ADASS, 2015

¹¹ The state of the adult social care sector and workforce in England, Skills for Care, 2017

The Carers Trust estimate that the economic value of the contribution made by informal carers in the UK is £132 billion a year.¹² Speaking in the LGA's First magazine, Helena Herklots, Chief Executive of Carers UK, notes that the cost of people leaving work to provide informal care is estimated at £1.3 billion a year.¹³

Therefore, adult social care matters because its scale and reach provide essential economic value to the country. This is further underlined by the focus on the 'ageing grand challenge' as part of the Government's industrial strategy, which seeks to harness the value of new demands linked to ageing on, for instance, technology, innovation and new housing models.



**Adult social care matters
because it is central to the
fortunes of our health system**

¹² Valuing Carers 2015 – the rising value of carers' support, Carers UK, 2015

¹³ Issue 622 of First, LGA, 2018

Adult social care – a national or a local service?

Visit www.local.gov.uk/future-of-asc
to read think pieces from

Glen Garrod, President, Association of
Directors of Adult Social Services

Councillor Colin Noble, Health and Social
Care Spokesman, County Councils Network

Councillor Chris Saint, Lead Member on
enhancing quality of life, District Councils'
Network

Duncan Selbie, Chief Executive,
Public Health England

Jon Rouse, Chief Officer, Greater Manchester
Health and Social Care Partnership

Open any newspaper or tune in to any broadcast media and chances are, if the focus is on public services, you will come across a reference to the 'postcode lottery'. It is an emotive term and one that tends to be used negatively to underline a perceived sense of unacceptable variation.

But is variation in and of itself necessarily a bad thing? Clearly radically different experiences of, or access to, services based solely on where you live rather than on what you need and want is something we should root out. But as someone who has been in local government since 2001, I would argue that the ease with which we can sometimes bemoan a sense of postcode lottery prevents a full appreciation of the real virtues of postcode choice. Viewed this way, variation is a positive, reflecting the vast differences between different places, and each council's interpretation of their 'place shaping' role and the way in which they use more than 800 local services to build communities that are inclusive, cohesive and promote the life chances of everyone within them. Councils' bespoke solutions to local challenges also allow greater space for innovation and improvement to flourish, which is harder to achieve with national-level services. Local investment decisions help change the way things are done on the ground, creating services and partnerships – particularly with the voluntary sector – that benefit our communities. It is no coincidence that many national programmes start from best practice from within local government.

The difference between postcode lottery and postcode choice is not always an easy distinction to sell. For instance, Sir Michael Lyons' seminal 2007 inquiry into local government found that 57 per cent of people objected to the idea of local levels of service not being the same

in different areas of the country.¹⁴ Those of us in local government know from experience that such objections can quickly fuel concerns about ‘unfairness’ which, particularly when amplified by the media, set national government cogs in motion towards national or minimum standards. One needs only to look at what has happened on delayed transfers of care over the last year as evidence of that. But at the other end of the machine are the cogs that turn towards local choice. For instance, research for the Lyons’ inquiry also showed that people ‘want the ability to influence the shape and delivery of services and take decisions locally’.¹⁵ And we know that people trust local government and local politicians to help make those decisions.¹⁶

In short, **there is – as there has always been and no doubt always will be – a balance to be struck between national and local.** For adult social care, this balance is felt particularly keenly for a number of reasons. First, and as our previous think piece showed, adult social care matters. It is not a ‘nice to have’ but a vital service that supports people to live the life they want. Second, its fortunes and those of the NHS are inextricably linked and brought into sharper relief through the debate about the future of integration between care and health. And third, thanks to the combined efforts of the care and support sector, those using services and the national media, adult social care’s profile is growing.

The stakes could therefore not be higher. But with that being the case, might the Government be more inclined, or at least tempted, to use its forthcoming care and support green paper to reframe social care as more of a national service like the NHS? Only time will tell. In this period ahead of the green paper it is essential that the sector tells its story about the importance of ‘local’ – both in terms of where we are now, and where we need to be in the future.

The colleagues who have contributed their thoughts to this section each have a distinct and different vantage point from which to observe adult social care but they are united around the core idea that responding to the needs of local people requires a response that is local, too.

Local government’s adult social care sector is a pragmatic one which has a long history of working effectively with national government and other national partners to improve services for the people we all serve. In this way, councils carry out their functions within numerous national parameters. The best of these – the Care Act being a fine example – are genuinely coproduced with councils as an equal partner, not an afterthought in an engagement process. It is essential that Government approaches its forthcoming green paper in line with this tradition, acknowledging – and making ample space for – the unique contribution that only local councils can make.

