Local Government Association

The lives we want to lead

Consultation response analysis

October 2018

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Contents

Introduction

The main green paper consultation launched on 31 July 2018 and closed in early October 2018. It posed a series of 30 questions across five main themes:

• Delivering and improving wellbeing (question 1)

• Setting the scene – the case for change (questions 2 to 9)

• The options for change (questions 10 to 20)

• Adult social care and wider wellbeing (questions 21 to 23)

• Adult social care and the NHS (questions 24 to 30)

In addition, summary and easy read versions of the main consultation posed 12 questions across the themes. The questions asked across all three documents are set out in Annex A.

The online forms captured responses to each question in an Excel spreadsheet. A qualitative analysis was undertaken for each question, with responses reviewed for emerging themes and then systematically coded in Excel according to those themes.

Response

The final number of responses received from the various feedback channels is shown in Table 1.

Table 1: Number of consultation respondents	
	Number
Main form[1]	357
Summary form[2]	142
Email	43
Easy read form	6
Total	**548**

The final number of responses received from the various types of respondents is shown in Table 2:

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[1] This includes responses submitted by email but in a format that they could be uploaded to the main form.
[2] The summary form collected the number of respondents to each section, rather than the total number of respondents. For this purpose, the number of people responding to the section with the most responses has been used.

Table 2: Type of consultation respondents	
	Number
Academic sector	1
Charity/community/voluntary sector	71
Council[3]	106
Individual[4]	296
Other local government	20
Other public sector	30
Private sector	11
Other	13
Total	**548**

In addition, it is worth noting that several responses represented the views of groups of organisations, either of the same type or working in the same area, and others presented the views of groups of service users, gained through workshops or similar events.

The lives we want to lead: consultation analysis

This section contains a full analysis of the responses to all 30 consultation questions.

Delivering and improving wellbeing

1. What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?

This question was asked in the main, summary and easy read forms, and the majority of respondents answered this question.[5] The overall consensus was that local government should have a significant role, with several respondents describing the role of local government as 'key', 'vital' and 'central'.

Amongst those who thought that local government should have a significant role, the most common theme was the role that local government can play in **prevention** and **promotion of good health**. This was mentioned both in relation to the sector's public health role (for example educating people on making healthy choices) and in terms of the impact that the services that local government provides have on the wider determinants of health.

A common comment in this respect was around the role of housing. In a broad sense, respondents talked about the importance of good quality, safe and affordable housing to help

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[3] This includes responses from people who work for councils, as well as what might be considered 'official' council responses.
[4] Whilst the summary consultation form did not ask respondents for any contact information or details of the capacity in which they were responding, this form was explicitly aimed at users and the general public, so all responses have been included in the 'individual' category.
[5] Slightly different wording was used in the easy read form – see Annex A.

people stay healthy. More specifically, properly planned housing with the right adaptations can help people maintain their independence and stay living at home for longer.

Many other service areas were mentioned, including the importance of transport, providing high quality and safe green space and leisure facilities to enable active lifestyles (including for example, walking groups) and ensuring an accessible built environment to enable people to get out and about. Some example comments under this theme were:

> "Their key role could be delivered through education, prevention measures, improved housing and social care intervention. Local government can be place shapers and empower communities to be vibrant places to live."
>
> Social enterprise

> "Local government has a fundamental role to play in health and wellbeing, ranging from more direct to less direct ways, from leading the commissioning of public health and prevention to promoting wellbeing through its responsibilities in relation to the environment, leisure and education."
>
> Other public sector

Around a quarter of respondents said that local government's **democratic accountability, broad remit and place shaping role** makes the sector ideally placed to provide leadership on health and wellbeing, and bring partners together around this issue. This theme also included comments about the importance of local government working with and supporting the community and voluntary sector.

> "Local government has a unique dialogue with local people, is democratically accountable and can directly influence the shape of the local community and services which respond to the needs and demands of their residents."
>
> Council

> "Local government is a key link with other organisations in the health and social care sector, ranging from large health bodies to smaller organisations in the voluntary sector. In this way, it can act as a community leader and facilitator to drive integration and improvement where possible."
>
> Council

Around one in ten respondents said that local government is best placed to lead on this agenda because of the **local intelligence** that councils hold. This local intelligence means that services can be planned, adapted and delivered according to the specific needs and demographic profile of the local population. Local intelligence can take a number of different forms, from analysis undertaken for Joint Strategic Needs Assessments, through to local consultations. For example:

> "Local Government is well placed to serve local communities. They are likely to be more aware of issues that are unique to their area and the local issues which affect those who live in the area."
>
> Individual

> "Local Government and its service delivery partners have a wealth of local knowledge and access to the public to engage them in decision making to meet their needs."
>
> Council

Several respondents did however highlight that local authorities need more funding to be able to fully and effectively realise their potential for improving health and wellbeing.

Around a fifth of respondents to this question took the opportunity to suggest ways in which they felt that local government should be **improving the health and wellbeing services** they provide.

The suggestions were varied but included moving away from 'silo working', investment in innovative approaches and technology solutions, improving commissioning practice, providing better information, listening more to frontline workers and service users, and moving to a more preventative approach. There were also comments under this theme about the need to prevent a 'postcode lottery' in access to and quality of services. Example comments given under this theme include:

> "The role of local government is key. The majority of services which can have the most impact on health and wellbeing in local areas are housed within the same organisation, i.e. the local Council. The challenge is to move away from silo working and get the various Council services to work together to provide a customer focussed cradle to grave ethos. Rather than firefighting problems once they arise, use the various resources for prevention."
>
> Council

> "Funding social care properly listening to how people would like choices in care provisions. Looking at people's social needs as well as care needs. Abandon pop-ins by care providers and provide quality care."
>
> Individual

Comments made by a smaller number of respondents covered the following themes:

- **Local government and the NHS need to become more integrated** and work together more effectively. For example, one individual said local government should have "a central role joining the dots with the NHS and private service providers. The challenge from personal experience is the variability about where the CCG [Clinical Commissioning Group]/NHS overlap with the local authority provision as funding shortages hit both."

- That **health and wellbeing should be dealt with at a national level**, with a few respondents saying this should be the concern of the NHS, or that local government should play a supporting role. For example one individual said: "I don't think councils should [have] a role here - there should be a single system, within the NHS, that takes care of everything."

Setting the scene – the case for change

2. In what ways, if any, is adult social care and support important?

This question appeared in the main consultation document, and the short and easy read forms. [6] It was answered by about nine out of ten respondents to the main form, and almost all of those responding to the summary and easy read versions.

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[6] Slightly different wording was used in the easy read and summary forms – see Annex A.

The majority of respondents, about half, said social care and support is important because it **protects people in vulnerable circumstances** – with many adding that caring for those unable to support themselves due to disability, age or illness was demonstrative of a 'civilised' and 'compassionate' society.

Many respondents said society is **morally responsible** for the vulnerable and owes a **debt of gratitude** to the elderly – with several paraphrasing the quote 'a nation's greatness is measured by how it treats its weakest members'. Society has a commitment to ensure this group is not 'abandoned' or 'neglected' and left to struggle on their own, as illustrated below:

> "These elements of society should not be up for debate. Any society that deems itself to be a caring and nurturing one must put these issues at the top of local agenda. Without an adequate and healthy social care system we cannot claim to be a civilised society."
>
> Individual

> "If we did not have adult social care, as a country we would be unable to meet our moral, ethical and legal obligations to safeguard people who have care and support needs."
>
> Charity/community/voluntary sector

Following this line of argument, some respondents said social care was important because it either **protected human rights** or was a human right in itself. A small group said people who had 'paid into' the social care system throughout their lives had earned the 'right' to receive the care and support for which they had paid.

About four out of ten respondents said social care is important is because it enables people to **maintain or regain independence**. This argument was twofold: early intervention and prevention helps people stay well; and targeted care prolongs independent living through the provision of care, equipment and adaptations. The ability to care for oneself enhances health and wellbeing, enabling people to live life within their local communities, while also reducing the burden on other welfare and support systems, as outlined below.

> "Providing dependable support services help people remain in their homes for as long as possible which is not only cost effective but important for the individual's sense of wellbeing and self-esteem. This doesn't just apply to the elderly but those affected with severe disabilities as well. It takes the strain from over stretched hospitals by freeing up beds quicker. I have personally been a carer for both my parents and, as I am disabled myself, I could not have coped without additional support from social care. Family situations can break down all together without adequate support."
>
> Individual

On a related point, just under half of respondents said social care is important because it **prevents needs escalating** to a higher and more costly level. It was said to alleviate pressure on an overburdened NHS (and other support systems) by acting as a preventative measure, thus avoiding crisis interventions or long-term intensive care which was increasingly important as people live longer and with more complex needs. For example:

> "Adult social care support is important because it plays a vital role in reducing and delaying the need for formal care services by offering low level support to individuals that enables them to remain independent and well. It also supports the most vulnerable people in society including frail older people and those with multiple mental and physically complex long term conditions who are unable to

live independently without formal support. It supports unpaid carers and families to avoid crisis situations. It also prevents and delays individuals from needing more expensive intensive support including acute hospital admission or admission to a care home. Without timely social care interventions, further pressures would be placed on an already strained NHS system."

<div align="right">Council</div>

A slightly smaller proportion of respondents said social care is important because it helps people **enjoy the best quality of life** – with many respondents saying that it promotes people's dignity, instils in people a sense of purpose and helps to tackle loneliness. Help with everyday tasks like washing, dressing and eating – along with home adaptions – were mentioned as just some of the vital tasks the social care sector provides. For instance:

"Very important. Done properly it helps people live and celebrate their lives to the full and thereby enhancing their community not being a burden."

<div align="right">Other</div>

Most of the respondents who mentioned 'quality of life' also said social care was important because the care and support it provides helps people to **contribute to and participate in society** – for example, in terms of education or work. Such opportunities enabled people to live more meaningful lives as full and equal citizens. One respondent from the third sector said:

"Good practice in adult social care empowers those people who need support: to make choices about how and where they live; to enjoy full and meaningful lives; to feel safe and comfortable; to be able to access their local community and to be recognised as part of it. This includes people with lifelong disabilities, those with acquired disabilities resulting from illness or injury, those experiencing functional and organic mental illness including dementia, those with drug or alcohol addiction and frail older people together with their unpaid family carers."

<div align="right">Charity/community/voluntary sector</div>

In addition, a smaller proportion of respondents (about a fifth) took the view that social care is important because – in their view – it provides a **universal safety net** for people to fall back on in times of need. Several respondents presumed that social care did not discriminate between people, and impacted everyone in society either personally or through family, friends and colleagues. It was a 'crucial backstop' – with many respondents assuming that their needs will be met by the social care system if their circumstances necessitated. For example:

"As a carer for my wife, we often try not to access services if we can avoid it. Like most families we enjoy the notion of self-reliance, but at some point had to recognise that a sole carer looking after a person with twenty-four hour care needs puts too much of a strain on our relationship and on the health and wellbeing of the carer – me – as much as the caree. This unhealthy pressure has had a valve for us – the provision of a couple of dozen hours of carers coming in every week, and the quarterly availability of respite care. These have both changed our lives in a way that's difficult to put into words but which allows us both to feel, even if just now and again, like ordinary functioning members of society. I think there's value in that."

<div align="right">Individual</div>

Just under a quarter of respondents said social care was important because it provides meaningful **support for informal carers** who underpin the care system or/and **supports people with limited care networks**. Some respondents said carers can lack the training, space or equipment needed to offer the best possible care, or struggled to provide care due to other responsibilities. Caring for a friend or relative was said to limit one's opportunity to work, while also placing enormous stresses and strains on those carrying out informal care.

Aside from the explanations given above, about a quarter of respondents said social care is important because it carries out a **broader social function** and links to a **wider care and support system**. For example, it provides a vital economic function within local areas, employing a large workforce – and links to a range of other public services (such as the NHS, police and education), alongside private businesses and the voluntary and community sector. A small number of respondents made comparisons between social care and the NHS, with one saying it should not be seen as 'just an add-on to the NHS' – and while it did not have the recognised brand of the NHS it is a crucial enabler of the NHS 10 year plan. For instance:

> "It is as important as our NHS. They are often regarded as sister services but in reality treated very differently. Social care enables us to carry on living our lives with the people we love in our local communities. It is more than a safety net. It is an entitlement to be treated with dignity, respect and understanding of our shared humanity. Social care is not only about the individual but about the wider family and social network. Allowing family members to go to work and to not have endless worry about today and what the future brings. It is about us living well, together - looking after each other."
>
> Charity

Finally, a range of respondents said social care was not simply important but 'vital', 'fundamental' and 'essential' – and could be 'transformative' in improving the health and wellbeing of residents with care needs. However, about a quarter of respondents made the point that social care can only be a significant force for good if it is timely, dependable, consistent, good quality and adequately resourced – and only if people are given choice and control in achieving their desired outcomes.

3. How important or not do you think it is that decisions about adult social care and support are made at a local level?

This question was asked in the main, summary and easy read forms, and was answered by nine in ten respondents.[7] Over half of those who responded felt that it is important that decisions about adult social care and support are made at a local level. Many of these respondents felt that a **'one size fits all approach' was not viable**, primarily due to the varying characteristics of local authorities and their residents:

> "…each local authority area is different in terms of geographical, environmental, demographic, political and socio-economic make-up, which impacts on service demand, population profiles, resources available, local knowledge / intelligence as well as local culture."
>
> Council

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[7] Slightly different wording was used in the easy read and summary forms – see Annex A.

Similarly, respondents noted that planning services, identifying need and gaps in provision require **locally held knowledge**:

> "The strategies for delivering health and wellbeing locally have to be underpinned by intelligence about the local health and care needs. The information about local needs and connection with local communities is essential for effective local commissioning of services."
>
> Council

In addition respondents that felt that it was important for decisions to be made at a local level, because 'local' is **more democratic**, whether because decisions were more transparent than those made centrally and/or because locally elected officials were more accountable:

> "…democratic accountability of local councils can play an important role in ensuring that the right decisions are made about adult social care and support services. It allows for the local communities to get more involved in and influence the direction of care services in their area."
>
> Other public sector

Whilst these respondents felt that decision making was best placed at the local level, concern was sometimes voiced regarding **equity and issues associated with "postcode lottery"** access to care. These issues were also voiced by the second largest cohort of respondents, those who believed that **a joint approach to decision making was important.** Nearly one in five considered a local *and* national approach was best, whereby local authorities delivered services within a national framework or policy. Many cited a concern or a necessity for consistency and equality of standards and/or access:

> "[This organisation] believes solutions should be place-based and respond to the needs of users. Local Authorities are perfectly placed to join up different elements of their statutory responsibilities to provide genuinely holistic adult social care and support. However, the current situation creates artificial boundaries between Local Authorities, which the stark differences between services offered on neighbouring streets producing a "postcode lottery"…
> We are also keen to ensure there are national standards which must be met. This should form a framework within which decisions can be made locally. This is to ensure high standards, but also to avoid the 'postcode lottery' effect."
>
> Other public sector

> "Services need to be tailored to local need but provision must not be a postcode lottery. National level of basic provision agreed and funded centrally should be a minimum expectation for all areas e.g. funding for residential provision and top up payments by individuals. Local provision, with additional funding, should reflect, regional geographic and demographic differences."
>
> Individual

Less than one in 10 thought it was **not important for decisions about adult social care and support to be made at a local level**, or that these decisions should be made at a national level. This opinion was often coupled with concern for equity of services or, for a small number, concern regarding the competence of councils and councillors. For example:

"…we have seen many cuts made to valuable services that support our young people /adults with disabilities by councillors who seem to have very little knowledge of the day to day lives we lead. Carers are on their knees and yet county cllrs will decide to cut frontline services and frontline staff and pour money into expanding councillor's car parks and wages."

Individual

Other responses included a need for a more service user centred approach to decision making; suggestions that a regional approach would be an effective scale at which to make decisions about adult social care; and that potentially the NHS would be best placed to provide adult social care.

4. What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?

This question appeared in the main consultation document. It was answered by about eight out of ten respondents. Overall, about three quarters of those who provided an answer gave positive examples – with a small number adding that the changes they had observed had been piecemeal or were in their infancy. About a quarter (mainly individuals) said they had not witnessed any improvement or innovation.

