

Health & Social Care in Counties

Funding, Demand & Cost Pressures

CCN RESPONSE TO INDEPENDENT RESEARCH



Acknowledgements

During 2015, LG Futures were commissioned by the County Councils Network (CCN) to undertake an analysis in relation to social care and health funding and expenditure. Undertaking a new analysis of social care funding and mapping Clinical Commissioning Groups (CCGs) to local authority boundaries for the first time, the research examined the comparative levels of funding and potential demand and cost pressures for CCN members compared to other authority types.

The data outlined in this CCN Report is drawn from the independent analysis undertaken by LG Futures. Their full report *Social Care and Health: Funding and Cost Pressure Analysis* is published alongside this report and can be accessed via <http://www.countycouncilsnetwork.org.uk>. **The commentary and policy proposals presented in this paper are those of CCN not LG Futures.**



Founded in 1997, the County Councils Network represents 37 County Councils and Unitary authorities that serve county areas. CCN's 37 member councils serve over 25 million people or 47% of the population, over 45 thousand square miles or 86% of England. CCN is a cross party organisation, expressing the views of counties to the wider Local Government Association and to central government departments.

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If you would like further information on CCN, including the latest research, publications, news and events, please visit our website <http://www.countycouncilsnetwork.org.uk>.



LG Futures provides bespoke consultancy, training and policy research for the public sector, specialising in financial management and funding.

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Introduction

For county communities across the country, the future sustainability of local health and social care services is their most pressing concern. Reflecting the views of county residents, CCN and its member councils has placed stable funding and plans for fully integrated services at the heart of their vision for county public services.

In the lead up to the General Election and Spending Review, CCN set out the case for achieving these objectives, highlighting the opportunities presented by Government reforms and the unique challenges we face in succeeding in our joint goals.

Of all the challenges we face, the twin pillars of reducing resources and growing demand were at the forefront of our arguments. Earlier this year, CCN set out that counties face a £959m funding shortfall in social care funding for this year alone. We have argued that whilst social care pressures are rising across the country, CCN member councils face unique demand-led pressures across our local social care and health systems that have not been fully recognised across Whitehall.

Building on our work to date, CCN welcome this independent analysis from LG Futures on *Social Care and Health: Funding and Cost Pressure Analysis*. The timeliness of this work should not be underestimated. At a time when funding for local government services have become increasingly scarce and there is a growing imperative on integration, it is vital that Government spending decisions are based upon detailed evidence based analyses.

The research continues to show that counties face the perfect storm of the highest levels of demographic growth, the fastest growth in service demand for health and social care, while these health economies receive significantly less funding than other areas. Critically, for the first time, LG Futures have calculated that it is CCN member councils that have witnessed the largest reductions in social care funding, and the formulae is embedding historic funding disparities that could see these disadvantages compounded over the coming years.

The 2015 Spending Review has sought to address widespread concerns over the crisis facing social care funding. The introduction of the optional 2% social care precept and expanded Better Care Fund (BCF) from 2017 are welcome. However, proposed reforms to the distribution of Revenue Support Grant (RSG) in the lead up to full Business Rates Retention will result in a dramatic shift in the distribution of central Government grants away from CCN member councils. Changes introduced could lead to CCN member councils being subject to an additional unexpected reduction of £184m in Revenue Support Grant (RSG) during 2016/17, pushing total RSG reductions to £854m next year. Unless Government listens to the practical recommendations within this report, these changes will significantly increase the in-year pressure on services in the face escalating demand and new burdens, such as the national living wage.