Councillor Izzi Seccombe OBE

Chairman, LGA Community Wellbeing Board

¹⁴ The Balance of Power: Central and Local Government, House of Commons Communities and Local Government Committee, 2009

¹⁵ Lyons Inquiry into Local Government, Sir Michael Lyons, 2007

¹⁶ Polling on resident satisfaction, LGA, 2018

The LGA perspective

Sending the right message from the centre

The addition of 'and Social Care' to the Department of Health's title is important recognition that adult social care is vital to supporting people's health and wellbeing. Whether it points to a more meaningful shift in the Government's core messaging around social care remains to be seen, although recent experience does not give cause for immediate hope.

In presentational terms take, for instance, the department's previous version of its single departmental plan from December 2017. This included no mention of 'adult social care' as a stand-alone objective and the service was instead captured mostly under the objective of transforming 'out of hospital care'. An isolated observation such as this is not a cause for concern. But the accumulation of similar presentational issues adds up, creating a clear – and unhelpful – sense that national, rather than local inputs are key to supporting wellbeing. And of course, there are practical concerns as well, the treatment of the £2 billion for adult social care announced in the 2017 Spring Budget being a case in point.

Described in the Budget book as, 'additional funding for social care to councils...to help ensure people receive the social care support they need and to reduce pressure on the NHS'¹⁷ this £2 billion has become a central part of the Government's response to continued questions about the sustainability of the sector in the short-term with its focus on three priorities: meeting social care needs, reducing pressure on the NHS, including supporting people to be discharged from hospital when they are ready, and ensuring that the provider market is supported.

However, just four months after the Budget, the second of these priorities came clearly to the fore with an announcement that councils would be expected to reduce social care attributable delayed transfers of care (DTC). This is a joint target with the NHS, with each side bearing 50 per cent of the responsibility despite the split of NHS and social care attributable DTC being far from 50-50. Furthermore, it was announced that areas faced the possibility of a review of their allocation of the £2 billion in 2018/19 if they performed poorly against the target.

It is difficult not to read into this that the Government sees social care as a local service which should prioritise its ability to help reduced demand pressures on the NHS nationally. And it is no exaggeration to say that the increasing national influence and narrowing of focus

¹⁷ Autumn Budget, HM Treasury and The Rt Hon Philip Hammond, 2017

The idea that a more national system would help eradicate unwanted local variation is flawed

associated with this money – despite social care comfortably outperforming the NHS on DTOC reductions since targets were set in July – has undermined local leadership of integration in many areas.

With the above in mind, and looking ahead to the green paper, Government must send a clear message about the importance of adult social care in its own right and embed greater parity between the contribution of 'local' and 'national' in supporting people's wellbeing. Only in this way can we help secure the right 'blend' of national and local, as Glen Garrod advocates.

Democratic accountability

One way in which the Government could help secure a healthier balance between 'national and local' is through sustainability and transformation partnerships (STPs). The LGA supports the intentions of STPs to develop place-based partnerships to implement plans to improve health and wellbeing outcomes, improve quality and safety and ensure the financial sustainability of local health and care systems.

However, in practice STPs have been dominated by the financial challenges faced by the acute health sector. In most areas there has been little attempt to engage councillors in a meaningful way in the development of STPs

and, as a consequence, most councillors have little confidence that STPs will achieve their objectives.

This matters because councillors – be they leader, lead member or backbench member – have a key role to play in embedding democratic accountability into health and social care, as Councillor Colin Noble notes. Lead members of adult services are particularly important pillars of the health and social care community. They ensure their councillor colleagues understand the scope and importance of the wellbeing agenda and through their regular cabinet meetings and health and wellbeing board meetings help ensure that all relevant council services link in to the wellbeing process. Similarly, their discussions with frontline councillor colleagues ensures that awareness of the wellbeing debate is raised amongst residents. This helps further embed local democracy and a local understanding of how decisions on adult care services are made.