Evidence of **integrated working** was offered by about a quarter of respondents to demonstrate improvements and innovations in adult social care and support. Examples included: pooled budgets; joint procurement and commissioning; collaborative recruitment initiatives; multidisciplinary and multiagency teams; district partnership groups; integrated community services; and strong and inclusive Health and Wellbeing Boards (HWBs). Specifically, one council described their integration with the NHS as having taken 'a massive step forward'. The following examples were given:

"…We are working closely with our district councils to take a much more joined-up approach in dealing with countywide issues. From a health and wellbeing point of view, the old distinctions between health and social care planning, place planning, infrastructure planning and economic planning no longer hold good. They are inextricably intertwined and we must deal with them as a whole to ensure the future health and prosperity of the residents of [this area]…"

Council

"To improve integration, teams from each service [within the council and an arm's length trading company] shadow each other to ensure that they take a holistic approach when assessing needs for home aids and adaptations. This integrated way of working has another benefit. It builds resilience in the services as staff can cover for each other when necessary. Integrated services have also led to upskilling of staff, higher levels of job satisfaction and, lower staff turnover – which also boosts service resilience."

Charity/community/voluntary sector

The benefits of coordinated care were described by some respondents as including: the building of a shared vision for supporting local people; the exchanging of skills and information across services; continuity of care; more efficient processes; lower client costs; and ultimately better client experiences and outcomes. Technology, as discussed later, was mentioned by several respondents as assisting in this process.

A small number of councils made reference to their involvement in particular integrated care initiatives or Vanguard pilots. One council, an integrated care pioneer, had developed 12 integrated networks formed around primary care hubs serving a population of approximately 210,000 people.

Examples from the **housing sector**, particularly support for **independent living**, were given by about a fifth of respondents to demonstrate improvements and innovations in adult social care and support. The aim of these services was to maximise people's independence – often assisted by technology – so they could live a fuller life, safely and healthily. Examples included: investment in extra care housing; homecare scheduling solutions; home share schemes; handyperson services; home aids and adaptations; and the use of adaptive or assistive technology. A small amount of feedback was provided about work being carried out via the Disabled Facilities Grant programme. Other feedback included:

> "The emergence of extra care housing has been a great innovation, offering the opportunity to retain as much independence as possible and only have support where needed. These environments also create safe communities where vulnerable people can live and socialise, and not become isolated apart from a care call for 30 mins twice a day."
>
> Individual

> "[Our]…in-house repairs and adaptations agency offers an interesting example of integrated working and innovation in adaptation provision. The agency offers an adaptations service, a handy-person service, minor works and repairs, a fast-track stair lift service, and a social care call centre. The call centre routes calls to the relevant services and takes referrals from other council departments, voluntary organisations and hospitals. This helps reduce waiting times for the social care occupational therapist, as not all services require their intervention..."
>
> Council

Examples of **locality-based care** were provided by about three in ten responding councils, alongside a small number of other respondents, as demonstrative of improvements and innovations in adult social care. These tended to be asset-based approaches seeking to build communities' resilience by capitalising on their strengths and bringing together voluntary, community and social enterprise (VCSE) groups. Examples included:

- supporting the development of community businesses
- growing local-based commissioned support (also micro commissioning)
- creating community hubs and neighbourhood teams to support local populations
- hosting daytime provision in local communities (rather than large centres)
- establishing 'Village Agents', 'Locality Link Workers' and 'Community Connectors'
- establishing GP/community social workers to develop stronger partnerships between GP practices, primary care services and the wider community
- ensuring that contracted providers work across manageable geographic areas.

Various **approaches to preventative care** were given by about quarter of responding councils, alongside several other respondents, to demonstrate improvement and innovation in adult social care and support. For example:

> "….Our innovate Early Help Hub has supported local working to help people remain independent and to be connected into their community. Through the Help

Hub residents only have to tell their story once, and by good practice around information sharing and joint working we can offer support to adults quickly to avoid issues escalating. Examples of this work include our community connectors, who work in small geographical patches, understanding their local community, help people to navigate the system and support them with basic advice such as community groups in their local area to reduce isolation…"

<div align="right">Council</div>

Other examples of preventative care included: adopting a strengths-based public health agenda; making public health a corporate priority; extending low-level support to prevent more acute issues; awareness raising campaigns focusing on mental health; support for employers to keep more carers in the work place; targeting primary care at people most at risk of hospital admission; and staying well initiatives.

Achieving **continuity of care** was raised by about a quarter of responding councils, together with some other respondents, to demonstrate improvement and innovation in adult social care and support. Examples mainly focused on support and step down options for people moving from hospital (such as the 'Discharge to Assess' model) – and ensuring that timely arrangements were in place for social care support outside of hospital. Consistency in an individual's relationship with an identified care professional was also mentioned:

> "…In [one council] the introduction of frailty nurses allows for a more comprehensive approach to the needs of individuals, resulting in improved continuity of care. For example, rather than being seen by a specialist for end of life needs and by a different specialist for issues relating to dementia, individuals can now be seen by just one person capable of liaising with all of the relevant specialists. In addition to bringing these disparate areas of specialism together, frailty nurses can also work in hospitals. This has led to improvements in people's transitions back into the community after discharge…"

<div align="right">Charity</div>

The **personalisation of care** was mentioned by about a fifth of responding councils, alongside several other respondents, to demonstrate improvement and innovation in adult social care and support. Some referenced the Care Act as supporting tailored and person-centred outcomes. Other examples involved: co-productive approaches; family group conferencing; one-to-one and bespoke support; working with smaller (and more flexible) providers; and requiring providers to demonstrate their engagement with service users. Two councils gave the following feedback:

> "It has been slow to come, but are now engaging with individuals to identify what they want, what they can do for themselves, and what families and communities can offer – e.g. people want a life not a service. Social Workers are not auto offering care assessments but taking holistic approach to engage with individuals and their families/ other support to see what can be done to maintain independence with care package as a last resort."

<div align="right">Council</div>

> "Remodelled approach to social care to make it more user friendly – if you ring in you will speak to a human being. Try to support clients in providing services which enable them to live the lifestyle that they wish, not to have a 'standard' service foisted on them. Making services more 'locality based' so that clients can get services near to where they live rather than having to travel long distances."

<div align="right">Council</div>

The use of **new technology** was mentioned by about a fifth of responding councils, and several other respondents, to demonstrate improvement and innovation in adult social care and support. Examples included:

- using assistive technology to enable people with eligible needs to improve their independence within the home (e.g. combining video and mobile technology to help people with learning difficulties)

- forging closer links with technology companies to maximise the benefits on offer for people's health and wellbeing

- developing an integrated electronic patient record system

- improving public access to information (e.g. online service directories)

- implementing an electronic system of regular payment for social care providers, with improved financial reporting

- establishing payment cards to promote Direct Payments

- using of electronic case and medicines management in Care Homes

- introducing Single Point of Access as a first point of contact for people wishing to contact adult services (most often mental health services)

- using telecare services (e.g. bed sensors and fall detectors)

- digital resources for carers (e.g. signposting and self-advocacy tools).

In addition to the various themes outlined above, smaller numbers of respondents referred to the following approaches to demonstrate improvement and innovation in adult social care and support: reablement services; market management for care homes; advice services; and improvements to care quality and safeguarding.

Lastly, about a quarter of respondents (mainly individuals) said they were **unable to provide evidence to demonstrate improvement and innovation** in adult social care and support in recent years in local areas for the following reasons: they had only seen cuts to funding and service (e.g. closure of the Independent Living Fund); cuts to council funding had stifled innovation; councils were too overburdened to work creatively; there was too much fragmentation and bureaucracy within the care system; and that genuine co-production had been lost as the process became more professionalised (i.e. a bureaucratic exercise). For example:

> "Honestly, I can't see any improvements over the recent years. It is harder for workers on the frontline to achieve good outcomes for service users. Departments are working with less staff and using locum staff which makes it difficult to have consistency. Morale amongst staff has been running at an all-time low and for many years now. I cannot give you any evidence to prove otherwise."

> Council

Furthermore, a small group of respondents said that while some improvements to adult social care had taken place in recent years, **positive change was not yet strong enough** to ensure that people's needs were being met appropriately (e.g. partnership working was not yet widespread enough or embedded into culture and practice). For example:

> "I think there has been some breaking down of barriers that have existed between professionals working in health and those working in social care. But I think it has a way to go particularly in relation to joint working between hospitals

and social care and nursing/care homes or even just better communications between them would be a start. This would help enormously when hospital try to discharge patients but there is nothing in place to receive them either at their home or in a care home."

<div align="right">Individual</div>

5. What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?

This question appeared in the main consultation document only and was answered by three quarters of respondents overall, and most of the council respondents. Six out of the ten responding councils referenced their own **budget gaps** and were unambiguous about the year-on-year financial challenges they faced – providing detailed facts and figures from their financial reporting, as summarised in the ADASS Budget Survey (2018)[8]. For example, one council said:

> "Overall our funding from central government has fallen by some 40-50 per cent since austerity began leading to staff cuts of around 45 per cent over the period and much more rapid turnover in the type of challenging posts associated with adult social care. The result has been a lack of stable continuity for clients which often causes confusion and distress while the non-statutory provision has been either cut right back or discontinued…"

<div align="right">Council</div>

Councils spoke about re-prioritising budgets, cutting back services, dealing with increased bureaucracy arising from short-term funding, the pressures of supporting people with complex needs and the problems of long-term planning in an uncertain landscape. While some councils were satisfied with their efforts to innovate and transform to save money, there was a general feeling that this way of working was unsustainable:

> "The care packages and placements budgets have experienced considerable pressures in the last few years. The council has continually striven to handle these pressures through savings and innovation elsewhere, but this is becoming increasingly difficult and unsustainable."

<div align="right">Council and Health and Wellbeing Board</div>

Escalating demand across the country represents a funding challenge for councils. Three factors were said to be causing this: an aging population; rising complexity of need (including the numbers of young people with complex needs surviving into adulthood); and the wholesale rationing of care services via an increase in the eligibility threshold which was negatively impacting prevention services. One council said:

> "It will be increasingly challenging to both protect Adult Social Care and meet increasing demands for funding. Our specific observations include: continued demographic pressure, an ageing population, increasing numbers of people with more complex needs, challenges arising from DToC [Delayed Transfers of Care], market sustainability and the lack of certainty around continuation of the BCF/iBCF [Better Care Fund/improved Better Care Fund] funding. We are

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[8] https://www.adass.org.uk/adass-budget-survey-2018

increasingly getting closer to the point where we will need to consider areas of provision that will either cease or no longer be funded."

<div align="right">Council</div>

The removal of **lower level support services**, and an **inability to invest in prevention**, is exacerbating people's care needs and putting extra pressure on the social care system and the NHS, according to a range of respondents. A charity supporting independent living said it had witnessed light-touch prevention approaches being withdrawn from its clients due to funding cuts – which meant it could no longer intervene to prevent a crisis taking hold. Other respondents said more people now needed to be supported by family members (who have seen cuts to respite services and allowances, via charitable or third sector resources (which were showing signs of considerable strain) or were not supported at all, because of funding challenges.

Almost half of those respondents who answered this question said that funding challenges could be demonstrated through the **reduction or withdrawal of services and support** and the resulting impacts on quality, choice and timeliness.

Examples of such reductions and withdrawals included:

- Care packages, which many respondents felt no longer supported their care needs (or those of a family member or client), or insufficient care-needs assessments

- Care services, such as day and respite services, rehabilitation, care transportation

- Person-centred care, such as reliance on electronic communication and lack of direct contact with professionals

- Specialist services such as employment or benefits/welfare rights services for vulnerable groups

- Support in navigating the social care system, for instance a lack of resources to help clients and difficulties contacting services

- Educational, occupational, leisure and activity-based services that help people with care needs, such as libraries, parks, careers services

- Increased waiting times for services such as home adaptations and equipment, and hospital discharges.

A perceived **deterioration in service quality** was raised by a range of respondents, with several councils highlighting the challenge of funding good quality care in the context of 'driving down costs'. One council reported "a growing number of complaints particularly in relation to choice and quality".

Related to issues of quality, about a fifth of respondents referred to issues with the **social care workforce and/or market**. Concerning the workforce, wages were said to be too low to recruit, train and retain the necessary numbers of good quality staff. This has had the inevitable consequences of increased stress and low morale among staff– while for service users, there were longer waiting times, poorly assessed care packages and reductions in support hours. One individual said:

> "We used to have six weeks of respite – an assessed need – and now we have four... Our social care teams have also changed in the number and composition of staff such that it's never easy to speak to a person who knows you all that well. There have been staff cuts that have meant each staff member is expected to cover a much higher caseload."
>
> <div align="right">Carer</div>

With regards to the care provider market, individuals mainly spoke about the cost of residential homes for self-funders (with some individuals saying costs were too high or the system was unjust) and the closure of residential homes due to a lack of funds (and the resulting lack of choice). Half of responding councils referenced the social care market in their replies. They were concerned about fragility and fragmentation in the market, with providers exiting or ceasing to provide the most difficult services, an increase in fees and weaknesses in quality standards. One council said:

> "Contracts have been cut to the bone, to the point where some are handed back to the council for lack of ability to make a profit. The thresholds have all risen so only the most needy are eligible for support. The council encourages relatives, friends and neighbours to provide care and support, especially earlier to reduce the chances of a person getting worse."
>
> <div align="right">Council</div>

6. What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?

This question appeared in the main consultation document and the summary and the easy read forms.[9] It was answered by three quarters of respondents via the main form, and most of those completing the summary and easy read forms. The majority of responding councils gave feedback.

There was strong agreement that funding challenges had **stalled – and in some cases even reversed** – local government's efforts to improve adult social care. Some individuals went as far as to say funding challenges rendered local government powerless to improve. Other described councils' financial challenges as 'disastrous' and 'catastrophic', adding that the supply of social care nowhere meets the demand. One charity commented:

> "Local government efforts to improve adult social care have been completely stymied in the past five years. Here [in council area]…we are lucky to be left with social care services at all. The impact is massive where we are already seeing overstretch budgets for social care teams where people's social care assessments are being curtailed. Where individuals are having their care packages…reduced and their lives been put at risk."
>
> <div align="right">Charity</div>

Councils' efforts were instead limited to attempting to **maintain standards and quality**, as highlighted by the following response:

> "Adult social care services in general are still good quality, but the focus has been on maintaining this rather than trying to improve services… In the earlier years of austerity, there was certainly an ability for providers to 'cut the cloth' and

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[9] Slightly different wording was used in the easy read form – see Annex A.

maintain quality by reducing profit margins. However, the context today is that funding cuts are having a direct impact on provider's ability to maintain a stable business, and providers who find themselves in this situation inevitably find it difficult to even maintain a quality service, let alone improve quality."

<div align="right">Council</div>

Given councils' budget challenges, some respondents (individuals and those in the voluntary and community sector) took the view that councils can now at best provide the bare minimum – and at worst provision had declined in its range and quality. Comments were made about delays to support, 'patchy' services and the 'erosion' of quality – and that care was 'going backwards' with some services resembling 'post-war' standards. Many gave examples of where support had been reduced or withdrawn – and the consequences of this action, for example:

"…The constant need to make savings year on year has left social care funding stripped down to the minimum with carers finding it harder to cope and people feeling more isolated and lonely. This can create more problems for people and create a bigger strain on services."

<div align="right">Individual</div>

"It [the council] hasn't improved adult services as funding cuts have seen the care to vulnerable people being withdrawn and people no longer getting the help that they need. This results in them leading very sad, lonely and undignified lives and leaves them feeling like they do not matter to society and are considered a burden."

<div align="right">Individual</div>

By concentrating on maintaining standards and quality, councils' efforts were seen by respondents as firmly focused on statutory services – leading to **disinvestment in early intervention and preventative services**. One public body said:

"A reduction in social care funding has resulted in reduced ability to deliver preventative services. However, investing in prevention is critical to prolonging independence and quality of life and reducing the cost of expensive social care intervention. Spending on prevention is again set to reduce in 2018/19, it forms eight per cent of budgets this year: this represents a decrease as a proportion of budget and a decrease in cash terms from the previous year. This is extremely worrying."

<div align="right">Public body</div>

"The concern is that funding will become increasingly focussed on crisis interventions and not on the preventative support that may reduce the cost of the overall service long-term as well as improving quality of lives. With budgets for advice services also reducing and the wider voluntary sector also at risk through funding cuts, it is also increasingly difficult for the voluntary sector to fill any kind of gap left through public sector funding cuts."

<div align="right">Charity/community/voluntary sector</div>

A range of respondents remarked on **a rise in the eligibility threshold** for receiving support services, leaving people with lower levels of need unsupported.

The reductions in early help and preventative services necessitated by funding limitations were expected to be counter-productive in the long-run, with fewer opportunities for care

professionals to intervene to prevent deterioration, dependence or crisis. A further frustration voiced by various individuals was that funding challenges were not limited to adult social care, but sat within a programme of wider austerity measures, which meant other vital local services were now unaffordable.