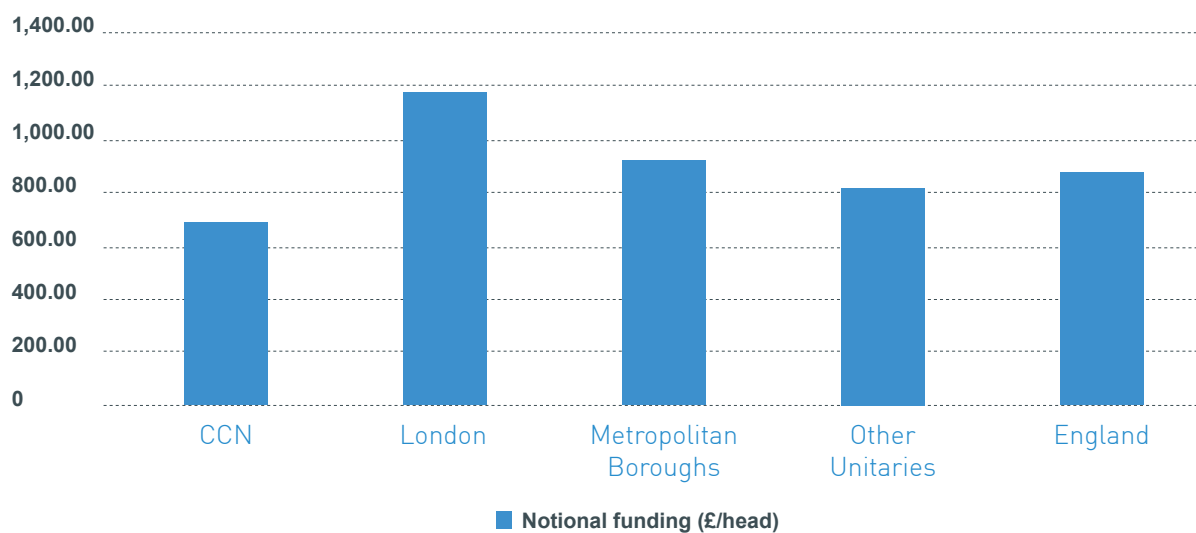
This document draws out a summary of the key findings from the LG Futures research and analysis. It provides the CCN response to the research findings that highlight the stark reality of the funding and demand challenges facing adult social care and health services in counties. Building on our response to the local government finance settlement, it sets out a range of proposals for Government to consider in ensuring that the Spending Review achieves its core ambition of a sustainable health and social care system capable of driving forward an ambitious plan to integrate health and social care by 2020.