This is important because, as recent LGA polling on resident satisfaction shows, councils are the most trusted form of government to make local decisions about services in a local area, selected by 71 per cent of respondents.¹⁸ Just 15 per cent of respondents selected national government. And again, in terms of individual politicians, local councillors were selected by 69 per cent of respondents as individuals most

¹⁸ Polling on resident satisfaction, LGA, December 2017

trusted to make decisions about local services. By comparison, 13 per cent of respondents selected Members of Parliament, and just 7 per cent selected Government Ministers. This further underlines the point that the local dimension of social care matters because it provides clear democratic accountability that strengthens the ties between those requiring care and support and the council – and its many local partners – that ensure the availability of quality services to meet needs.

Managing resources

Nobody should underestimate the challenging work that councils have done since 2010 to manage major reductions to their core funding from Government. The LGA estimates that reduction will total £16 billion between 2010 and 2020.¹⁹ That a number of key measures in the LGA's polling on resident satisfaction have stayed broadly constant or improved since 2012 when the polling began is testament to councils' work (for instance 'satisfaction with the local area' and 'trust in council').

During this time, councils have sought to prioritise and protect adult social care. The ADASS budget survey shows that adult social care accounts for a growing total of councils' total budgets, increasing from 35.6 per cent in 2016/17 to 36.9 per cent in 2017/18 and to 37.8 per cent in 2018/19.²⁰ However, given this proportion, it has been impossible for adult social care to be immune from having to make its own significant contribution to councils' overall

savings. For this reason, savings and service reductions have been a key factor in managing a £6 billion funding gap that adult social care has faced since 2010. But again, some key performance measures have been maintained or have improved, such as: the proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation; overall satisfaction of people who use services; and the proportion of people who use services who feel safe.

The financial environment councils have had to operate in contrasts markedly to that experienced by the NHS. While local government will have managed reductions to its core funding of £16 billion between 2010 and 2020, we estimate that NHS spending will have increased by just over £20 billion over the same period, from £95.2 billion in 2010/11 to £114.8 billion in 2019/20.²¹ Funding for health has increased at the same time as providers continue to report significant deficits. Latest performance information from NHS Improvement shows that providers forecast an aggregate full year deficit of £623 million, which is £127 million worse than planned.²²

Trying to compare approaches to budget management between health and social care is difficult given the operational differences between each side. For example, trusts can set deficit budgets whereas local authorities are required by law to set a balanced budget. But without question, councils have proved more than capable of making tough decisions, innovating, and driving efficiencies, far beyond the experience of most parts of the health service.

¹⁹ Budget submission, LGA, 2017

²⁰ ADASS budget survey, ADASS, 2017

²¹ Adult social care funding: State of the Nation 2017, LGA, 2017

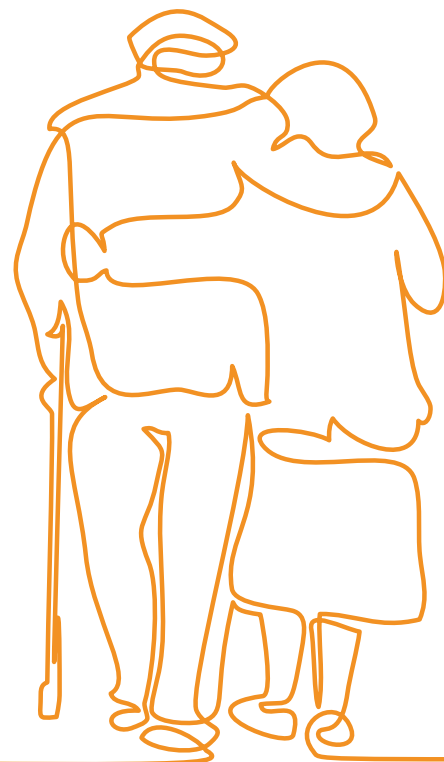
²² Performance of the NHS provider sector, NHS Improvement, month ended 30 September 2017

Locally tailored care and support

Council areas are unique with no two the same, even at a regional or sub-regional level. Some big cities may have high levels of deprivation and a high number of residents with chronic long term conditions, whilst other more rural areas may be relatively prosperous but have a high number of retired people. In some parts of the country, services relevant to the adult social care agenda are provided by both county councils and district councils. Freedom and discretion to make local decisions on adult social care is therefore crucial.

The local knowledge at the heart of such decision-making is key to the delivery of adult social care, with its emphasis on achieving outcomes for individuals, their families and communities. This is a critical point because as we continue pursuing a more personalised approach to care and support, it is likely that the local offer may become more bespoke, and will cross the boundaries of care, health, public health, housing and a range of other local services. This local offer of bespoke services developing within and between agencies will also include the delicate balance of people's own resources, community support and the invaluable input of informal carers. An interlinked care and support system spanning the public, private and independent sectors and geared towards prevention, wellbeing, and choice and control cannot operate successfully if disturbed by attempts to run it at a national level.