A range of respondents, but most notably councils, said that focusing on maintaining quality and standards within statutory provision has meant local government has had **limited opportunity to innovate and grow**. This was despite councils' determination to use the funding challenges 'as a catalyst for transformation' – or even 'a burning platform' from which to make radical changes. Yet, while some councils had accelerated efforts to use strength-based practice or asset-based approaches, limited funding had slowed the pace of change. One council said:

> "[Name of council] has responded to funding challenges through general efficiency initiatives, partnership working and innovation. This has included reductions in provider costs. These kinds of measures have largely reached their maximum potential and we are now having to consider higher risk options with less predictable impacts, including pathways re-design and a more proactive shift towards prevention that enables third sector providers to potentially have a much greater role in delivering adult social care."

> Council

An individual respondent added:

> "The funding challenge has been good, in that it has forced services to join up and forced councils to change from conventional approaches and to take calculated risks with innovation. However, the sheer scale of demand has eroded the overall impact with the result that the true impact of these changes has been undermined to some extent. That said, it is to local governments enormous credit that they have kept going in the face of losing 25 per cent funding."

> Individual

Some respondents said funding challenges had led to an emphasis on reducing costs, which in turn had resulted in **a lack of risk-taking** among councils – stifling investment in new models that would positively affect the services people receive. Business cases were seen by some respondents as now being focused on savings and requiring a significant degree of certainty of return, as illustrated in the quote below:

> "In finance driven transformation programmes, there is prioritisation of actions that reduce costs (including access to funds and investment). Budget position drives activity rather than needs and outcomes shaping the budget. Innovation can be stifled."

> Council

A respondent from the voluntary and community sector said:

> "Whilst approaches to commissioning social care are not solely driven by funding, challenges to resources can foster or encourage cautiousness on the part of commissioners, often to the detriment of people who rely on support. Within [our] experience, there remains a focus within many local authorities on the initial costs of support packages. The long-term benefits of 'front loading' a support package, both in terms of someone's quality of life and in terms of the potential for a reduction in need and ultimately savings, are often overlooked."

>> Charity/community/voluntary sector

An individual respondent said:

> "As a user of social care it feels that it is now about pounds not people. It feels that every time the social worker enters our house their purpose is to cut my daughter's budget than to be there to make a difference to our lives..."

>> Individual

Opportunities for improvement were seen as limited with an **overworked and depleted workforce**. Smaller teams were working with a higher number of service users – and there was less time to improve quality, train staff or pilot innovation when staff were in a 'firefighting mentality'. Concerns were raised by several individual respondents that care professionals did not have enough time to spend with clients – with '15 minute' home visits being a recurrent complaint. The social care workforce needed to be improved not only to enhance people's experience of care, but to better reward and recognise the hard work done by care professionals.

On a related issue, mixed comments were received about technological changes with the sector. Feedback from councils suggested that funding challenges reduced their ability to invest in new technology and digital services, which limited modernisation. Whereas, the following viewpoint was representative of some individual respondents:

> "...Whilst the telecare services are an excellent supplement there is sometimes an over reliance on technology to reduce face-to-face support services…"

>> Individual

A range of respondents pointed to the problem of **relying on short-term funding**. While funds such as BCF and iBCF had created some respite by averting more serious cuts in provision, the nature of the funding made planning for the future costlier and more difficult. One council listed a range of methods it was using to ensure financial stability, but said:

> "Despite these approaches, in order to deliver balanced budgets, we are reliant on the delivery of challenging savings, utilisation of reserves and an over-reliance on short term grant funding (e.g. the Improved Better Care Fund). Whilst we continue to transform services to mitigate demand pressures and support the delivery of savings, we are seeing diminishing returns year on year as we exhaust available savings opportunities. This is not a sustainable financial position for the long term."

>> Council

Uncertainty about funding streams placed additional strain on the provider market and its workforce because councils were unable to commit recurrent funding. Again, the issue of short-term costs verses lifetime costs were raised:

> "…prioritisation of commissioning service that might help balance this year's books, as opposed to reducing lifetime costs; ever more rigid 'inputs' (specific tasks, timing, length of interventions, etc.) as opposed to 'outcomes' ('Mike wants to achieve x outcome; please work with him in whatever way best achieves this'); unilateral decisions on contracts and over-reliance on tenders over negotiation with providers (this is changing slowly)."

<div align="right">Charity/community/voluntary sector</div>

Respondents not only described the short-term nature of funding as impeding local government's efforts to improve, but also **lack of budgetary control** with restrictions placed on the ways additional sources of funding could be spent.

Councils and others reflected on how funding challenges had led to **reductions in partnership working**. One council said the early austerity drivers had led to collaboration across local government but said this way of working was extremely challenging when balanced against immediate demand. Another council took the view that "organisations inevitably look inwards when in trouble" which puts pressure on partnerships at a time when partners need to be working more closely together.

The following observations were made:

> "[Name of organisation] firmly believes Adult Social Care has not improved. It was not perfect before, but there was a greater collaboration and openness, which is increasingly being lost. As bodies are protecting their shrinking budgets, there is a resistance to working together and an increase in 'cost shunting,' for instance using rents to fund care…"

<div align="right">Other public sector</div>

> "[Name of organisation] is very concerned that the funding challenges in local government have not only affected councils' ability to transform and improve services but have also had a knock-on impact on the wider network of support services provided by the voluntary sector."

<div align="right">Charity/community/voluntary sector</div>

Finally, a small number of comments were received about the **reputational risks** of funding shortages, namely the undermining of councils' efforts to improve and achieve service user buy-in. For example, some individual respondents viewed local government as uncaring, greedy and inefficient. One individual simply said: 'You don't care about the rest of us'.

A council explained the issue in these terms:

> "The challenges have led to some positive creative thinking, but even initiatives that will realise savings often need to be resourced the same level in the short term to make them viable and sustainable in the long term. Service users and those who support them can often appear [unhappy] about the reasons behind changes, believing that the need to save money is the primary driver even when this is in fact not the case. This can make it difficult to secure service user buy-in due to their concerns."

<div align="right">Council</div>

7. What, if anything, are you most concerned about if adult social care and support continues to be underfunded?

This question appeared in the main consultation document and the summary and easy read forms.[10] It was answered by about eight out of ten respondents via the main form and most of those completing the summary form and easy read forms. The majority of responding councils gave feedback.

Rising levels of **unmet and under-met needs** was by far respondents' main concern if adult social care and support continues to be underfunded. More than half of those giving feedback raised this issue as a general concern, with some concerned about their own current or future needs not being met – or those of a family member. Some described a lack of access to appropriate social care as neglectful. One individual said:

> "I am very concerned that there will be more cuts to my son's support – not based on need and therefore in contravention of the Care Act. That the Direct Payments will become even more restricted. Also, that my respite allocation will be reduced. In the longer term, what guarantee do I have that support or respite will not be cut completely? Already the Council is unable to carry out its statutory duty to carry out annual assessments, there are not enough staff."
>
> Individual

Linked to this, some respondents were worried about councils' **ability to manage increased demand** resulting from an aging population and an increase in people living with long-term conditions and complex needs – with some noting that these numbers varied geographically. One public body referred to research by Age UK[11]:

> "By the time they reach their early eighties, six in seven people will have a long-term condition, and by the age of 85, 80 per cent will have at least two long term conditions. This correlates with the need for care; by their late eighties, more than one in three people have difficulties undertaking five or more tasks of daily living unaided.'
>
> Public body

A consequent worry was that unmet and under-met needs would lead to an **escalation of need**, especially for the most vulnerable. This included: increased isolation and depression; a loss of dignity and quality of life; a loss of independence; an inability to participate in society; and ultimately an increase in premature and preventable deaths. A respondent from the charity sector said:

> "Main concerns if adult social care continues to remain underfunded is ultimately a reduction in the dignity and quality of life that people who need care will have. People will not get the support that they require. The levels of people feeling lonely will increase and there will be an increase in mental health related illness in both the person receiving (or not) care and the family carer."
>
> Charity

Concerns about problems escalating were not limited to people's needs, but stretched further to the **social care system more broadly**, such as increased pressures and costs on the

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[10] Slightly different wording was used in the easy read form – see Annex A.
[11] Age UK, Health and Care of Older People in England 2017 (2017)

NHS and the emergency services (e.g. increased hospital admissions, readmissions and prolonged stays; pressure on A&E departments and longer waiting times), to a total breakdown of the care and support system. One council said:

> "The provision will continue to be reduced, people will have to rely on the charity of either family or friends if that resource is available, or if not, then there is a risk of deteriorating health, isolation, mental health issues developing and this can have an impact on society at large, pressure on NHS for unavoidable mental health cases, higher hospital admissions and acute medical issues arising, again increasing demand on these services and leaving other medical needs at risk. The breach of a person's right to be a part of society, to have a say, to be included and to matter."
>
> Council

One individual said:

> "It is difficult for the businesses that supply carers to employ staff on the sort of wages that they can pay with council funding. It is going to be increasingly difficult to provide even a minimum level of support with more people in genuine need falling through the cracks of an over stretched system. More crisis situations will inevitably lead to more hospital admissions and contribute to the NHS failing to provide an adequate level of service as well."
>
> Individual

There were further concerns that underfunding would spiral into **a wider crisis for society**, leading to a range of negative consequences such as: family breakdown; increased homelessness; increased antisocial behaviour; a more divided society; dismantled public services; the removal of local accountability; and societal regression (i.e. 'turning the clock back'). One council said:

> "The long term impact on care and support for individuals is insurmountable. The system is already creaking and there are real risks that social care could fall down without a realistic funding model being put in place. The expectations of the sector i.e. to support the health service around discharge becomes difficult without proper funding to ensure robust community services..."
>
> Council

Quality and safeguarding were a concern for about third of respondents. This included: falling standards of care; a lack of specialist services; an increase in the use of lower skilled staff; the depersonalisation of care; and an increase in complaints – all of which potentially failed individuals and families. A respondent from the public sector said:

> "The feedback that we have received over the past few years has shown that whilst there is still some evidence of good quality care, more and more people are reporting negative experiences and low quality of care. There are growing concerns about the lack of access to social workers and consequently care assessments. There have been closures of day services and various other services key to people's health and wellbeing. Others have expressed concern that assessments are being carried out from the point of view of what can be offered rather than from the needs of the person. This defeats the idea of person centred care, independence and in the long term could potentially lead to health inequality."
>
> Other public sector

Some councils mentioned being worried their ability to meet statutory duties and deliver the 'must dos' of the Care Act, particularly around personalisation. Two councils raised concerns about the risk of judicial review and court action. One council said:

> "Our ability to meet our statutory duties with even the minimum response will start to be at risk. Investment in prevention and in the voluntary sector will end fairly soon. Vulnerable people will be left without support and the burden on families will grow. This will place additional burdens on health services. Local authorities will fail at an increasing rate, meaning that all services will suffer."
>
> Council

The impact of underfunding on the **social care workforce** concerned about a third of respondents, particularly that underfunding would exacerbate the problem of overwork in the sector, as well as the issues of low status, poor morale, and inadequate pay, a lack of respect, poor training and being at risk of blame. There was a concern this would lead to a frustrated, exhausted and sick workforce. This would, in turn, further compound the issue of high turnover within the care profession, a loss of quality, an inability to recruit the best staff and a drain of experience and knowledge from the front line. Delayed transfers of care would also be exacerbated, if the necessary workforce was not in place to support people at home.

The impact of Brexit on the social care workforce was mentioned by a small number of respondents, for example:

> "The outcome of Brexit may also have an influence in terms of available workforce, as immigration rules tighten. For example laws of supply and demand could cause an increase in wage levels. Without sufficient funding, this [may] inevitably lead to a further contraction in the quantum of ASC [adult social care] that a local authority can commission."
>
> Council

About a fifth of respondents were concerned about the potential 'neglect' and 'abandonment' of **vulnerable people**. They spoke about underfunding leading to inadequate care and safeguarding, a decrease in life quality and increased vulnerability – ultimately 'falling through cracks' and 'having nowhere to turn'. There were also concerns that the number of vulnerable people would increase as the eligibility threshold for care increased. There remarks were illustrated by these respondents:

> "Continued underfunding not only prevents service development and improvement but ultimately will see more vulnerable service users put at risk of deterioration as preventative services are withdrawn which will, in turn, place more pressure on health and social care services further down the care pathway."
>
> Council

> "…For social care to work for disabled people, they need to have meaningful choice and control over their care packages. However, it seems that in many cases this is no longer happening. In particular, we have heard that they do not feel that their needs and aspirations are fully considered during assessments of eligibility for care and support…"
>
> Charity/community/voluntary sector

A sub-set of those concerned about vulnerable people were specifically worried about older and elderly people. They were concerned that this group was being 'short-changed', 'undervalued' and treated without 'respect' for the contribution they had made to society.

The question of concern about underfunding drew comments from about a fifth of respondents about the **stability and quality of the social care market**. Some respondents knew of care providers that had folded due to funding issues, or pulled out of council-funded packages. Other concerns focused on providers being compelled to focus on self-funders or those able to pay 'top-ups' – polarising the market and leading to less choice, as illustrated below:

> "The concern is that care providers will not be able to afford to stay in business and therefore there will not be enough care provision for domiciliary or residential care in our borough. We have already seen a number of care companies go out of business due to lack of financial sustainability. With an ageing population, the pressure on the system is going to get greater each year…"
>
> Other public sector

> "…Our immediate concern is the real risk of care market collapse. That could manifest itself in different ways: a number of major providers in a geographical area pulling out of local authority contracts (or simply ceasing to bid for them) and/or going into administration would leave the local authority struggling to find alternative arrangements in area; or if a national provider of a similar size to Southern Cross were to go into administration, thousands of people across the country would be affected. Already, we are seeing incremental losses as mainly smaller providers leave the market, leaving service users insecure about their futures and experiencing discontinuity of care..."
>
> Charity/community/voluntary sector

Within this group, some respondents expressed concerns about **residential care**, and the increased use of larger care homes. There were also concerns about closures resulting in people being moved from their local area or residents being moved out of care homes. 'Institutionalisation' due to a lack of community support services was raised – as was the use of 'inadequate' or 'unsuitable' institutions for vulnerable people.

> "My main concern is that people will not be able to get places in care homes as so many are shutting, particularly those with specialist dementia support. This will mean more and more people being moved out of area which is awful for the family and for the cared for not to be in familiar surroundings and not have close contact with their family."
>
> Individual

A de-investment in preventative services was a concern for about a fifth of respondents. A range of respondents were worried about councils' ability to offer only statutory services rather than services and support that fell into non-statutory areas, as illustrated by the quotes below:

"We have witnessed a return to crisis care – whereby the lack of social care and preventative services have piled pressure on the NHS - which in turn is a much more expensive service to operate. It's obvious that the provision of more cost effective (cheaper) preventative social care lessens the impact on expensive crisis services, yet these are the ones that have been cut due to the need to meet statutory obligations."

<div align="right">Individual</div>

"That care and support services will be restricted to those in critical need. That care and support services will focus on keeping those people safe and the aim of supporting them to live full and meaningful lives and to make real choices will be diluted. That people with low or moderate needs will be at greater risk as they will not receive support and, in consequence, are more likely to fall into the critical needs category when this might otherwise have been avoided or delayed. That the concept of personalisation and choice will be lost. That family carers will be seen as a social care 'resource' and the negative impact of caring in terms of their own health and well-being will be exacerbated."

<div align="right">Charity/community/voluntary sector</div>

Just under a fifth of respondents expressed concerned about the impact of underfunding on **informal carers**, with several giving examples from their own lives – for example:

"I have had to stop work (aged 58) to care for my husband and consequently am not earning anything and have only carer's allowance. It is insulting that I am not entitled to this if I go away and pay for respite for my husband. In the long term, my pension will be compromised by my husband's illness, which will haunt me for the rest of my life - it's not an unreasonable to think that this could be in excess of 25 years."

<div align="right">Individual</div>

Respondents raised concerns that underfunding would lead to increased burdens and stress for family carers, who may also have other dependents, and receive no or little support in order to 'recharge their batteries', have no recourse to care leave from work, or have to give up work entirely to care for loved ones and thus suffer financially. It was also mentioned that family relationships could be severely strained and damaged, and that family carers were at risk of illness, including mental health conditions.

Finally, a small number of respondents were concerned about the impact of underfunding and people's abilities to pay for care themselves. This included worries about the creation of a two-tier system in which only those with access to personal funds would be in a position to access good quality care and support, leading to inequality of outcomes for older people based upon their wealth or the availability of family/friends to provide care. Other concerns included an inability to work because of caring commitments, the impacts of caring on pension contributions, losing one's home, getting into debt and being part of a system that was viewed as penalising people for working and saving throughout their lives. Some respondents drew on their own experiences to describe the number of years they had worked and the financial sacrifice now needed to pay for their own care.