LG Futures' Findings: Adult Social Care - Finance

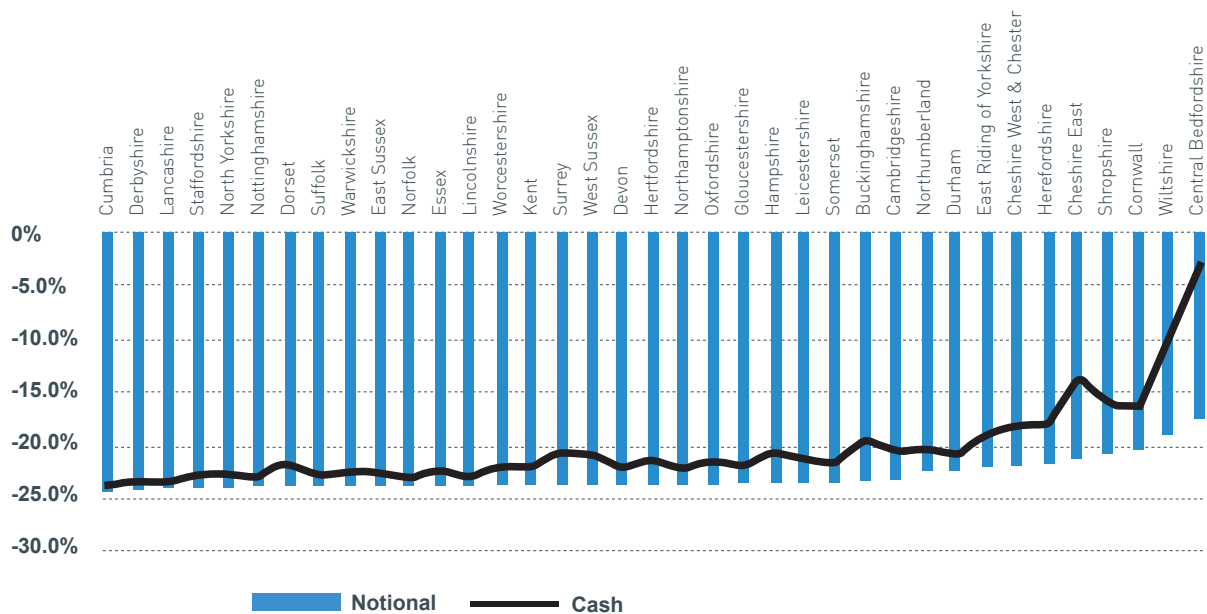
- ➔ For Older People's Social Care, assessed needs per older resident are based on seven indicators. These are based on the proportion of older adults who (i) receive income based benefits; (ii) receive Attendance Allowance; (iii) are aged 90 and over; (iv) live alone; (v) live in rented accommodation; as well as adjustments for (vi) local labour costs and (vii) population sparsity.
- ➔ Based on this formula, assessed needs per resident were relatively low for the CCN authorities. On average, needs per resident were 20.7% below the England average for all authorities. For the individual CCN authorities, this ranged from 2.5% to 30.2% below average. The CCN authorities will be relatively disadvantaged by the fact that funding shares are frozen until 2020/21, and resources will not be reallocated between local authorities to correct for these differences in older people's population growth.
- ➔ CLG's funding formula does not identify funding (in £ terms) for each service. LG Futures therefore carried out analysis to estimate the share of funding in 2013/14 attributable to Older Adult Social Care and projected forward to 2015/16. Estimated per head over 65 allocations were significantly lower than other local authority types. CCN member councils received 44% less cash funding per head compared to the national average, 61% less than London Boroughs and 53% less than Metropolitan Boroughs. Only 41% of CCN member council funding consisted of cash funding, with 59% raised via assumed council tax. This compares to 64% and 35% respectively in Metropolitan Boroughs.
- ➔ Between 2013/14 and 2015/16, on average CCN member councils have witnessed the largest reductions in estimated funding (-22.9%) compared to other local authority types, and higher reductions in estimated cash funding (20.1%) than the national average. The share of New Homes Bonus received by local authorities has an impact how the reductions to funding have been offset during the period. With the 27 county council members of the CCN receiving only 20% of local allocations, it is important to note that councils are less able to offset reductions in cash funding. As such, isolating the 27 county councils in the membership of the CCN shows that they have witnessed a higher reduction in estimated notional funding (-23.6% versus -21.0% for unitaries), with the cash funding reduction also higher as a result of separating CCN's county council and unitary member councils.

Comparator Groups	Change in Notional Funding	Change in Cash Funding
County Councils Network (CCN)	-22.9%	-20.1%
CCN County Council	-23.6%	-21.9%
CCN Unitary	-20.8%	-15.2%
Metropolitan Boroughs	-22.4%	-20.9%
Unitaries (Excl CCN Members)	-21.3%	-17.5%
London	-20.9%	-17.6%
England	-21.9%	-19.0%

Estimated value of notional funding for Older Adult Social Care 2013/14 per Head +65



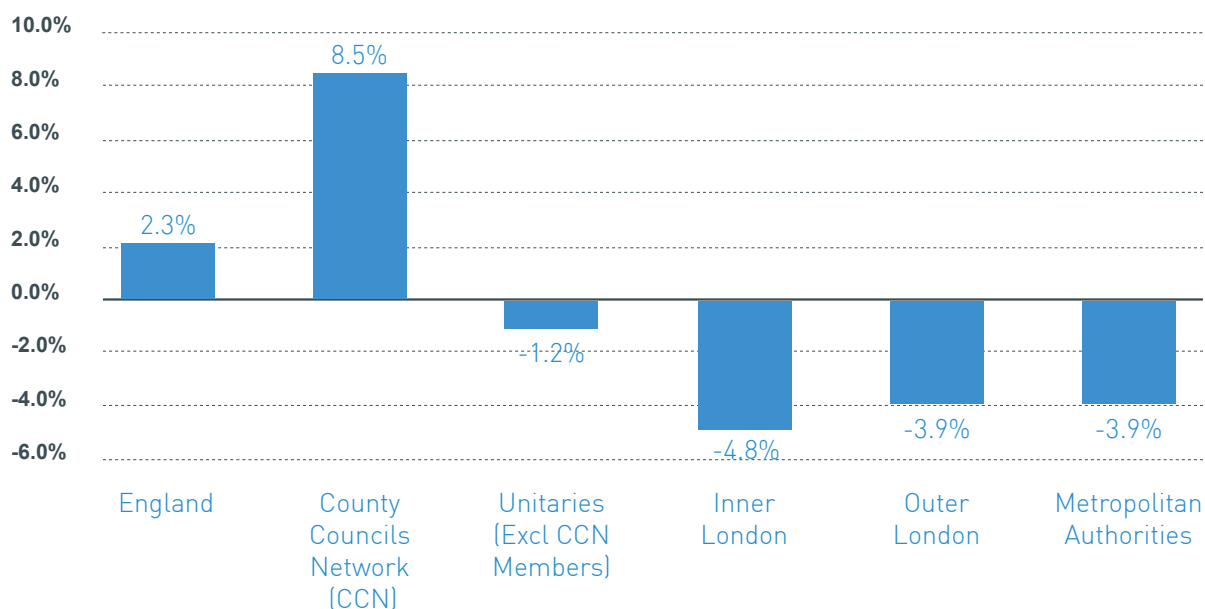
Change in estimated notional and cash funding for Older Adult Social Care, 2013/14 to 2015/16