Furthermore, the idea that a more national system would help eradicate unwanted local variation is flawed. One need only look at the availability of cancer drugs, dental and IVF treatments, and the huge variation in eligibility for Continuing Healthcare, as evidence that national systems do not always yield a standardised offer.



How should we pay for social care in the long term?

Visit www.local.gov.uk/future-of-asc to read think pieces from

Jon Glasby, Professor of Health and Social Care and Head of School of Social Policy, University of Birmingham

Martin Knapp, Professor of Social Policy and Director, Personal Social Services Research Unit, London School of Economics and Political Science

Baroness Ros Altmann CBE

Anita Charlesworth, Director of Research and Economics, The Health Foundation

Gemma Tetlow, Chief Economist, Institute for Government

David Phillips, Associate Director and **Polly Simpson**, Research Economist, Institute for Fiscal Studies

As we get closer to the 70th birthday of the NHS, it is hard not to be struck by the number of recent reports setting out the extent, and consequences, of the NHS's funding challenge. One suspects these are at least partly motivated by a collective desire to ensure there is a sizeable cheque enclosed within the NHS birthday card.

This is not to downplay the seriousness of the NHS financial position. A year-end NHS provider sector deficit of £960 million – £464 million more than planned – amply demonstrates the severity of the situation. Nor is it to disparage 'NHS70'. The NHS has earned its 'national treasure' status through seven decades of achievement and progress and it is absolutely right that we come together to celebrate that.

But one can't help but wonder whether the clamour to influence the size of the Prime Minister's promised 'multi-year funding plan' for the NHS will impact on adult social care's own present – the care and support green paper – for its 50th birthday and the anniversary of the Seebohm Report²³, which laid the foundations for the model of adult social care and support we know today.

²³ Seebohm Report, 1967



What adult social care and support desperately needs: sustainable funding for the long term

Without doubt, it's a hard present to wrap. Previous proposals for fundamentally changing the way we fund care and support for the long term have proved difficult to say the least. And that difficulty has led different governments down the path of pursuing a more incremental approach to adult social care funding: one off injections of genuinely new funding (albeit with tightening strings), funding transfers from the NHS, the reprioritisation of existing funding already committed to local government, and new council tax raising powers through the social care precept. These measures have helped keep the system afloat (alongside significant savings and reductions from within social care and the wider local government budget) but by their very nature they are not sustainable.

And that is what adult social care and support desperately needs: sustainable funding for the long term.

Only when this is achieved can we look to the future with confidence, knowing that quality will be sustained and improved, the workforce will be adequate in its size, skillset and opportunity, the provider market will be stable and thriving and, most important, the needs of an increasing number of people will be met with services that support their wellbeing and independence.

So how should we pay for social care in the long term? At a recent one-day LGA conference on the future of adult social care, speakers tackled that question head on. There were calls for a salary sacrifice scheme based on the model

used for childcare vouchers, a pre-funded 'later life care fund', and the development of more products from the insurance sector. One thing was clear: a mixture of solutions is likely to be needed to take account of different people's – and different generations' – circumstances. Beyond that, speakers also began to identify some of the key questions at the heart of the debate about future funding arrangements. These included the need for fairness across generations, the need for any proposals to align with wider changes to local government funding overall, and the essential need to see funding in the round, taking account of funding for acute services, public health, community health services and social care and support.

This last point is particularly important. As Sir Amyas Morse, Comptroller and Auditor General at the National Audit Office, said at our conference, this is a debate about "power and money", both between and for the NHS and social care. Sir Amyas argued that developing a sustainable financial model for social care will inevitably take place alongside similar work for the NHS. He called for strong dialogue into the NHS so that it doesn't "pick favourites" and push for additional funding for elements of social care that save the health service money. The NHS needs to see things more holistically, Sir Amyas asserted, recognising the contribution that all of social care, public health, and local government make in taking pressure off the NHS.

In this sense, the challenge of proposing, and seeking support for, a solution or solutions becomes greater because in scope is the financial sustainability of not one, but two, systems. Closely interlinked for sure, but also fundamentally different in the way they are funded, managed and held accountable. But if the challenge is greater, so too is the opportunity. With the NHS turning 70 and social care (in its modern form) turning 50, this is a chance to rediscover the spirit of those who designed and built these two vital services and help secure their future for the decades ahead. At this key moment, it essential that we recognise that the NHS is the service that helps us when we are sick, but every other part of our health and care infrastructure helps us to stay well and is much more important to our overall, life-long wellbeing.