8. Do you agree or disagree that the Care Act 2014 remains fit for purpose?

This question appeared in the main consultation document only, it was answered by four in five of respondents overall and almost nine in ten council respondents. Overall, a relatively small proportion (around two in five respondents) agreed that the Care Act 2014 remains fit for purpose, among those who did not one charity said "We do not believe the Care Act 2014

is fit for purpose because it not strong enough to prioritise disabled people's wellbeing rights under the Act over concerns about a local authorities' funding and resources."

However this proportion was much higher among councils with almost three quarters agreeing that the act remains fit for purpose, as expressed by one council who said "We agree that the ethos of the Care Act 2014 is fit for purpose. It has succeeded in incorporating separate pieces of existing legislation, and made it clear to local authorities and the public on how social care should be arranged. Positive aspects included; the greater emphasis on prevention and providing information and advice, an equitable offer to self-funders, and giving new rights to carers to put them on equal footing with those they support."

A number of themes emerged from the responses:

- Around a quarter of all respondents, and just under half of council respondents stated that there are **funding issues** which are hampering delivery of the Act. This was voiced by one council who said "The Care Act remains a fit for purpose piece of legislation and states clearly the requirements for local government. However, there is insufficient funding within the system to meaningfully apply the wellbeing principle, support to carers and a consistent offer to all of the adult care supported cohorts."

- **Issues with implementation** of the Act were raised by around a fifth of respondents overall and just over a quarter of councils. One community group said "The Care Act remains fit for purpose, the spirit and intention of the legislation remain important and relevant. The issues that the Act faces centre around its implementation."

- **Difficulties and differences in interpretation of the Act** were mentioned by around one in ten respondents overall and around one in six councils, with one local government body pointing out that "Practical application of some areas of the Act and limited case-law have proved challenging at times."

- Around one in ten respondents felt that the **Act should be reviewed**, as expressed by one council who said "Yes, overall we believe the Care Act is a good piece of legislation and continues to offer a strong policy framework for ASC development. However, a review may well be helpful in ensuring its continued relevance."

9. What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?

This question appeared in the main consultation document only and was answered by three quarters of respondents overall and four in five council respondents. The most commonly identified main barrier to fully implementing the Care Act 2014 was a **lack of funding**, this was reported by seven in ten of those who provided an answer, and almost nine in ten council respondents. As one not for profit organisation put it "Shortage of funding is, by a considerable distance, the most significant barrier to the full implementation of the Care Act."

A number of other main barriers emerged:

- **Staffing issues** were identified as a barrier to implementation by around one in six of respondents overall and around a quarter of council respondents, this was expressed by one public sector body who said "Staff capacity; the [low] number of available qualified professionals wanting to work within the current system is a major barrier to sustainability."

- Around one in ten respondents overall and around one in five council respondents believed that **issues with cross sector working** were a barrier. One council said "the primacy of the NHS agenda and the medical model in health and social care remains an obstacle in successfully bringing the social care model into integration."

- A barrier identified by around one in ten council respondents and a smaller number of respondents overall was a **lack of clarity and ambiguity within the Act itself** and the subsequent guidance. This was voiced by one council who said there was "Tension between wellbeing principle and focus on need, and the limited focus on safeguarding with conflicting guidance that accompanied this area."

The options for change

10. Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?

This question appeared in the main consultation document. It was answered by about nine out of ten respondents. By a large margin, respondents put forward two issues (beyond funding) to be resolved to improve the adult social care and support system: fixing the problem of a fragmented health and care system; and developing the adult social care workforce. These issues were proposed by about five out of ten respondents.

Fixing the problem of a **fragmented health and care system** required **piecing together the two systems** to integrate people's health and social care, according to a wide range of respondents.

Mostly, respondents said the existing 'false separation' between health and social care needed to be resolved. Many reasoned that social care should be recognised as an 'equal partner' to the NHS – rather than a 'bolt-on' or 'poor relation'. Other respondents advocated a wider inclusive offer, which incorporated services such as housing, transport and other community assets into a more holistic approach. For example, feedback included:

> "…We need to stop trying to categorise the need as a health one or social one. It matters none what the need is, what is important is the need is met in the best way for the individual and the most financially viable to those who are funding…"
>
> Charity/community/voluntary sector

> "The system at present sets the NHS and social care system at odds with each other. The interminable meetings to decide who is responsible for the funding for an individual's care needs are a drain on resources in themselves. It slows the system down and increases the stress on individual and their families. We should recognise that a need is there and then fund it from one place with individuals contributing when possible."
>
> Individual

The benefits of delivering more holistic and integrated care were put forward by a range of respondents, including: the removal of duplication and gaps in service delivery; greater efficiencies and less disruption at key junctures; less complexity and bureaucracy; better communication and information flows; improved cost-effectiveness; and ultimately an increased likelihood of people receiving the most appropriate care for their situation. Some of these points are captured below:

> "…For example, one of our service users was recently discharged from hospital. We are responsible for administering her medication. The electronic discharge

letter was printed off and given to the son. She came home on the Tuesday. Despite asking for a copy of the letter from him it was six days later that we saw a copy and could do a MAR [Medicine Administration Record] sheet. We had also tried to obtain a copy from the GPs. The hospital also didn't wish to send us a copy. For someone's safety, and living in this current age of technology, surely there are ways for this to be sent securely to the care providers too."

<div align="right">Care provider</div>

Delivering care in a more integrated way would necessitate removing numerous stumbling blocks and barriers, according to many respondents. The key issues are outlined below:

- **Leadership and vision:** an integrated health and care system would require a clear and long-term vision for the future – some respondents advocated for a 'national health and social care system' whilst others emphasised the need for local authority leadership and the preserving of local ownership and influence.

- **Decision-making and structure:** an integrated health and care system would require the structural and legislative joining of the two sectors to overcome organisational, professional, legal and regulatory barriers. This might involve the introduction of direct duties for the NHS to work with social care, outside of the iBCF.

- **Processes and systems:** an integrated health and care system would require a single quality framework, aligned planning, better ICT infrastructure (particularly to share patient records), new policies to facilitate cross-sector working, joint systems for procurement, commissioning and safeguarding, and pooled budgets that 'follow' services users.

- **Culture and engagement:** an integrated health and care system would require person-centred and placed-based approaches to suit service users, better relationships with third sector organisations and better public awareness of what adult social care provides.

Better public awareness of social care was raised by about one in five respondents within the theme of culture and engagement. Three main issues were put forward: the public is unclear about what the social care sector does (especially its relationship to the NHS); there is a negative narrative around social care in the media; and the public is unclear about social care's fees and charges. For example:

"The profile of adult social care is always secondary to the NHS. This is unacceptable. Without social care the NHS would collapse, and vice versa. They are two sides of the same coin and need to be given parity of esteem at a national level…"

<div align="right">Council</div>

"We need to reach a position where people understand the system and take pride in ASC in the same way that they take pride in the NHS. We also need a single narrative in relation to what ASC is and who it is for – this is key to people understanding it – but this narrative needs to be consistently communicated by staff working within the health and care system as a whole. There is a sense that ASC – possibly because of its positioning in respect of contribution costs and sometimes unpopular statutory functions - is less engendering of a positive public image – as opposed to health services. We question whether its diversity and inter-dependencies also dilutes public understanding or perceptions of what ASC does."

<div align="right">Council</div>

In terms of the second key issue to be resolved (beyond funding) to improve the adult social care and support system, about half of all respondents made comments about **developing the adult social care workforce and its culture** – as outlined below.

A concerted effort to **raise the profile of adult social care work** – making it a career of choice – was put forward by a range of respondents. They argued that improving the image and status of work in the sector (perhaps aligning it more closely with the wider nursing profession) would help grow the workforce. Some also thought it would help attract and retain high calibre staff – and generate more respect for care work among health colleagues and the public. One council said:

> "…We also believe that there should be a debate about the name 'care worker'. The role is crucial, and performed well can make a real difference to the lives of the people who they look after. Consideration should be given to aligning the description of care worker roles more closely to the wider nursing profession, similar to the recently established Nursing Associate support role…"
>
> Council

Relatedly, many respondents said **better pay and conditions for those working in adult social care** would increase the attractiveness of care work as a career – while also inciting others to stay. In terms of pay, this needed to correspond with skill levels and responsibilities, and reflect the true nature of work being undertaken (e.g. actual hours worked, travel time and the costs of using a private car for business travel). Related to conditions, improvements were needed to deal with a range of issues including long hours, heavy and complex workloads, levels of violence and aggression and protection for whistle-blowers.

Securing the supply of workers within adult social care – and keeping pace with demographic change – was raised by numerous respondents. This included a general labour shortage (namely direct care workers and regulated professionals); geographical labour shortages; and the loss of EU workers pre- and post-Brexit. Geographical issues included: areas with low unemployment and a buoyant local economy; areas close to London but outside of the London weighting allowance; areas with a declining working age labour force; rural areas requiring staff to use personal transport; and areas with strong competition from other sectors (including the health system).

The need to **grow the adult social care workforce** was put forward by numerous respondents, focusing largely on: clearer and stronger career pathways (e.g. from apprenticeship to registered nurse) that also nurture future leaders; better structures for pay progression and reward policies (comparable to the NHS); and technological improvements to facilitate smarter working.

The need to **invest in training and education** to develop a well-trained and professionalised workforce was suggested by number of respondents. Examples included: the introduction of centrally-delivered training with national standards and qualifications (similar to the NHS Knowledge and Skills Framework); training that combines health and social care modules (enabling staff to bridge these careers); and English language proficiency requirements.

Issues related to **leadership and governance** within adult social care were mentioned by some respondents. Some examples include: more support from employers for staff carrying out direct care (e.g. listening to their complaints); better training and development for registered managers (particularly on leadership and change); the introduction of a professional body for care workers (whereby registration is required to work in adult social care); and a national workforce strategy.

Various respondents pointed to changes they wanted to see take place with regards to the **workplace culture within the adult social care sector**, including:

- the delivery of care via effective multi-disciplinary teams
- a move away from time-based care to outcomes-based care
- a move to person-centred and co-produced care
- a move to strengths-based approaches to care
- more boundary-spanning roles with the care profession.

Finally, three other issues to be resolved (beyond funding) to improve the adult social care and support system were raised by smaller numbers of respondents:

- **Provision of wider infrastructure and services** that support health and wellbeing – including resolving the issue of a lack of good housing and age-and disability-friendly accessible housing.
- **Eligibility for publicly-funded social care** – including resolving the confusion that exists among the population about the cost of care, and also dealing with the significant numbers of people not planning for old age.
- **Commissioning and market shaping** – including resolving market fragility and its capacity to meet demand, competitive aspects preventing collaboration, local monopolies of supply and concerns about poor quality and safeguarding.

11. Of the [given] options for changing the system for the better, which do you think are the most urgent to implement now?

The majority of respondents (about eight in 10) answered this question. It appeared in all three forms.[12] Many people responded to this question with **general comments about the urgent need for more funding**. Some respondents additionally referred to the need for more sustainable, stable and long term funding arrangements. Other points made included the fact that funding should be based upon robust forecasts, and that adult social care budgets should be considered in the context of wider council allocations.

Where people selected specific options as being most urgent, the most common were:

- pay providers a fair price for care
- make sure there is enough money to pay for inflation and the extra people who will need care.

Neither of these were chosen by a large proportion (both were selected by just under a sixth of all respondents), however they were noticeably more popular amongst council and other local government responses – with each selected in just under four in ten responses from this group.

Respondents who selected the '**pay providers a fair price for care**' option spoke about the urgent need to stabilise the market and prevent further provider failure, and several stated that this was needed before any further changes could succeed. Others noted that this would

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[12] Slightly different wording was used in the easy read and summary forms – see Annex A.

lay the groundwork for longer term improvement. Respondents noted that a poorly functioning provider market has many negative consequences, for example:

> "Care markets are fragile. Provider failure is stressful and potentially harmful to service users. It also reduces the supply of care and the choices for service users. Without healthy markets and providers, other changes will fail."
>
> Council

Some respondents stated that it is important to ensure that alongside a fair price, the quality of care that these providers are delivering is of a high quality. Another point made was that paying a fair price for care could help address the issue of cross subsidisation between state and private provision, for example:

> "Provider market stability… would also help to reduce the level of cross-subsidisation that exists between state and private provision, the costs of which are often borne by people with complex conditions like dementia."
>
> Charity

One private provider noted that preferably, this 'fair price' should be independently calculated so that it truly reflects the financial needs of care providers and is not "biased" by short-term political factors. Further a council noted that finances are not the only factor that impact upon the health of the provider market:

> "It is important to note that providers are not all about the money – contract length, relationship with the commissioner, workforce development opportunities, etc. all have a part to play as well."
>
> Council

Closely related to this issue, many respondents made additional comments about the care workforce, with one council saying "We need to address workforce issues (lack of a workforce) – which are a huge barrier to quality care and good outcomes for people." Respondents talked about the need for an appropriate level of pay for caring roles, the need for care roles to be valued, the need to invest in training and development, and the need to offer career paths, which would all have an impact on current problems with both attracting and retaining a high quality workforce. As one care agency put it:

> "The role of a carer is not worthy of just the minimum wage - it is a hugely responsible job, including lone working, working unsociable hours, dealing with people's medication and having to make calls on people's health and wellbeing. If we are to attract new carers into this valued profession one of the most important things is to reflect their work by paying them adequately. A comparable job in the NHS would be paid between 30% and 50% more than a domiciliary carer and that is just not fair."
>
> Care Provider

Amongst respondents who selected the option of **making sure there is enough money to pay for inflation and the extra people who will need care** as being most urgent, many stated that this was very important in order to stabilise the 'here and now'.

On a related note, one local government organisation emphasised the need for more emphasis and clarity on the distinction between investment in *sustainability* and investment in *transformation*:

"There is an urgent need for investment to meet the cost and provide the resources needed to simply maintain and then improve quality in our current system. In addition to this if the government is setting out plans for transformation and system reform then this is an additional cost. We know long term funding and reform solutions via legislation will take at least 2 years to process, so we suggest the LGA Green Paper stresses the urgency and necessity for short/medium term solutions to be incorporated in the Government Green Paper, which are distinct from longer term transformation and reform."

<div align="right">Local government organisation</div>

Of the remaining options, around one in ten respondents selected '**provide care for all who need it'**. Very few distinguished between older people and working age people. Respondents stated that, as well as this being a legal requirement, this would help maintain people's independence and prevent their conditions worsening, as well as helping carers and other family members.

Cap and floor and **free personal care for all** were only selected by a small proportion of respondents as being most urgent to implement now. Those who chose the cap and floor options felt that this would reduce the risk of people losing assets and allow them to plan for the future, whilst those who selected free personal care for all mentioned that this would bring efficiency savings by removing the need to means test, and also that it could have a preventative effect by stopping low level needs from escalating. It is however also worth noting that a small number of respondents voiced concerns or considerations around the care cap. For example:

"…substantially increased financial assessment activity would be required by local authorities to assess and arrange accounts for people who currently fund their own care…"

<div align="right">Council</div>

"We have very serious concerns about a care cap and the significant cost implications for [our area] given the high number of self-funders we have and will continue to have in future. The impact of a care cap, if introduced could have a catastrophic impact on our budget. For example a £100k care cap would potentially result in around 2600 further clients at a cost of £148m over three years."

<div align="right">Council</div>

Further, many respondents made suggestions outside of the six prescribed options. These broadly fell in to three themes:

- A range of comments falling broadly under the theme of **organisational change**, including respondents who highlighted the need for much better integration between health and social care, a few suggestions of bringing services back to local authorities and away from private providers, cutting 'red tape' and devolution of decision making to a more local level.

- Comments about the importance of ensuring a **preventative/early intervention approach**, including the importance of appropriate housing, availability of local support groups, measures to enable people to stay in their homes or return home, addressing loneliness and meeting low level needs to stop these escalating.

- A range of comments about wider **service improvements** that are needed. In particular, the need to focus on a person's independence, and the assets and strengths they have to help achieve that, to help reduce dependency on more formal services. Alongside this, the importance of listening to the individual's views and the provision of adequate information and signposting.

Finally, a small proportion stated that all the options interrelated, and therefore it was not possible to pick just some as being urgent, as they all are.

12. Of the [given] options for changing the system for the better, which do you think are the most important to implement for 2024/25?

This question was asked in the main form. Around four in ten respondents didn't answer this question, or stated that they had already given their views in the previous question (which asked which of the options were most urgent). Amongst the remaining respondents, many took the opportunity to reiterate that **more funding** and **improved systems for funding** are needed.