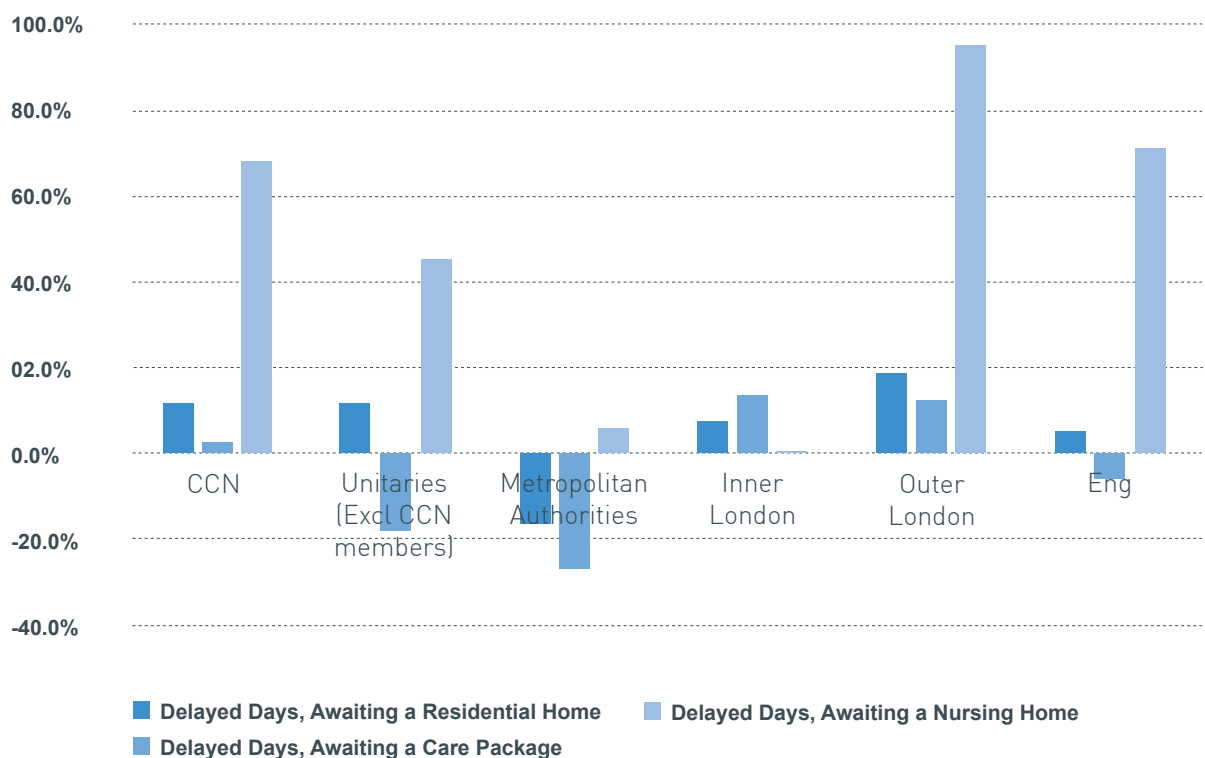
LG Futures' Findings: Adult Social Care - Demand