Some colleagues who have contributed their thoughts point towards solutions, others identify the questions that need to be addressed. All make the case for change and all – implicitly or explicitly – make the case for eschewing further piecemeal options and pursuing bolder solutions that are commensurate with the scale of the challenge ahead. I am grateful to them for giving their time to participate in this work.

Councillor Izzi Seccombe OBE

Chairman, LGA Community Wellbeing Board

The LGA perspective

Funding the present as a down-payment for the future

As already mentioned, we estimate that between 2010 and 2020, English councils will have managed reductions to their core funding from national government totalling £16 billion.²⁴ To put that into perspective, budget expenditure for adult social care in 2017/18 was £15.6 billion. By comparison, over the same period, we estimate that NHS spending will have increased by just over £20 billion.

Councils have worked hard to protect adult social care spending. The ADASS budget survey shows that adult social care accounts for a growing total of councils' total budgets, increasing from 35.6 per cent in 2016/17 to 36.9 per cent in 2017/18, and to 37.8 per cent in 2018/19.²⁵ However, given this proportion, it is impossible for adult social care to be immune from having to make its own significant contribution to councils' overall savings. Therefore, social care has had to close a funding gap of £6 billion since 2010. Councils have achieved this by making savings and reductions within social care and by making more than proportionate reductions to other council services.

Looking forward, the LGA estimates that local government faces an overall funding gap of over £7.8 billion by 2025. The gap for adult social care will be £3.5 billion.²⁶ This is additional funding, beyond our forecast increases, needed

²⁴ Budget submission, LGA, 2017

²⁵ ADASS budget survey, ADASS, 2017

²⁶ LGA, 2018

just to cover the unavoidable core cost pressures of demography, inflation and the National Living Wage, and an immediate and annually recurring minimum of £1.44 billion to stabilise the provider market; the difference between what providers say they need and councils currently pay. This funding gap does not include any costs associated with provision for existing unmet or under-met need, nor other known pressures.

The consequences of underfunding are all too familiar. We are seeing an ever more fragile provider market, growing unmet and under-met need, further strain on informal carers, less investment in prevention, continued pressure on an already over-stretched care workforce, and a decreased ability of social care to help mitigate demand pressures on the NHS.

Any reforms emanating from the green paper that bring in significant additional funding will inevitably take time to deliver. The Government must therefore use the forthcoming Spending Review to make a down-payment on the green paper reforms, injecting much needed funding to secure the short-term sustainability of our social care system. Without such funding, we risk implementing funding reforms onto a system that is further destabilised by financial pressures.

Funding reform, not system reform

We do not need wholesale reform of our care and support system – the Care Act is strong piece of legislation that enjoys widespread support across the sector. We need the funding to turn the Care Act vision into reality. Any solution or solutions to tackle the long term funding challenges facing adult social care and support must be:

- **Sustainably funded for the short, medium, and long term.** Funding should be sufficient to meet all existing and future cost pressures, any new structural changes to the care system, and all duties under the Care Act, including a stable and diverse provider market offering quality services. Funding must also be sufficient to address the needs of both older people and working age adults. Local government must be consulted on any changes to funding that is ring-fenced for social care and funding decisions must not significantly disadvantage any one authority or type of authority.
- **Affordable and progressive,** striking the right balance of roles and responsibilities between state and citizen. National risk sharing must feature within this ‘contract’, supported by a mix of different solutions that work for/can incentivise people of all ages, with different conditions, and across different generations. People should be supported and encouraged throughout their life to plan for their potential future care and health needs.

The state of adult social care funding is so serious that all funding options should be considered

- **Simple to understand with a clear emphasis on prevention.** People should be supported and empowered to stay well and healthy through a clear service offer that links all relevant local services/agencies together in a way that is intuitive and easily navigable.
- **Based on place.** ‘Local’ matters and no one part of the wider wellbeing sector should have primacy over another. In particular, any changes to adult social care (and connected changes to the NHS locally) must only be advanced if they support the broader ambition of bringing care and health together to help improve people’s outcomes.
- **Supported across the political spectrum.** Establishing political consensus is crucial as previous attempts to reform care funding have been derailed, at least in part, by national party politics.