> "A sustainable long-term funding solution that shares the costs of social care fairly across society and delivers an improved system."
>
> Charity

Where people selected specific options as being most important to implement for 2024/25, the most common were:

- free personal care
- providing care for those who need it (both older and working age people)

Neither of these were chosen by a large proportion (both were selected by just over one in ten of those who provided a response), however they were noticeably more popular amongst council and other local government responses with 'providing care for those who need it (both older and working age people)' selected by just under a quarter of those in this group who provided a response and 'free personal care' by slightly less than a fifth.

Respondents who selected the **free personal care** option mentioned benefits including a simpler and more easily understandable experience for service users, efficiencies for councils in terms of not having to do assessments, and aiding integration between health and care.

> "It would be useful to explore further options for non-charging for services as this would support equitability with the NHS.
>
> Currently there is a significant infrastructure in place for managing the assessment and collection of fees. It is also the reason for many complaints. There removing this could save significant cost and improve the experience for individuals and carers."
>
> Public sector organisation

> "Option 6 (free personal care) provides the most transparent and fair system of funding. In addition, removing means testing could derive a further efficiency saving to local authorities."
>
> Council

However, a note of caution was sounded in that this would be a major change to the system which would require a significant increase in funding, and careful thought and modelling would need to be undertaken to understand the financial impact on councils and on the care market. One respondent also noted that definitions would need to be carefully considered, as adult social care is wider than personal care, and this could create confusion and barriers.

Of those who selected **providing care for those who need it (both older and working age people)**, points made included that unmet need represents a risk to the system, and that this represents and earlier intervention approach, which is more cost effective. Some respondents said that this would help maintain people's independence as well as preventing or delaying deterioration in their conditions. For example:

> "[The] adult social care sector is fully aware of the evidence that shows that the delay in meeting people's needs leads to increased future costs. However, we feel the options should be qualified by referring to 'eligible needs'."
>
> Council

The point was also made that providing care to all who need it is important for protecting vulnerable people.

Amongst the remaining options (**pay providers a fair amount**, **make sure there is enough money to pay for inflation and the extra people who will need care** and **cap and floor**), each was selected by just under one in ten of those who answered this question, with a slightly higher proportion from councils and other local government responses selecting each option. Points made by these respondents around these options echoed those seen in the analysis of question 11.

Some respondents made the point, closely related to the issue of paying providers a fair amount, about the need to address **workforce issues** over the period until 2024/25. In particular, paying and valuing the workforce appropriately to address issues of recruitment and retention, as well as ensuring staff receive suitable training.

A small proportion of respondents made comments about the **service improvements** they would like to see by 2024/25. These were very varied but included providing more sheltered housing, increasing day care opportunities, listening more to services users and their families, making the system clearer and more easily accessible, and ensuring a personalised rather than 'tick box' service.

Further, a range of other points were made, each by a small proportion of respondents. These included:

- The importance of **increased integration between health and social care**.

- That **all of the options** are important to address by 2024/25.

- That the options presented cannot wait until 2024/25 and **need to be addressed earlier**.

- The importance of moving further towards a **preventative approach,** including reablement and early intervention.

- The need to **educate and inform the public** about the role of adult social care and how it works, the challenges it faces, and the reasons for the need of an increase in funding.

13. Thinking longer-term, and about the type of changes to the system that the [given] options would help deliver, which options do you think are most important for the future?

The question was asked in the main, summary and easy read forms.[13] Four in ten respondents didn't provide an answer to this question. Responses were varied with no one particular theme coming through strongly.

Respondents didn't tend to reference the six options in their responses to this question. Where they did, **free personal care for all** was the option most commonly selected (by just over one in ten of those who answered). Several respondents commented that this would remove barriers to seamless care with the NHS and address issues of fairness, as well as having a preventative effect. For example:

> "Free personal care, bringing the social care system in line with health care would provide a platform for a greater level of integration."
>
> Charity

This was followed by the **cap and floor** option (slightly less than one in ten respondents). This quote from a council demonstrates the reasons given by many of those who selected this option:

> "The 'cap and floor' system would help service users understand more clearly what their likely financial obligations could be with regards to accessing social care. Couple this with a clearer communication of options available and you will remove the uncertainty and confusion over entitlement and opportunities that are currently an issue. This would also assist providers in budgeting their services and lead to a more stable market position."
>
> Council

A small number of respondents highlighted factors that would need to be taken into consideration should this be implemented, for example the differing financial impact this would have on councils with differing demographics (for example those with a large proportion of self-funders).

The overarching need for **more funding** and a long term sustainable funding solution was mentioned in several responses. For example:

> "An agreed and sustainable funding framework with nationally supported principles is clearly central in the longer term."
>
> Council

Some respondents highlighted the importance of much improved **joined up working between health and social care**. Suggestions ranged from "collaboration with health on an equal footing"[14] through to "a National Health and Social Care system, funded out of general taxation free at the point of need for all".[15]

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[13] Slightly different wording was used in the easy read form – see Annex A.
[14] Other public sector
[15] Individual

The following issues were mentioned by about one in ten of those who responded:

- The need to invest in **preventative approaches**, including **helping people to remain in their own homes**. This was mentioned both as a way of helping to control costs (by reducing demand on acute services) and as a way of increasing wellbeing and quality of life for service users. Also mentioned under this theme was the importance of reablement, as well as giving choice to and empowering service users.

- The need to **educate the general public** about current and proposed models for social care funding, as demonstrated by this quote: "Evidence demonstrates that the majority of the public assumes social care is 'free at the point of need' and only changes this view when they or a loved one requires support. Without this education piece, any proposal which seeks to raise taxes or require individuals to pay for insurance is likely to be seen unfavourably, thus risking the entire issue of social care being avoided for political popularity reasons."[16] This would also have benefits for those who need to use services, and should include the provision of **clearer advice and signposting**, as well as helping people to plan for any potential future social care needs.

- The need to address **social care workforce issues**, including having enough people and with the right qualifications (for example occupational therapists, nursing staff, physiotherapists), properly engaging with and empowering frontline staff, and raising the status of caring roles (including through pay and career pathways, and promoting care work as a career choice).

Finally several respondents made specific **suggestions as to how the system should be improved**. These suggestions were varied but included an increased focus on the role that housing solutions can play, the need to invest in new technology and support other innovation, investment in planning, and providing more and better quality services to a wider range of people.

14. Aside from the options given for improving the adult social care and support systems in local areas, do you have any other suggestions to add?

This question was asked in the main, summary and easy read forms.[17] Around four in ten respondents didn't answer this question. Those who did, most commonly took the opportunity to make specific suggestions about **particular improvements needed to adult social care and support services**. For example, more of a focus on person centred care and personalisation, listening more to service users and carers, named points of contact and better information, more timely services (for example quicker housing adaptations) and ensuring high quality and appropriate support. For example:

> "Fifteen minutes is not long enough to help feed and wash a person never mind provide quick help in other tasks. Too short for someone who is lonely. Too rushed for the care assistant. Stress occurs for both."

> Individual

> "Clients should be assessed on their individual needs. Not give clients the same blanket amount of money and expect it to work. The fairer charging policy

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[16] Individual
[17] Slightly different wording was used in the summary and easy read forms – see Annex A.

implemented in our area has been cruel and very detrimental to our clients and carers."

<p style="text-align:right">Charity</p>

Other common suggestions were on the theme of **joint working between social care and the NHS**. Some respondents suggested more focus on integrated budgets, better communication, and closer working between different parts of the system to make a less complicated experience for service users and stop people 'falling through the cracks'. For example:

"There needs to be much better coordination between local government funded social services, care providers and the NHS. There should be a single organisation which acts as a contact point for users of services so that users do not have to navigate the current bewildering network of organisations who often do not communicate with each other."

<p style="text-align:right">Individual</p>

"Closer joining up of health and social care including funding mechanisms and information systems. However, integrating one system that is free at the point of delivery with one that is paid for by the service user presents considerable difficulties and creates substantial transaction costs."

<p style="text-align:right">Council</p>

Under the same theme, a small number of comments were made about the confusion that can arise around Continuing Health Care (CHC), for example:

"Make the system simpler and resolve and remove the grey area between health and social care needs. This would help to remove some of the conflict between organisations e.g. in the application of CHC."

<p style="text-align:right">Council</p>

Just under a fifth of those who responded to the question talked about the importance of investing in a **preventative approach** and also focusing on the **wider determinants of wellbeing,** with the role of housing commonly mentioned. Comments in this theme also mentioned the importance of focusing on rehabilitation and early intervention. Comments made included:

"…in terms of the wider determinants of health and wellbeing, the adaptability of all future housing provision would be a major step in future proofing against people's needs as it would enable people to stay in their own homes with the right support for much longer without the upheaval and huge economic and emotional expense of having to move away from their social network."

<p style="text-align:right">Council</p>

"Massive national campaign, delivered locally, to promote a more physically active society, i.e. Sport England to promote walking. More attention to social isolation and common mental health problems. Better air quality in worst neighbourhoods. Continue tobacco control. Tackle poor diets."

<p style="text-align:right">Individual</p>

Other suggestions tended to cover the following areas:

- Comments about the **care workforce**, including the need to ensure the profession is properly paid and with a sufficient status to attract good quality recruits, addressing retention issues, ensuring career pathways are available, and addressing inequalities between the care and NHS workforce. Respondents also emphasised the importance of ensuring that the workforce is of a good quality and properly trained, as well as stating that more staff are needed.

- Comments about making **best use of and supporting the third sector and community,** including encouraging volunteering (for example, to combat loneliness).

- The need to **educate and inform the public about social care**. Respondents gave several examples of the need for this, including to raise the profile of the sector (with potential benefits such as increased volunteering or support for budget increases). Another reason given was to manage people's expectations of the support they will be able to receive if they were to need social care (and clarify their own personal responsibilities both in terms of wellbeing and financing), as well as enabling those that do find themselves in this position to better navigate the system.

- The need for **better support for carers**, with the points made summed up well by this quote from a council: "There should be a clearer role given to families and friends in providing care and support – this would include giving them access to community based support; clear information and advice; flexible employment arrangements that allow for some caring responsibilities; better communication with [and] between health provision to support caring; more robust support to carers – financial, social and emotional."

15. What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?

This question was asked in the main, summary and easy read forms.[18] There was a strong feeling amongst respondents that individuals, families and communities have a hugely important role to play in supporting people's wellbeing. Many stated that this is already happening to a great extent, and these respondents made the following points:

- Around a quarter of all those who provided an answer to this question said that **those caring for family members need much more support and recognition** (including of the money they are saving the system). In terms of support for carers, people talked about the need for improved respite opportunities, guidance and practical help and the need for an improved carer's allowance (for example, at living wage level). Some respondents also mentioned the need for flexible employment arrangements that allow for some caring responsibilities, and also the possibility of paid time off for caring. For example:

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[18] Slightly different wording was used in the summary and easy read forms – see Annex A.

"They are an invaluable source of support and where they are supporting somebody, they need also to be effectively supported, a good investment as it is by far the cheapest option for government to support people, formal caring is so much more expensive, so reducing the need for this makes sense."

<div align="right">Council</div>

"Of course families have a role, but I have experienced first-hand the domino effect that caring for someone with dementia has on a family's mental health. Both my daughter and myself are under too much strain. We need a system that better supports us and gives us the entitlement to regular respite breaks that are not £1,150 per week. We need day centres at a local level."

<div align="right">Individual</div>

- On a closely related point, some respondents stated that **carers must not become overburdened** (and many stated that this is already the case), and carers and community services shouldn't be being used to compensate for gaps in care from the state. For example:

"The asset-based approach offers a more empowering way of engaging with citizens, but we must take care that individual and family resources are not abused and exhausted because of inadequate state support."

<div align="right">Other public sector</div>

"Whilst it is important to continue sharing advice, messaging and other information with the wider community, presumably via Public Health, it is unrealistic to believe that friends and family can 'pick-up' a greater share of the social care needs, unless funds are made available to them to do so. Seeking improvements in care, support, or wellbeing directly via individuals, friends, family members, or the wider community is unrealistic and should not comprise a significant part of any strategy to combat current, or future pressures on the social care system. Many family members and communities are already bearing more of those pressures than is reasonable."

<div align="right">Third sector organisation</div>

- Around one in ten respondents stated that community support plays a key role but that this is in decline due to the **lack of funding** that is now available. Others stated that the potential role for community and voluntary groups is large but that **engagement is needed** to realise this potential as well as providing practical help, in addition to funding. For example:

"In order to be most effective it is essential for individuals, families and communities to be supported by the statutory sector. Providing training, facilities and other resources will encourage people to be more active and involved. Local communities are usually knowledgeable about what can be provided, who is available to help but lack resources to create the conditions for all to thrive."

<div align="right">Council</div>

A notable minority (around one in ten respondents) felt slightly differently on this issue, stating that a **culture change is needed**, and individuals, families and communities need to take more responsibility. These respondents talked about a current culture of selfishness or of over reliance on the state, but also of the importance of giving communities the tools or information they need to identify and help vulnerable members.

"This is about changing from entitlement to support from the state to a new relationship that places obligations on all to live and age well and to be supported to do so by the local system which will be there when it is needed by individuals."

<div align="right">Council</div>

"Culture change is required to change people's perception of the state and enable communities to be more resilient, become aware of the vulnerable member of the community and have to tools and confidence to respond to local needs without state intervention."

<div align="right">Individual</div>

Around a sixth of respondents **spoke about the role that councils have** in enabling individuals, families and communities to play an active part in supporting wellbeing. Others noted that councils have an important role in supporting those who are unable to access family and community support, or whose individual needs are such they require the assistance of the council. The role of councils was highlighted in a number of ways:

- **Taking a strength or asset based approach to planning peoples care.** For example one council said: "…in any system of health and social care we should start by understanding the person, their strengths, their networks, and the strengths of these networks. We should understand what works well, and what might need to change. The person's ill-health or social care need is only a small part of who they are and in addressing these needs we should consider how we build upon what's already good and only look to plug the gaps. How we plug the gaps should also be personalised and should build upon the person's own goals and outcomes as well as their needs."

- **Providing the infrastructure and services needed for a healthy community to thrive and prosper** e.g. transport systems, open spaces, leisure facilities, public health campaigns and good quality information and advice services. For example one council said: "We hope that family members and communities can and will also play a role in providing support (including advocacy) to the vulnerable members of their communities. We appreciate that this is not something that can be taken for granted, and also that local authorities have a role in fostering these positive relationships and ensuring that sufficient information, advice, support and services are available locally to help these parties to access the right support at the right time without the need to undergo formal ASC assessments."

- A **leadership role,** ensuring that an infrastructure is in place to support and encourage community and social action. For example one council said: "We are working with partners across health, social care, the voluntary and community sector, and others to increase community and personal resilience in [this local area]. We aim to increase volunteering; improve and coordinate support to strengthen communities; and help individuals to improve their own health and well-being and take action to prevent disease and ill health."

Finally, around a quarter of respondents made the point that **family support cannot be relied upon**, as some people have no family, others live far from their family, and family members have to work as well as deal with other responsibilities. Further, they may not have the skills needed to provide certain types of care, or people may not want to receive care from their families. A small number of respondents made the point that there is a danger that relying too heavily on individuals, families and communities will result in inequalities in standards of care for the people that need it given that individuals, families and communities all have differing capacities and resources. For example:

"Of course there is a role for families and communities to support people's wellbeing - but, the pressure on working age people has increased and is increasing meaning they have less free time. Pension ages are going up so the army of 'well retireds' is drying up and often when they do retire they care for grandchildren as parents now need two incomes to cope with housing [cost] increases etc."

<div align="right">Individual</div>

"Family members should only [give] the help they are willing to provide. There must be no expectation they will always be able or willing to care, or that the person is willing to be supported by a family member."

<div align="right">Individual</div>

16. Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?

This question was asked in the main, summary and easy read forms, and over four fifths of respondents provided an answer.[19] Some made general statements about the need for an increase in taxation. Many selected a combination of options or specifically stated that a mix of funding solutions will be needed. For example:

"It is clear that no one solution is the answer to the funding problem. It will be necessary to implement a multifaceted approach to ensure fairness and sustainability."

<div align="right">Other public sector</div>

The most popular option was **increasing National Insurance (NI)**, with around a third of those who responded selecting this option. Respondents tended to talk about raising NI in general terms, rather than referring to specific options discussed in the paper such as extending NI beyond retirement age. These respondents stated that they preferred this option because NI is a progressive tax, underfunding is a national issue and needs a national solution, it is a solution that would be relatively simple and cost effective to administer, and it would raise a significant amount of money.

"These [NI and income tax] are progressive options as higher earners would pay more. It would raise additional funding from those who are most able to pay, if the funding would be redistributed to those areas with the highest levels of need. They are on the right scale – they would raise more than sufficient funding to meet the national financial gap as calculated here."