Principles for funding solutions

The state of adult social care funding is so serious that (in addition to the measures already put in place), all funding options should be considered. This needs to generate substantial new additional national funding to stabilise the existing system and to take pressure off the NHS. Local council tax payers should not be expected to pay to fix a national funding problem.

Any new national funding should also be distributed according to need and link to new fair funding arrangements. It must also go directly to councils to avoid the risk of any such funding going through the NHS, as this would likely then be used to respond to urgent and short-term needs in the acute sector, rather than building essential preventative support in social, community and primary care.

Councils have an excellent track record in delivering improvements, including changes which support the NHS such as reducing delayed transfers of care attributable to social care. There is much more potential to reduce pressure on the NHS through falls prevention and other activities which help keep people out of hospital. There is also much the NHS could learn from local authorities’ excellent track record on managing spending efficiently and within tight budgets.

Funding changes (whether to national taxation, charging, benefits and entitlements) should be considered alongside reforms which help to manage and share risk over people’s lifetimes. And funding arrangements should not be confused with decisions about how health and care systems are organised in terms of governance and accountability. For instance, should the Government propose a new ‘health and care tax’, this could easily be used to fund social care through existing mechanisms and would not require structural changes.

Is consensus achievable?

Visit www.local.gov.uk/future-of-asc to read think pieces from

Ben Page, Chief Executive, and
Anna Quigley, Director of Health Research,
Ipsos MORI

Michelle Mitchell, Chief Executive, MS Society

Baroness Margaret Eaton DBE DL

Barbara Keeley MP, Shadow Cabinet Minister
for Mental Health and Social Care

Rt Hon Norman Lamb MP

We seem to like water-related analogies when it comes to health and social care funding. When Simon Stevens started his role as chief executive of NHS England he was clear that putting the two leaky buckets of health and social care together would not create a watertight solution. More recently, giving more money to the NHS without a similar increase for social care has been likened to running a bath with the plug out by more than one prominent sector expert.

Given recent developments, many in local government will feel like the NHS is awash with money while social care may have to settle – at least for the immediate-term – for the drip, drip of incremental resource increases.

This all compounds the sense that we're experiencing another déjà vu moment for adult social care and support. The Government has announced significant new funding for the NHS – rising to £20.5 billion extra per year by 2023/24 – but nothing for care and support, other than the almost inevitable delay to the green paper. Feel familiar?

Yet again, a government has chosen to prioritise our health service over our social care service despite loud, visible and dire warnings from across the sector, and more widely, that both systems are unsustainable in the short and long term and each depends on the other for its stability. More than that, plenty of those warnings have highlighted that the pressures facing social care are in fact greater than those facing the NHS.

So why is it that governments find it easier to prioritise the NHS over social care, again and again, despite the fact almost all policy analysts point out this is irrational and counter-productive?

There are multiple answers to that question, but I would suggest that chief among them is the sense that the public 'gets' the NHS in a way that

it doesn't 'get' social care. That matters because greater understanding of any subject can often lead to greater, more impassioned opinion on it. And that matters, too. As George Eliot famously wrote in Felix Holt, the Radical:

“The greatest power under heaven... is public opinion – the ruling belief in society about what is right and what is wrong, what is honourable and what is shameful. That's the steam that is to work the engines.”

Public opinion becomes doubly powerful when it becomes public consensus. And there couldn't be stronger public consensus than that which we see on the NHS. In the most recent 'issues index' from Ipsos MORI, the NHS leads Brexit as the biggest issue facing the country.²⁷ One therefore assumes there'll be no shortage of viewers for the BBC's season of programmes to mark the 70th birthday of the NHS, or to the dedicated NHS70 website that is bursting with celebratory content. This is all as it should be. Our health service is remarkable and is understandably heralded as the thing that makes us most proud to be British. But what helped achieve the creation of the NHS in the first place? Arguably at least in part, it was the consensus politics of the post-war period.

Of course, social care can be traced back to the 1948 Act as well. But since then, the political consensus has slowly eroded and in recent times it has broken down completely. In previous General Elections, parties have sought to deliver a knockout blow to their competitor's proposals for resolving the long term future of care and support.