<div align="right">Council</div>

A couple of respondents made the point that the impact of any changes on the care market would need to be considered – for example a rise in the rate of employers NI would add to the cost of delivering care and potentially exacerbate current market sustainability challenges. A council also noted that any increase in employers NI would raise costs for councils. Another point made was around the importance of looking carefully at how any

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[19] Slightly different wording was used in the summary and easy read forms – see Annex A.

additional funding generated from an increase in NI is distributed; this would need to be done fairly and in line with need.

Many respondents who selected the option wrote about the importance of ensuring that any increases were **ring fenced** specifically for the purpose of adult social care. This was a point that came up in relation to many of the options. For example:

> "There was unanimous agreement from the room that any monies raised with an intent to address the current short fall in funding for adult social care should be ring-fenced for adult social care. Concerns that under previous administrations monies notionally hypothecated for use on specific areas of social policy, have not been seen to deliver the improvements anticipated, leading participants to advocate for transparency between national funding arrangements and local service delivery."

> Public and voluntary sector

The second most popular option was **increasing Income Tax.** Respondents tended to talk about this in general terms, rather than referring to specific bandings as discussed in the paper, but where they did mention this it was to say increases should be for higher earners. However one local government organisation stated:

> "Any proposal to restrict the additional levy to higher rate tax payers would not only significantly reduce the amount raised but be socially divisive. Wealthier families are less likely to seek care and support services from the state under the current system."

> Local government organisation

Support for this option often came alongside support for increased NI, and respondents cited very similar reasons including its progressive nature, the fact a national solution is needed, that it would be relatively simple and cost effective to administer, and it would raise a significant amount of money. For example:

> "National insurance and/or income tax rises provide the fairest and most sustainable solutions, spreading the cost of care through a wider public contributory system and delivering the level of funding required to meet current, future and unmet needs."

> Council

This was followed by **means testing universal benefits,** which was seen by some respondents as a fairer and better targeted approach than is currently the case. For example:

> "…there needs to be a rational analysis of the entitlements that people receive through the welfare state and whether that money was delivering impact or whether it could be spent better in other parts of the system. We highlighted free prescriptions, free bus passes, and winter fuel payments as examples of areas that could be looked at."

> Charity

However a number of criticisms were also levelled against this option. For example, respondents stated that it won't raise sufficient funds, will increase bureaucracy and the costs of administration, is prejudiced against those who have worked all their lives, and that means testing may mean those who most need the benefits may not claim or find it difficult to claim, leading to hardship and stress. One council noted that removal of universal benefits

may impact on people's wellbeing who do not require social care, and potentially create demand downstream though reducing people's independence, asset base and ability to self-care. For example:

> "We understand the background to the proposal to means test some universal benefits, e.g. the Winter Fuel Allowance, but are concerned that this might mean that those most in need will not claim them. It would also introduce further administration and bureaucracy which brings its own costs. If retired people are taxed on their incomes at appropriate levels this should neutralise the costs of such benefits."
>
> Charity

None of the remaining options received significant support, with each chosen by less than one in ten respondents:

- **Social care premium** - it is worth noting that whilst this specific option wasn't often mentioned, many respondents did talk about the importance of ring fencing other options such as increased NI and income tax. However, one public sector response noted:

> "A social care premium would need to be given further consideration as unless it was compulsory there would be no guarantee regarding the amount of revenue it would raise. The restriction of this model to those over 40 appears arbitrary and the amount per person even with a threshold would not be a fair system and would be a regressive way of generating funding."
>
> Public sector

- A small number of respondents selected the **council tax increase** option, however this option attracted a number of criticisms, which are reflected in these quotes:

> "Council tax would not raise sufficient funding to meet pressures and would be subject to distributional effects that don't reflect local need. It is also regressive in that it proportionally falls more on lower income households."
>
> Council

> "Raising funds must be done at a national level and not based on regional or local schemes as this may result in variations in money raised. For example raising funds through council tax or business rates puts poorer areas that need the funds most at a disadvantage. We have always argued that the social care precept reflects the size of an authority's council tax base which does not necessarily correlate with areas of highest need. For this reason, council tax should not be considered as a viable long term solution for funding adult social care and increasing it further could potentially make council tax unaffordable to many."
>
> Local government organisation

- Those who mentioned **charging for accommodation costs in Continuing Health Care (CHC)** said that seemed to be an equitable solution, for example one council said "Charging for accommodation costs in CHC would help to ensure a more level playing field and would make disputes about CHC less intractable." However several made the point that people in CHC have many more costs, and relatives still living in the family home, so this would need to be dealt with carefully.

Outside of the specified options, several themes emerged.

- The **government reassessing its priorities at a much higher level**, with suggestions ranging from taking money from the foreign aid budget through to getting rid of nuclear weapons. A very common theme within this was around tackling tax avoidance.
- Making **efficiency improvements** or implementing **organisational change** in adult social care and/or the NHS to save money.
- Suggestions of **different ways of raising money**, for example increasing corporation tax/a tax on 'big business', increased taxation for the very wealthy, individual insurance options.
- Any **taxes should be progressive**, and not impact on the poor or vulnerable.

17. Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?

This question was asked in the main, summary and easy read forms, and around half of respondents answered.[20] The most common responses were suggestions **of different taxes, charges or ways of raising money**. Often these related to further taxation on 'big businesses' and increased taxation of the very wealthy. Other suggestions were varied but included:

- land value tax/tax on housing wealth
- private insurance products/introduction of social care savings schemes
- councils looking at opportunities to generate income in innovative ways
- entry/departure taxes for visitors
- local lotteries
- reforming inheritance tax
- fast food tax
- reforms to council tax, for example a 'mansion tax'.

Around a fifth of those who responded made comments relating to the need for **efficiency improvements or organisational change,** including comments around the need for **health and social care integration**. Under this theme, a small number of respondents made comments about ending the commissioning of care to private companies. Comments relating to this theme included:

> "Devolution of funding to enable local decision making and local innovation to generate savings."
>
> Individual

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[20] Slightly different wording was used in the summary and easy read forms – see Annex A.

> "Encouraging co-operation and peer support from commissioners and within the provider sector itself, sharing best practice."

> Council

Comments were also made about the need for **a shift in government priorities**, for example the need to focus on tackling tax avoidance, and to reassess where existing funds are directed. For example:

> "At a national policy level, conduct a review of spending and potentially seek to re-prioritise allocation of existing funds committed to activity/departments other than the health and social care area and redirect what's available into this area."

> Council

Other comments tended to fall into the following themes:

- The importance of investing in **prevention**, including taking measures to **enable independence** and properly **supporting informal carers**.

- Comments about the **general approach to funding** that is needed in the future, and in particular the fact that any solution needs to be long term and sustainable, taking in to account future pressures that may impact on increases in demand. Some respondents also commented here that a mix of solutions will be needed.

- The need to **support and develop community services and the voluntary sector**, including promotion of volunteering.

18. What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?

This question was asked in the main form. Around four in ten respondents didn't answer this question. Amongst the remaining respondents views were fairly varied, with no clear consensus emerging. Many said that they **supported the suggestion in principal**, or that it warranted further investigation. These respondents talked about the need to simplify the current system, and to better direct support on the basis of need, as well as directing Attendance Allowance towards the type of support for which it is intended. For example:

> "Current funding is too little and also too fragmented. A review of care and support funding with a view to integration is desirable. If this funding were made part of social care support then many self-funders would no longer be outside the system of support and their vulnerability could diminish."

> Academic sector

> "Clearer direction on the use of welfare benefits to meet lower level of adult social care would be helpful. Aligning or including these in people's personal budgets could provide additional sources of funding to meet social care need."

> Council

On a related point, some respondents were **positive as long as any changes resulted in a simplified, streamlined and easier to use system**. For example, one individual said "I think the whole system should be made simpler and easier for everyone to use, both providers and those in need. Currently no one is sure about how the system works."

Another group of respondents felt that this idea could be a **positive step in theory, but voiced concerns** that it may be unachievable in practice (for example because of the complexity of the benefits system) and that it would carry with it significant risks to the system, for example "widening the group seeking care to those in receipt of welfare benefits would significantly increase activity and costs adding further pressure to the [adult social care] system"[21]. Some respondents also made the point that any changes of this nature would need to be properly funded, in terms of the impact on councils.

Others were very concerned about the **potential impact on vulnerable people**, both in terms of any reduction in support, and loss of control or other impacts on wellbeing.

A small number of respondents cited specific **examples of recent changes to the benefits system that had either gone wrong or resulted in vulnerable recipients losing out,** as a cause for concern (for example, Universal Credit, the closure of the Independent Living Fund (ILF), and changes to Personal Independence Payments (PIP)). For example:

> "The experience of reform of benefits in recent years has been negative, with challenges gaining, and retaining benefits. For example, the number of people who were previously on DLA losing out in the change-over to PIP is really significant…. The experience of ILF, which was closed and transferred to local authorities, has also been very poor. The ILF was ground-breaking in giving funds directly to Disabled people to purchase their own support, and it had very low overheads. Earlier this year a service user told us that social workers were describing the ILF as having been the "Rolls Royce of care", in order to depress expectations of what support the Council will offer. We found this so demeaning, and indicative of a culture which sees independent living as a cost rather than an investment in people's wellbeing."
>
> Charity

Nearly a fifth of those who answered this question **disagreed with the suggestion**. These respondents gave a variety of reasons, including that any reduction in the Allowance as a result of changes would push more people in to using formal adult social care services (as "very often Attendance Allowance is all that is required to help an individual maintain independence"[22]), that this would be used as a way of taking benefits away from disabled people and that the purpose of Attendance Allowance is to compensate for the extra costs of disability and it should therefore not be means tested. Some comments made included:

> "I am always nervous about taking away allowances like this. It sounds good in theory, but such change often results in a de facto removal of funds for people. Attendance Allowance is currently available to people who get very little other support and makes a great difference."
>
> Council

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[21] Council
[22] Council

"Disability brings with it additional costs. We believe that Attendance Allowance and other disability related benefits are intended for that and should lie outside the kinds of eligibility frameworks that we know lead to unmet need amongst disabled people as social care is rationed according to separate eligibility criteria."

<div align="right">Charity</div>

"The purpose of Attendance Allowance is to help compensate for the additional costs of disability. It is therefore non-means-tested and non-taxable, as these extra costs occur at any income level.

To tax or means-test Attendance Allowance would, for the above reasons, lack logic in distributional terms. If it is considered that people on higher incomes should contribute more, this is a matter for general income tax rather than concentrate the cost specifically on disabled people themselves.

Means-testing would also introduce the take-up problems that affect all means-tested benefits, as well as adding a layer of administrative complexity."

<div align="right">Other local government</div>

19. What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?

This question was asked in the main form, and around half of respondents provided an answer. The most common response, given by around four in ten of those who provided an answer (and nearly two thirds of local government respondents), was a general statement of **support for the suggested tests**. For example:

"The rounded picture such tests would provide for, seems excellent."

<div align="right">Council</div>

"Agree that these key domains represent a fair and equitable approach."

<div align="right">Other public sector</div>

Respondents also commonly suggested **additional tests**, with nearly a fifth of those who provided an answer doing this. The additions suggested were varied but included:

- The impact of the government green paper on the relationship between adult social care and health: for example whether it promotes (and removes barriers to) integration and whether it creates equity with health. As one private provider stated: "Do the proposed reforms enable the care sector to move towards a position of parity with the NHS, in terms of staff salaries, terms and conditions, pensions, training and career development opportunities?"

- Whether the government green paper has a positive impact on the quality and choice of services and is clear on lines of accountability for quality. For example one council said: "It is vital that care services are good quality. The way we commission and monitor services plays an important part in driving up standards."

- Whether the government green paper puts forward sustainable solutions to adult social care workforce issues such as recruitment, retention and training, as well as promoting a thriving and stable care market. For example one charity said: "We must have a sustainably funded system, which not only creates more stability for providers,

but also increases the ability to innovate and ensure adequate support for all those who need care and support."

Other suggested additional tests included: whether the proposals help improve public understanding of adult social care, and incentivise behaviour such as taking personal responsibility to plan for future care needs; whether any funding solutions are fair for councils, including whether funding is distributed fairly; and whether they encourage prevention and early intervention.

Some respondents (slightly over one in ten) provided **specific comments on one or more of the tests.** A few gave views on how these tests should be prioritised, however no strong consensus emerged about which should take priority. A couple made the point that some of the tests may be in some level of conflict with each other. For example:

> "…there are potential trade-offs between a number of these desirable tests. For example, if the solution is weighted towards wellbeing will it cost more? Could changes designed to make the system fairer end up making it more complicated? We need to recognise that the solution(s) the Government puts forward in its green paper may not deliver perfectly against all the suggested tests. The key judgement will be whether the solution delivers reasonably against the suggested tests."

> Council

Points made by individual respondents about specific tests included:

- Wellbeing: without a widely accepted definition of wellbeing, this test would lack necessary depth; the wellbeing test needs to be more explicit about the public health role and the role of prevention and early intervention; phrases such as 'putting people at the centre' may come across as patronising or paternalistic – 'ensuring people are at the centre' may be preferable.

- Fairness: fairness is important but can be subjective; the inherent unfairness between the way that 'health' and 'social care' conditions are charged for needs to be addressed; fairness also needs to cover age, type of need and location, and fairness in terms of comparable quality for those who fund services themselves and those who receive statutory funding.

- Sufficiency: this could be strengthened by looking at variation between councils, for example using CIPFA Nearest Neighbours benchmarks; the fact that care and support needs for younger adults is increasing needs to be taken in to account.

- Sustainability: To ensure sustainability, short term cash flow measures such as the Better Care Fund should be avoided; and solutions should not cause intergenerational conflict.

- Clarity and transparency: this test should also take account of the CQC Local Systems Reviews recommendations and the Competition and Markets Authority report in to the adult social care market.

- Subsidiarity: there is a risk that this could be impacted by any increases in national taxation causing funding to be more controlled by Government.

Just over one in ten respondents stated that the solutions that the Government puts forward in its green paper should be guided by and **judged by experts, including relevant professionals and service users**. For example:

"I think the government should involve all political parties, experts and users in finding solutions."

Individual

"Listen to ADASS and elected members who have social care as their portfolio area. There are experts in this field use them - we all want to find a solution that works!"

Individual

A range of other points were made, each by a very small proportion of respondents. These covered the following areas:

- The solutions should first and foremost be judged on the basis of user satisfaction and **outcomes for individuals.**

- General dissatisfaction with the government and **scepticism about the government green paper.**

- **Cross party consensus** is needed to ensure that whatever reforms are proposed have a strong prospect of lasting for more than a single parliament.

- A robust approach should be taken to identifying the impacts of any suggestions, and the feasibility that they will be deliverable with given resources, including **pilots and impact assessments**.

Just two per cent of respondents, and none from councils, said that they disagreed with the suggested tests.

20. In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?

This question appeared in the main consultation document and was answered by just over three quarters of respondents. Most respondents, just under nine in ten of those who provided an answer, felt that **cross-party co-operation and/or cross-party consensus was needed**.

Of these, over half felt that it was **crucial or vital** to achieving a solution, as expressed by one council who said "Cross-party consensus is needed in our current political climate, as this is not a vote-winning issue but an issue of common decency for vulnerable people in our society. Political parties would need to set aside their self-interest in order for increased funding or a genuine overhaul of the system to be a success." There was no difference in the proportions between response of councils and other respondents who expressed this view.

A couple of themes also emerged from the responses:

- A quarter of respondents overall and a third of council respondents stressed the need for the solution to be **future proofed against changes in government**, this was voiced by one charity who said "It is clear that the current crisis in social care extends beyond the life of a single parliament and, by definition, any long term solution must do the same. Therefore, it is vital that cross-party consensus is achieved to avoid any short-term thinking."

- Around one in eight expressed concern that adult social care **should not be treated as a 'political football'** with one charity saying "There was a real sense from members of the [Citizens' Assembly] that this is an 'issue of national importance

beyond party politics' and that it needed to be dealt with 'cross-party'. Assembly Members called on politicians to 'bear in mind the needs of users at all times, rather than political point scoring'."

- Among the council respondents around one in ten were concerned that **a lack of consensus should not delay the process**, as stated by one executive member for health and adult social care who said "Cross Party support is very important and desirable. But if it doesn't happen, it shouldn't be a deal-breaker."

Adult social care and wider wellbeing

21. What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?

This question appeared in the main consultation document and was answered by three quarters of respondents overall and almost nine in ten of council respondents. **Almost all who answered felt that there was a role for public health services** in helping to improve health and wellbeing in local areas, with only a small number saying it should have no role. All respondent councils felt public health has a role.

The roles most commonly identified for public health services were:

- **Preventative,** mostly in the form of healthy lifestyle campaigns and education. This was particularly popular among councils with two-thirds citing this role as opposed to two in five of the overall response base. One council stated "They have a vital role in preventing the need for people to use health and social care services, and should be developing and tailoring responses which target problem issues in a local area to help manage future demand on services."