So what are the prospects for political and public consensus as we look, now even further

ahead, to the care and support green paper? For contributors Baroness Eaton, Barbara Keeley and Norman Lamb, politics comes passionately to the fore. But while their views are their own and distinct, they converge on the importance of building consensus as a principle worth fighting for. Looking more at public consensus, Ben Page and Michelle Mitchell remind us that the public are looking for answers too, and that the views of working age adults are just as important as those of older people. Reading between the lines, their message is engage, engage, engage. I am very grateful to all contributors for giving their time to share their views.

The public are capable of understanding the dilemmas and trade-offs facing our national and local politicians, and can and should shape the solutions of the future. But, as King's Fund research shows, it takes time to explain, time to understand, and the initial reaction to understanding how the current system works is that it is wholly unsatisfactory. Only when we have explained this properly – and on a cross-party basis – can we convincingly make the case for difficult reforms.

There is no doubt that the further delay to the green paper is frustrating and disappointing. But we are where we are and if there's one thing local government is good at, it's getting on with the job. I think we must therefore use this pause to build greater momentum on social care; to further raise the issues at the heart of the debate about its future and to further highlight its inherent value. Effective campaigning to date – on a cross-party and cross-sectoral basis – is helping to raise awareness and change public opinion. We must keep going.

Councillor Izzi Seccombe OBE

Chairman, LGA Community Wellbeing Board

²⁷ Issues Index, Ipsos MORI, May 2018

The LGA perspective

Potentially difficult reforms to deliver a sustainable and fully funded care system in the future stand a greater chance of success if they are built on political and public consensus which can deliver cross-party cooperation, particularly in a parliament with a narrow majority.

Political consensus

Given how quickly the politics of care funding reform can turn toxic, we fully support Baroness Eaton's call for an "amnesty on the politicking of social care funding reform". Creating a safe space in which the real issues and the full range of possible solutions can be debated could pave the way for a shared and concerted effort to raise awareness of social care with the public. This might include, for instance, an agreed cross-party narrative on why adult social care matters, how the system works, the challenges it faces, the level of funding required in the short, medium and long term, and the types of options that are most likely and realistic to raise that level of funding.

The LGA therefore reiterates its belief that the leaders of our national political parties, along with relevant Ministers, should come together for initial talks. The LGA would be willing to host and facilitate this discussion, providing a foundation for cross-party working.

Public consensus

It is clear from our expert contributors that the public is ready and willing to engage on the debate about the future of care and support and, more than that, offer clear views on possible solutions for the long term. It is also clear that there are certain 'rules of engagement', which would aid the process of discussion and debate. These should be adhered to by our national politicians as part of the approach outlined above to foster cross-party consensus and/or cooperation:

- all information must be clear, accessible and non-partisan
- there must be no misleading information – all material should be evidenced and verifiable
- adults of all ages must be engaged, not just older people and not just those with experience of the system
- there should be an equal balance between highlighting the pressures and problems of our social care system and highlighting the potential and positive of care and support.

The onus cannot just be on our political leaders. As Jon Glasby highlighted in his section on funding options:

'If we demand a solution to the funding of adult social care, then resent the person or party who delivers what we asked for, we're just as guilty as policy makers for failing to resolve these issues.'

In short, resolving the long term future of care and support for the benefit of current and future generations is something we are all responsible for.

What are the stages to reform?

Visit www.local.gov.uk/future-of-asc to read think pieces from

Richard Humphries, Senior Fellow,
The King's Fund

Rt Hon Stephen Dorrell, Chair,
NHS Confederation

Sir David Behan CBE, Chief Executive,
Care Quality Commission

When the LGA embarked on this set of think pieces, we did so with a degree of optimism that this final publication in the series would land shortly before the publication of the Government's green paper on care and support. 'Before summer recess' was a line that Ministers and officials stuck to when it came to questions on when the green paper would be published.

With the announcement of significant new funding for the NHS, and confirmation that the linked NHS plan will include a focus on both full integration between health and social care and a review on the function and structure of the Better Care Fund (BCF), the Government changed its mind at the eleventh hour on the green paper. Better, they said, that it aligns with the NHS plan. 'Autumn' – albeit a Government autumn – is the new deadline. One can see the logic. If we're serious about integration then why not publish both documents around the same time? The answer to that, or rather the problem, is twofold.

First, aligned publication of the NHS plan and the social care green paper would only really work if both sides had broadly equal status. In such a scenario, you could imagine the needs of each service being treated equally, along with similarly balanced recognition of the role each plays in sustaining and strengthening the other. The announcement of an additional £20.5 billion a year for the NHS by 2023/24, with no equivalent promise of new funding for social care, is just the latest in a series of developments demonstrating the absence of such equality.

Second, if health trumps social care in the Government's reckoning, there is a risk that the NHS plan might pre-empt some aspects of the green paper before that document has had its full public consultation and before the Government has had time to reflect on its findings. This could create space for NHS England to have at least partial influence on the future of care and support. That may not necessarily be a bad thing. Simon Stevens, Chief Executive of NHS England, has spoken previously about the importance of securing more funding for social care. But he has also been clear about the bottom line: "I do not think that the NHS makes any apology for arguing that most acutely ill and unwell people are, when times are tight, where we have to put particular attention."²⁸

Whether that's right is a matter of personal opinion. But if, as some commentators have said, the additional funding for the NHS is not sufficient, one can easily imagine a not-too-distant future in which a preoccupation with the NHS acute sector continues to dominate the agenda. We only need to look at the experience of the £2 billion 2017 Spring Budget funding for social care, routed through the improved BCF, to know that, in such circumstances, social care money for local areas can become quickly and heavily influenced at the national level to support the NHS.

If health trumps social care in the Government's reckoning, there is a risk that the NHS plan might pre-empt some aspects of the green paper before that document has had its full public consultation and before the Government has had time to reflect on its findings

²⁸ <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/housing-communities-and-local-government-committee/long-term-funding-of-adult-social-care/oral/81974.pdf>

Therefore, while NHS England influence on the future of social care may not necessarily be a bad thing, it's clear that it may not necessarily be a good thing either. And to borrow from Simon's tack, I do not think that local government would make any apology for arguing that funding for vital social care and support services that keep people well and independent in their communities should remain firmly with democratically accountable local government as demand grows.

This isn't about drawing battle lines. Far from it. The NHS and social care have a solid history of working well and closely together to the benefit of the people we share a mutual and deep commitment to. Councils' performance on reducing delayed transfers of care attributable to social care is clear evidence of that. But when it comes to the Government's green paper on care and support, local government should be in the driving seat in much the same way as NHS colleagues will drive the NHS plan.

The delay to the care and support green paper is therefore a real concern. But if national government cannot act, local government will. That is why the LGA is seizing the moment, demonstrating its leadership and writing its own social care green paper covering all adults.

Over the coming weeks, and building on the extremely helpful contributions from the more than twenty high profile sector experts who have participated in this think piece series, the LGA will set out its own vision for the future of social care, its links to health and its links to wider wellbeing. We will conduct our own process of engagement and consultation and report back in the autumn.

As we therefore consider the next stages for reform in this final publication, and with our own green paper on the horizon, I can think of no three better people to close this series out. As one of the foremost commentators on adult social care, Richard Humphries offers an invaluable 'starter for nine' on the lessons we should learn from previous attempts at reforming care funding. Stephen Dorrell is a distinguished and authoritative voice on health and social care and argues why, and how, the relationship between health and local government needs to change. And as one of the most respected figures in social care – over a career spanning four decades – Sir David Behan lays down a challenge to us all; to be 'bold and courageous' in securing the right kind of future for people who need care and support.

I have every confidence that local government is ready for that challenge.

Councillor Izzi Seccombe OBE

Chairman, LGA Community Wellbeing Board

The LGA perspective

Over the course of this think piece series, we and sector experts have set out a clear set of arguments that can be summarised as follows:

- adult social care and support matters – for people’s lives, our communities, our NHS and our economy
- the ‘local’ dimension of care and support must not be jeopardised by national influence
- the way we, as a society, pay for social care needs to change – potentially quite radically – if we are serious about securing significant additional funding to ensure its future stability
- political cooperation and meaningful engagement with the public are essential ingredients in building cross-party consensus.

So where do we go next?

When the LGA started this series, the expectation was that the Government’s green paper would be imminent by the time of this final publication. Now it is not, and the LGA has taken the decision to write its own social care green paper for all adults, the ‘where next?’ question will be tackled in far fuller detail in the LGA social care green paper.

To reach an answer, we believe our own social care green paper must address the following:

- the role of local government in our lives
- the importance of social care in helping people to live their life
- social care’s track record of delivery
- pressures facing the sector and their consequences
- workforce
- how care funding could be made fairer and how that could be paid for
- social care and the NHS
- social care and wider wellbeing.

Your views on the LGA green paper, and the questions it raises, will be vitally important to us as we collectively seek to influence the future direction of adult social care and health.



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