- **Provision of local intelligence** to understand the local population and to assess the effectiveness of services. Again this was mostly identified by council respondents with one respondent saying that "Public health should provide a strong evidence base to direct measures to tackle health inequalities, prevention and to support health and wellbeing."

- Linked to this was using its evidence base to contribute to the **service planning and commissioning process**, as with the other two main themes a higher proportion of councils identified this role. The importance of this was mentioned by one council who said "They can ensure a more robust evidence base to local interventions".

Almost all respondents also provided their opinion on the extent of the role for public health services in helping to improve health and wellbeing. Overall, a third felt that it should be significant or central while a small number felt it should be a leading role. Among councils over half felt that public health services should have a significant or central role and just over one in ten felt it should be a leading role. A small number of respondents pointed out that public health services already have a role and some felt that this role should be expanded.

22. What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?

This question appeared in the main consultation document. It was answered by slightly more than half of respondents. Three quarters of councils gave feedback.

Respondents gave a range of examples to demonstrate the impact of other local services (council-led or otherwise) on improving health and wellbeing. Feedback mainly centred on four interventions: social; environmental; resilience building; and behaviour change. Many respondents emphasised the importance of local agencies working together to achieve better health and wellbeing outcomes – and underlined the pivotal role played by the voluntary and community sector.

- **Social projects**

About a third of respondents mentioned social projects as a central platform for improving health and wellbeing. The largest cohort pointed to projects that **increased physical activity**, such as swimming, gym access and exercise classes. Walking groups also featured as a way to meet others and improve one's health and wellbeing. Some said these activities were targeted at certain age groups or at those with disabilities. One respondent said:

> "I have attended health and wellbeing presentation given by the local council and made a pledge to improve my eating habits reduce my alcohol intake and take up walking and swimming. I have lost almost a stone and a half and feel better for it."

> Individual

Social prescribing included various schemes aimed at combatting loneliness and isolation such as: gardening clubs, 'good neighbour' schemes, day centres, befriending and buddying schemes, inter-generational activities and local luncheon clubs. Some were targeted at particular groups such as those living with mental health conditions or those in particularly isolated rural areas. For example:

> "[Local area] Social Prescribing Service is a nationally recognised leader and has demonstrated that by working with the VCS and service users there has not only been huge increase in health and wellbeing and quality of life but also significant reduction in service demand leading to cost efficiencies and savings."

> Charity/community/voluntary sector

Educational and employment services were mentioned by a smaller number of respondents as contributing to the wellbeing of local communities. Libraries in particular were seen as important in making a positive difference to people – bringing new knowledge but also spaces to combat isolation, as illustrated below:

> "Library services have been shown to have a very positive effect on improving health and wellbeing. For instance they can provide home visits to people who are housebound or unable to visit a library due to age, illness or disability which can help to reduce loneliness and isolation (which can exacerbate health problems). They also provide a public space that can allow people to interact with other members of the public."

> Other public sector

Adult learning provision, along with heritage and cultural services or activities, were cited by a small number as ways to improve health and wellbeing. Employment services were also highlighted, for example, as promoting better outcomes for disabled people – and services designed for children and young people were also mentioned in general.

- **Environment projects**

About a third of respondents saw environment projects as playing a fundamental role in helping people achieve good health and wellbeing. Housing amassed the largest number of responses in this category. Comments focused on **housing standards and affordability** – and how tackling these issues early was a preventive measure:

> "…Preventing people from becoming ill in the first place, offer statutory interventions relating to environmental and housing standards (damp homes, ill-heated homes, rogue landlords, clean water and good air quality)…"
>
> Council

Home adaptions and **supported housing** for elderly people and/or those living with disabilities were also mentioned as a way to facilitate more independent living – and help people stay connected and be part of their community, as illustrated below:

> "[Local housing related support project], which has been rolled out across [council area] since October 2017 and supports vulnerable people to ensure they can live in their homes as safely as possible. The project has already seen a reduction in accident and emergency attendances and emergency admissions. Reported benefits include reduced waiting times for housing adaptations, fewer people involved in each case and a reduction in delivery cost…"
>
> Council

A small number of respondents mentioned support for **homeless people or those without secure homes** – with these issues said to have a profound effect on the wellbeing of individuals, in particular mental health. One council said: '…Those in a stable housing environment within preferred locations require less intense support with lower relapses in care needs.'

Better transport was given as a method of improving health and wellbeing – providing independence and access to services and places of employment. More affordable and better integrated public transport systems were seen as ways to combat loneliness and feelings of isolation. For example:

> "A high quality integrated transport system such as [local transport name] is vital for making sure that services are accessible and for improving citizen's independence. Travel training for citizens with learning disabilities is valuable for helping them to be more independent and makes services more accessible, as well as reducing the need for expensive specialist transport, and needs a strong public transport system in order to be effective."
>
> Council

Several respondents mentioned **social care transport services**, including schemes run by volunteers to assist with hospital appointments and discharges. Aside from this, other respondents spoke about the **promotion of cycling** in their local area, including the development of more cycle lanes, to protect against obesity and other diseases, and also in terms of improving air quality.

The natural and built environment were mentioned by some respondents as a way to improve health and wellbeing. **Parks and green spaces**, some offering free exercise equipment and activities, were highlighted as a way to promote physical and emotional health. One council reported that local investment in parks and

gardens had seen an increase in public usage. Considerations about human-built surroundings were also important, including 'walkable neighbourhoods':

> "Highways are an important example – people who are sight impaired need to have accessible highways, crossings, proper pavements and real consultation with said group to properly implement an environmental design that enables not disables people with disabilities to get around. Public transport is another example of this. Accessibility is key to inclusion, independence and reduction in accidents and unplanned admissions to hospital."
>
> Council

A range of respondents made reference to the development of **'dementia-friendly' environments**, which involved councils working with local businesses and the voluntary and community sector, to improve accessibility for people with dementia, for example:

> "The impact of joint working with Public Health services to improve awareness and the experience of people with dementia through Dementia Friendly communities work. This will ensure greater community support for individuals with such conditions to reduce the isolating impact of a dementia diagnosis."
>
> Council

- **Resilience projects**

About a quarter of respondents referred to resilience projects to demonstrate the impact of other local services (council-led or otherwise) on improving health and wellbeing. The largest proportion referred to **advice and advocacy** services in their local area such as 'navigating' services (signposting and introductions to a range of local services) and other services (on issues such as debt and welfare, housing and legal rights). A charity working in this area said:

> "Good health and wellbeing are not just clinical issues. The practical problems matter too. Whether it's tackling debt problems, addressing housing issues or helping with queries about benefits and employment, we solve practical problems that improve health and wellbeing, reducing demand on health and social care services."
>
> Charity sector

Support for **mental health conditions** was also mentioned by a small number of respondents, including awareness raising, early intervention work and other engagement. A respondent from a local government organisation referenced a local project aimed at improving the mental health and wellbeing of black communities who suffer from multiple disadvantages and discrimination – and a project supporting young black men and boys who are disproportionally worse off than other groups in a range of social and educational areas.

Support for families carrying out **informal care** – including young carers – was also highlighted as a method of improving health and wellbeing, with some respondents referring to volunteer schemes that give respite to unpaid carers under pressure.

Community protection via public health campaigns, community safety teams, trading standards, domestic violence teams and agencies working with local schools, was also recognised as form of resilience building that was improving health and wellbeing.

- **Behaviour projects**

About one in ten of those who responded referred to projects aimed at changing people's lifestyles and behaviours in order to improve health and wellbeing, including projects to combat substance misuse and dependency, smoking, obesity and those at risk of reoffending. Projects aimed at promoting good relationships and sexual health – alongside good maternal health were also highlighted (such as smoking cessation).

Additionally, the **'making every contact count'** approach was mentioned by three councils as a way of supporting frontline workers to use everyday interactions with clients to support them in making changes to their lifestyle behaviour and to improve their physical and mental health and wellbeing.

23. To what extent, if any, are you seeing a reduction in these other local services?

This question appeared in the main consultation document. It was answered by about six out of ten respondents. Two thirds of councils gave feedback. The majority of responses to this question about the extent to which reductions to other local services had been observed were categorised using the following scale – or under the labels 'general reduction' or 'service/project-specific reduction':

- Chronic reduction overall

- Significant reduction overall

- Gradual reduction overall

- Small or no reduction overall

The numbers of respondents observing **chronic reductions** were very small. They included comments about a funding 'crisis', with services being 'almost 100 per cent' reduced or 'completely absent'. One individual said: 'What services? They barely exist.'

Comments from largest proportion of respondents – slightly more than a quarter – fell into the **significant reduction overall** category. However, a range of other respondents also spoke about significant reductions to specific local services or projects, as is outlined later. Short replies were given by several individual respondents such as 'massive' and 'huge', whereas some councils gave details of the specific reductions they had experienced, for example:

> "Since 2011, due to central government policy, [name of council] has faced a funding gap of £169m. In total, the council will have lost 51 per cent of Government funding between 2010 and 2020. This is equivalent to £722 from every household in [area]. This is mirrored in many other councils across the country. Given the size of the reductions in funding and changes in policy, service standards, thresholds and the way services are delivered, there has been an inevitable impact on communities."
>
> Council

Small numbers of respondents observed either **gradual reductions** or **small/no reductions**. Those who referred to gradual reductions said funding had been drained, eroded or had declined over many years, or described funding as 'coming and going'. Whereas those who said there were small/no reductions said there been no reductions at present, that funds had been invested or that innovations or 'redesigns' had taken place to save money.

The second largest proportion of respondents referred to **general reductions overall** but did not indicate any degree of scale. They mentioned issues such as the charging for once-free services or fee increases, difficulties finding and accessing services, increased reliability on the voluntary sector, increases in the eligibility threshold for support and decreases in staffing levels. One respondent from the charity sector summarised the situation as:

> "As funding from central government reduces, it is a cut of 1,000 knives with the intention that you won't notice year-on-year the changes."

> Voluntary sector

A slightly smaller proportion of respondents gave particular examples of **service/project-specific reductions** in their local area – most commonly the partial or complete reduction of some universal services that were not protected within statutory duties, but nonetheless of were important to local residents. Reductions were described in terms of scale and quality, and some services now incurred a fee. Examples included the following service areas:

- Adult education
- Advice and advocacy
- Bus services
- Carers support
- Community health
- Community safety
- Day centres
- Heritage and cultural services
- Leisure services
- Libraries
- Mental health support
- Public amenities
- Residential care
- Road maintenance
- Supported/sheltered housing
- Waste and recycling

In particular, various respondents mentioned that a reduction in councils' ability to take wider public health action, such as smoking cessation, that was known to improve the health and wellbeing of residents. For example:

> "The Public Health budget has had the ring fence removed and has been subject to a real term financial decrease over the past few years. Elements of repurposing have occurred to plug gaps elsewhere in the wellbeing agenda such as leisure, green spaces and children's services. This is effectively robbing Peter to pay Paul and masks the severity of austerity on whole Council budgets. It is also to the detriment of the general population as funding for sexual health services and drug and alcohol services have been reduced along with specific interventions for obesity etc."

> Council

Finally, several respondents mentioned that the amount of money available to fund projects run by the charity/community/voluntary sector had significantly reduced, and that this sector was also experiencing an increase in demand and complexity of need. For example:

> "The majority of other local services are provided by charities, who are seeing a greater drain on their meagre resources at a time when their services are needed the most. Without their input, there would be greater pressure on local government funds which could mean cost-cutting in other areas."

<div align="right">Charity/community/voluntary sector</div>

> "Anecdotally, the majority of VCS organisations that we work with report increasing demand and complexity of need. [Local area] recently carried out a community needs analysis which highlighted changing / emerging needs. Several organisations have reported an increasing need for support around mental health and social isolation. [Council] has traditionally been a heavy funder of the local voluntary sector in [local area], who are incredibly important in prevention and wellbeing. In addition to social care contracts, the Council has reduced direct funding to the sector from £7 million to £5 million, and are look[ing] at reducing this further. This reduction in funding, coupled with the increase in demand puts the strengths-based approach at risk. In [council] we are having to move away from directly funding organisations, to investing in building their capacity and resilience as organisations. However, if we want to ask communities to do more, the reduction in funding is a serious challenge."

<div align="right">Council</div>

Adult social care and the NHS

24. What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?

This question appeared in the main consultation document. It was answered by about three out of four respondents. Two key principles should underpin the way the adult social care and support service and the NHS work together, according to most respondents: **people must experience health and adult social care services as one seamless service**; and **person-centred care must be at the heart of service provision**.

The principle of a **seamless experience of health and adult social care** for service users was put forward by about half of respondents. Comments focused largely on the joining-up of health and social care so that people can transfer smoothly between settings – unlike the current system for which too many people were seen to experience disjointed care. A range of respondents pointed to the shared purpose of health and adult social care and highlighted co-dependencies within the two systems, for example:

> "It will involve a huge culture change/shift in attitude and the ethos of support and care needs not be defined by health or social but by the individual's needs. Health and social care should be one entity not separated by budgets and bureaucracy. An individual's needs cannot always fit in one or the other and nor should it if we are embracing diversity and personalisation. By working together we will be in a better position to provide a more holistic approach in a more cost effective manner."

<div align="right">Charity/community/voluntary sector</div>

Providing a seamless experience of health and social care could be facilitated by a range of working practices and resources, according to respondents: closer collaboration; continuous cooperation; greater coordination and aligned ways of working; teamwork and multi-disciplinary working (transcending organisational rivalries); improved communication and a better understanding of each other's roles; the use of shared physical spaces (e.g. social workers located in hospitals and care facilities); and the interoperability of IT systems for more effective data sharing.

Two broader issues, raised by some respondents, would help create a seamless experience of health and adult social care were: the **creation of a single health and care system** (or at least pooled budgets); and **parity of esteem across health and social care**.

About one in five respondents took the opportunity to appeal for the **creation of a single health and care system** (or at least pooled budgets). Most of these respondents said one organisation was preferable to two, and a smaller number thought the NHS should take the lead in delivering adult social care (with some respondents specifying the need for locally-based oversight and delivery). For example, one individual said:

> "They should be the same organisation and rather than 'working together' with all of the management layers, meetings and integration difficulties that that brings, they should be as one, with a clear upward line of accountability. The current system is inefficient, ineffective and confusing for those that use it..."
>
> Individual

A small number of respondents called for a single budget for health and social care – either as part of one combined organisation, or pooled budgets across local authorities and the NHS. They argued that the different ways in which health and social care are funded is a major barrier to integrated working, resulting in confusion and people or 'problems' being 'moved around' the system. Rather, one individual suggested focusing on the overall 'cost to the state' instead. Similarly, these comments were made:

> "There should be full integration, with an acknowledgement that health and social care are two parts of the same overall service. Funding should be normalised across both, with an end to the confusing system of different charges for different services. I believe the best model is where both health and social care are free at the point of access."
>
> Council

> "Not having this hard border between NHS funding and social care funding. Being on the borderline between care and health needs ourselves means sometimes it feels like we're going to be funded by the NHS for our personal budgets rather than social care, and this sometimes feels like people are trying to get rid of you and make you somebody else's problem. This is not cool. I know it's difficult to think of the money as shared in the current climate but it all kind of comes from the same place."
>
> Carer

One council, however, described the prospect of a NHS-controlled social care budget 'frightening' without firm ring-fencing, and a respondent from the charity sector strongly advised against putting social care into the 'vast NHS budget' saying councils have 'a much better track record of providing social care' and councils simply need to be properly funded. Additionally, a local government organisation stated that it continues to 'make the case for adult social care to remain within local government and not become a nationalised service in a similar way to the NHS'.

Regarding **parity of esteem across health and social care**, some respondents argued that social care was too often treated as a 'poor relation' of the NHS – with the NHS having 'the upper hand' in terms of funding and employee status. Rather, to create a fully integrated service, social care should be placed on an equal footing with the NHS based on its similarly important role, respondents said. These opinions are captured below:

> "To make integration work in practice, at a local level we must further develop relationships and share common values and a common sense of purpose. There must be mutual cooperation, mutual respect and the partnership must be equal – one partner is not there to prop up the other – they each have their own distinct function and these should be viewed as complementary and of equal significance and importance…"
>
> Council

> "At the outset, it is important that health and social care are seen as equal partners in addressing the health, care and wellbeing challenges of local people and their communities. It was a missed opportunity that much of previous discussions on STPs [Sustainability and Transformation Plans] nationally considered the funding challenges facing social care only in the context of their potential implications for the health service…"
>
> Other local government

The second key principle that should underpin the way the adult social care and support service and the NHS work together, according to about four out of ten respondents, was the placing of **person-centred care at the heart of service provision**. This approach, as described by respondents, would involve sharing decision-making with service users and their families, building care around service users' needs and viewing them as equal partners in the planning and delivery of care. These views are captured in the feedback below:

> "If services are truly co-produced then you will get integrated services that put the person at the heart and delivers more effective services that treat not just what is wrong with people but work with them to tackle what is important to people. Small interventions can have a massive impact."
>
> Charity/community/voluntary sector

> "Communication and clarity are essential with the "client" needs foremost at all times. Remember those requiring social care are real people who find themselves in bewildering circumstances and are at their most vulnerable. They need to be treated with respect and dignity."
>
> Individual

Respondents also said person-centred care should be underpinned by:

- Putting service users' needs first – and before those of the organisations providing health or care.

- Genuine care for people needing health and care support – treating them with respect, dignity and compassion.

- Coproducing services and support with service users – allowing them choice, and being responsive to their needs.

- Joining up support around service users – looking at the whole person rather than focusing on symptoms or illness.

- Aiming for the best outcomes for service users – ensuring that the support received is accessible, timely and effective.

Finally, smaller numbers of respondents referred to further principles that they thought should underpin the way the adult social care and support service and the NHS work together. These included:

- **A principle of clarity and purpose**: Having a single and clear vision across health and adult social care, with a long-term focus, joint goals and effective frameworks (building on those already existing) – while also considering local planning and forecasting.

- **A principle of early intervention**: Being serious about prevention and early intervention – promoting good health and wellbeing (combining support from other local authority functions such as education, leisure and housing).

- **A principle of strength-based practice**: Driving forwards a strength/asset based approach that promotes independence and utilises community networks – looking at 'what matters to people rather than what the matter is with people'.

- **A principle of transparency:** Working in an open and honest way that promotes transparency in decision-making, fills gaps in accountability and engenders trust among service users.

- **A principle of good governance and leadership:** Developing strong and supportive governance and leadership to maximise integrated working – including effective local oversight, collaborative decision-making and the nurturing of new leaders.

- **A principle of local and place-based care:** Recognising the local dimension of health and social care – focusing on joining local priorities, finding local solutions, co-producing care with local communities, and utilising a policy of 'home is best' to achieve positive outcomes for local people.

25. In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?

This question appeared in the main consultation document and was answered by three quarters of respondents. Of these, three quarters felt it was **important, very important or extremely important** that decisions made by local health services are understood by local people, and the decision-makers are answerable to them.

Among councils this proportion was higher with nine in 10 stressing the importance of their local residents understanding these decisions and decision makers being held accountable, as expressed by one council:

> "Very important. Accountability and engagement to and with our local population is extremely important. As we move towards greater integration and a focus on prevention the role that our local population play in this approach should not be underestimated. Not only does the local population need to understand the decisions they also need to be part of the design and decision making process."

> Council

A number of themes also emerged from the responses:

- Around one in five mentioned the need for **more transparency around decision making**, as expressed by one council who said "It is critical – decisions must be transparent, honest, timely, with appropriate consultation and engagement supported by collective responsibility and cooperation between councils and health services".

- There were calls for **local residents to be more involved in the decision making process** either through consultation or co-production, from around one in six of those who answered this question. One council said "The local community must not feel that the decisions which impact on their daily experiences are made remotely and in isolation. By listening to and involving the service user in the decision-making process, and holding the decision makers to account, a more acceptable system of care can be achieved which can respond better to the needs of local residents."

- Just over one in ten stated that local people needed to be **kept better informed of decisions and the decision making process** to enable better understanding. This was voiced by a council who said "Understanding the local system is key to the success of a health and social care system. It is very important that the process in which a decision is made by local health services is clear, appropriate, timely and communicated well. It needs to be flexible enough to allow the person to have the right support/service at the right time."

- A similar number felt that there needed to be **more resident engagement**. One council said "Engaging local people in the issues the health and care system faces, and in helping to design a transformed health and care system is crucial if it is to secure improved outcomes to people's health and wellbeing, and ensure it is sustainable."

26. Do you think the role of health and wellbeing boards should be strengthened or not? AND 27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?

These questions appeared in the main consultation document, and were answered by around seven in ten respondents. Just over half of those who responded said that the role of health and wellbeing boards (HWBs) should be strengthened, around one in ten felt they should not be strengthened and the remainder did not know or did not specify.

Among council respondents over three quarters felt that the role of HWBs should be strengthened with only two saying it should not. One council articulated the reason as follows:

> "As a statutory platform with the key organisations and partners in their membership the health and wellbeing boards are perfectly positioned to shape local decisions regarding health and social care services and hold local stakeholders to account. As such the role of health and wellbeing boards should be strengthened. They have a vital role to play in overseeing the wider aspects of NHS initiatives such as Integrated Care Systems and Integrated Care Providers."

Council

The consultation document suggested three options for strengthening the role of health and wellbeing boards. A third of respondents voiced their support for one or more of these:

- STPs could be **required to engage with HWBs in the development of STP plans** – overall one in five respondents said they supported this option and among councils half of the respondents supported it.

- HWBs could be given a **statutory duty and powers to lead the integration agenda at the local level** – as with the first option, one in five respondents overall said they supported this suggestion and among councils half of the respondents supported it.

- HWBs could assume **responsibility for commissioning primary and community care** – there was slightly less support for this option with around one in eight respondents overall choosing this option and a quarter of councils.

Respondents also made additional comments and a number of themes emerged:

- Around one in six overall and one in three councils stated that the role of HWBs should be strengthened to ensure **more accountability** in relation to delivery of health and wellbeing services, with one public sector body saying "Local councils are also democratically accountable to their local populations for a wide range of the services that contribute to the wellbeing of the community as a whole in a way that the NHS is not. If the wellbeing outcomes set out under the Care Act 2014 are to be fulfilled then decisions about adult social care need to be taken by local government in a democratically accountable way."

- One in 10 overall and a quarter of councils felt that HWBs should be strengthened to ensure a more **locally focused approach**, as expressed by one council who said "It is important that HWBs continue to drive local priorities. STPs have increasingly been reducing the importance of the leadership role of local HWBS it is important that local priorities do not get overlooked by sub regional priorities."

- A similar number talked about the need for **more joined up or partnership working.** One council stated "From a governance perspective, HWBs are important if we want to ensure a more joined-up political and collaborative partnership approach. However, their impact in transforming services is often minimal and could benefit with being strengthened further."

- Just over one in ten of both all and council respondents stated that **HWBs needed to be reviewed** with one council saying "There is a need to rethink the whole governance and regulation system and simplify it, creating a health and well-being infrastructure that has the authority and responsibility to lead the system delivery and be democratically accountable to locally elected representatives."

28. Do you have any suggestions as to how the accountability of the health service locally could be strengthened?

This question appeared in the main consultation document and was answered by just over half of respondents. No real consensus emerged from among the respondents but there were some common themes. Around one in eight respondents overall felt that the accountability of the health service local could be strengthened if they were required to **report to the local council** either through the Scrutiny Committee or the HWB. Among councils a third of respondents made this suggestion, with one council suggesting that

> "Accountability could be strengthened by requiring a more formal link with a strengthened HWB; and having stronger links between Health Scrutiny and the HWB."

<div align="right">Council</div>

A similar number of respondents suggested **integration or joint working** would strengthen the accountability of the health service locally; again a higher proportion of councils, one in five, made this suggestion. One council saw it working in this way:

> "…the local authority take on responsibility for running plus greater accountability at local level through the HWB boards. This has to include the role and influence of NHS England (NHSE) locally."

> Council

One in ten respondents, both overall and among councils, suggested **resident involvement** in the process, this was expressed by a council who said

> "Further co-production and engagement with residents in health and social care service design may be helpful."

> Council

A theme that emerged from among the council respondents, where it was suggested by one in five, was that **strengthening the HWBs would in itself strengthen the accountability of the health service locally**, as voiced by one council who said

> "The role of HWBs, once strengthened, should offer greater accountability…".

> Council

29. Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?

This question appeared in the main consultation document and was answered by just over half of respondents overall, and just under three quarters of respondent councils. The responses were varied with no overall consensus emerging, either from among the options that were provided or from the comments which did not refer to those options.

Of those who referred to the options provided some stated they were **all important** while a few felt that **none of the options** would provide their preferred solution. The most commonly chosen option was 'Invest in prevention, primary care and community health services, with multiagency teams working closely alongside the voluntary sector to put in place early help and support' with twice as many respondents choosing this option than any of the others (four in ten of all those who answered the question chose this option). This was followed by:

- Invest in joined-up infrastructure, such as joint commissioning, joint assessment and shared information to track people through the health and care system and joint workforce planning.

- Reverse the cuts to district nursing, particularly so that district nurses can support care homes and extra care facilities

- Ensure that what digital activity gets delivered through the NHS Plan recognises – and funds – the critical interface with councils and the care sector, with support being given to the sharing of information through local shared records

- Take personalisation further with a single assessment and care planning process, which is centred on the individual and what matters to them

This pattern was the same overall and among councils, however, the proportion choosing each option was higher among councils that the broader response base.

Although this question referred to new NHS funding, one in 20 respondents commented that the **funding should be given to councils rather than the NHS**, while a similar number felt there should be a **single budget to cover both health and social care**. Others voiced the view that decisions on how to spend the new NHS funding should be taken locally as each area will know their own needs and have their own priorities.

Although not directly related to the question of NHS funding, a number of respondents (around one in 20) took the opportunity to raise the issue of the **need for further funding**, which some (one in 20) suggested could be raised through taxation, while others called for a reversal of the budgetary reductions. The issue of introducing a care cap and capital threshold to ensure that individuals would not be faced with large care bills was also raised by a number of the responses which came via email.

Among those who raised issues aside from funding the main themes that emerged were:

- The integration of health and social care, with a small number saying that the NHS should take over control of social care from councils.

- A small number raised the need to for more services to keep people well following discharge from hospital to prevent re-admission.

30. Do you have any other comments or stories from your own experience to add?

This question was asked in the main form, and around half of respondents provided an answer. Around a quarter of those who provided an answer shared **negative personal stories**, either as service users, carers or professionals working in adult social care and support. The stories covered a range of scenarios, but tended to illustrate times when budget constraints or a lack of joint working between health and social care had caused problems. Some illustrative examples are given below:

> "My mum should have had a visit but to date none have occurred, leaving us to fund equipment and my 83 year old dad as the main carer."
>
> > Individual

> "Currently living the nightmare of social services and continuing healthcare arguing over who is responsible for my 22 year old daughters care. We are not treated like people and the risk of my daughter losing her life before any decision is made is unfortunately very real. She has been dumped in a care home against her wishes with no quality of life or way out."
>
> > Individual

> "As a relatively new entrant to the local authority, my time working in the sector has been set against a backdrop of constant budget cuts. Rather than aspiring to create a world-class health and social care system, commissioners have to make cuts that inevitably harm vulnerable people. We have reached the end of 'efficiencies' and are now in discussions about ceasing to provide preventative and non-statutory services which are of great value to our local area. This is incredibly disheartening, and central government needs to act now by increasing budgets to avoid irreversible damage to our services and our society."
>
> > Council

Just under a fifth of those who responded made **comments about the LGA's green paper** itself. The vast majority of these comments welcomed the paper and the role it has played in moving forwards the debate on the future of adult social care.

For example one local government organisation said "'[we] strongly endorse the LGA's social care green paper initiative. The LGA's green paper 'The lives we want to lead' has brought welcome focus to a long-overdue debate on detailed options to address the challenges of funding adult social care." Some of these respondents also made suggestions of issues they would have liked to see covered in more detail in the paper. No strong theme emerged, but suggestions made by individual respondents included:

- The paper should have emphasised more strongly the critical role of safeguarding.

- The paper could have been stronger on the importance of working age adults with learning disabilities.

- The LGA could place more emphasis on the importance of technology enabled care over the coming years: "Although telecare solutions are now well understood and highly developed in some local areas… there is huge potential also in robotics and cobotics (collaborative robotics). Government needs to be ambitious in promoting and supporting the development of cutting edge technology in the care sector and its Green Paper is an opportunity to set the future agenda in this respect."[23]

Finally, despite the challenges identified in this paper, some respondents ended on a positive note:

> "Having pointed out many of the gaps and failures of the system. It has been my greatest pleasure to serve and it has been the best career to have chosen. The sheer joy of assisting another person, seeing them grow and go forth in life is a wonderful things and yet so often forgotten in the way social care is described."
>
> Charity

> "In the words of someone we support: 'Supported Living is working very well for me I have now had 24/7 support for 16 months, I am able to stay in my own home, close to all my family, in the community I have grown up in. Supported Living enabled me to remain as independent as I can, I have a great team who support me to achieve all the things I wish to do.'"
>
> Charity

> "A [council] case-study: 'Mike previously lived alone and was very isolated and depressed. He was on medication and had previously been in hospital for depression. Last birthday Mike received only one birthday card. Since moving into [an independent living development], Mike is no longer isolated or depressed, and regularly joins in activities and utilises the facilities available to him... Also, Mike no longer needs his medication for depression and this year he received 50 birthday cards.'"
>
> Council

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[23] Council

Annex A: list of questions asked by document type

Main form	Summary form	Easy read form
Chapter Two: delivering and improving wellbeing		
1. What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?	What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?	Do you think that councils should have a role in helping to make the health and wellbeing of people better in a local area? If you do, tell us what role they should have
Chapter three: setting the scene – the case for change		
Why does social care matter?		
2. In what ways, if any, is adult social care and support important?	Let us know what ways, if any, you think adult social care and support is important?	Do you think adult social care and support is important? Tell us why you think this.
3. How important or not do you think it is that decisions about adult social care and support are made at a local level?	How important is it to you that decisions about local social care are made at local level?	Do you think it is important that decisions about local adult social care and support are made by local councils? Please tell us why you think this.
The need for continuous improvement		
4. What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?	NA	NA
The funding challenge and its consequences		
5. What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?	NA	NA
6. What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?	What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?	Do you think the funding challenges on local councils has had an impact on their efforts to improve adult social care and support? If you do tell us what you think the impact has been.
7. What, if anything, are you most concerned about if adult social care and support continues to be underfunded?	What, if anything, are you most concerned about if adult social care and support continues to be underfunded?	What worries you about adult social care and support if the money given to it continues to get less and less? If you are not worried you can tell us this too.

Main form	Summary form	Easy read form
The Care Act: a legal foundation for care and support		
8. Do you agree or disagree that the Care Act 2014 remains fit for purpose?	NA	NA
9. What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?	NA	NA
Chapter four: the options for change		
Why is it so hard to change?		
10. Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?	NA	NA
Changing the system for the better		
11. Of the above options for changing the system for the better, which, if any, do you think are the most urgent to implement now?	'In your opinion or experience, which of these options are the most urgent to implement now?'	Which of these options do you think is the most urgent to do now?
NA	What do you think are the most important of these options to adopt in local areas?	What do you think are the most important of these options to do in local areas?
12. Of the above options for changing the system for the better, which, if any, do you think are the most important to implement for 2024/25?	NA	NA
13. Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?	Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?	Which options do you think are the most important for the future?
14. Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?	Do you have any other suggestions for how adult social care could be improved and supported in your area?	Do you have any other ideas for how adult social care and support could be improved in your area?
15. What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?	What is the role of individuals, families and communities in supporting people's wellbeing?	What is the role of individuals, families and communities in supporting people's wellbeing?
How to pay for these changes		

Main form	Summary form	Easy read form
16. Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?	Which, if any, of these options would you favour to fund the proposed changes to adult social care?	Which of these choices do you prefer to pay for the changes to adult social care and support that we have set out? You can tell us if you don't think any of these are right.
17. Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?	Do you have any other suggestions as to how adult social care could be funded?	Do you have any other ideas about how adult social care and support could be funded?
18. What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?	NA	NA
19. What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?	NA	NA
Cross-party political cooperation		
20. In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?	NA	NA
Chapter five: social care and wider wellbeing		
The role of public health		
21. What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?	NA	NA
The role of other council services and those of local partners		
22. What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on	NA	NA

Main form	Summary form	Easy read form
improving health and wellbeing?		
23. To what extent, if any, are you seeing a reduction in these other local services?	NA	NA
Chapter six: social care and the NHS		
Social care and health working together		
24. What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?	NA	NA
Accountability in the NHS		
25. In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?	NA	NA
26. Do you think the role of health and wellbeing boards should be strengthened or not?	NA	NA
27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?	NA	NA
28. Do you have any suggestions as to how the accountability of the health service locally could be strengthened?	NA	NA
New NHS funding – how it can benefit the system		
29. Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?	NA	NA
30. Do you have any other comments or stories from your own experience to add?	NA	NA

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