- One of the principle quantitative measures of the demand for social care services is the number of referrals made and subsequent contacts with local authorities. In the five-year period to 2013/14, the number of contacts in CCN authorities has increased by 8.5%. This is in comparison to overall reductions in contacts in other types of authority.
- CCN members experienced the largest increase in referrals from primary and secondary health care. This could potentially indicate additional pressures faced by CCN authorities from measures to reduce delayed discharges, given the higher proportion of the elderly population in CCN areas.
- Another method of measuring demand on adult social care services is analysing the effectiveness of, and local pressures on, the NHS through delayed discharge figures. Between October 2010 and September 2015 CCN member councils have experienced an above average increase of 18.8% in patients whose care has been delayed, with only non-CCN unitary councils seeing a higher percentage increase.
- Outside of London, CCN member councils have seen the highest percentage increase in the number of delayed days per 100,000 population aged 65+ years attributable to social care from October 2014-September 2015. The number of delayed days in counties rose by 37.1% over this period, which is significantly higher than Metropolitan Boroughs (11.4%) and non-CCN unitaries (-4.4%).
- Outside of London, CCN member councils (46.8) have the highest average levels of 65 years and over patients per 100,000 population, both acute and non-acute, whose transfer of care was delayed from October 2014 to September 2015. This figure is marginally higher than non-CCN unitary authorities (46.7), but significantly higher than Metropolitan Boroughs (38).
- Over the same period CCN members have also seen the biggest percentage increase, excluding London, in delayed days due to patients awaiting a i) Residential home place ii) Nursing home place iii) Care package.
- The projected population growth of older residents and the implications for cost pressures have also been analysed. CCN authorities are projected to grow more quickly than the comparator groups. Over the next five years, the number of older residents in CCN authorities is projected to rise at an average annual rate of 2.0%, compared to the England average of 1.8%. This is also faster than the London boroughs (1.9%), other unitary authorities (1.9%) and metropolitan boroughs (1.5%).
- To estimate the impact of population growth on local authority spending, it is assumed that there is a one-to-one relationship between growth in the number of older residents and expenditure on older people's social care. This rule of thumb is supported by some statistical evidence.
- CCN member councils will see increased costs of £247m of additional demographic cost pressures by the end of the decade. This is 52% of all demographic costs for English local authorities.

Percentage Change in Contacts 2009/10 to 2013/2014



Number of Delayed Days, Acute and Non-Acute, Awaiting a Residential Home/Nursing Home/Care Package at Home, Percentage Increase/Decrease from October 2014-September 2015



Counties face the perfect storm of the highest levels of demographic growth, the fastest growth in service demand for health and social care, while these health economies receive significantly less funding than other areas.

Adult Social Care: CCN Commentary & Policy Proposals

Local government has received substantial reductions in funding since 2011, with all local authority types witnessing reductions in Revenue Support Grant (RSG). For the first time, this study has looked in depth at how funding reductions in adult social care have impacted across different parts of the sector during the last Parliament. It shows that CCN member councils have on average witnessed the largest reductions in adult social care funding (-22.9%) compared to other local authority types, and higher reductions in estimated cash funding (-20.1%) than the national average. This is an important finding, considering that it is commonly asserted that Metropolitan Boroughs and London have witnessed the most significant funding cuts from Central Government, however this study shows that this is not the case in adult social care.

For two-tier county councils the reduction is even higher (-23.6%), with reductions in cash funding (-21.9%) significantly higher. Analysis shows that the split in New Homes Bonus (NHB) between counties and districts in two-tier areas is the main source of this disparity. Higher than average tax bases have also not shielded CCN member councils from funding reductions, with cash and total funding remaining significantly higher in non-CCN areas and exceptionally high in London. CCN members (£679) receive nearly one third less funding per head of population (65+) than the national average (£883) and significantly, less than London (£1,182). Disparities in funding for core funding are mirrored in BCF funding, with CCN member councils receiving £468m less funding than the national average.

Critically, the findings show that the Government's decision to freeze the Social Care Relative Needs Formula in 2013/14 for the final time has penalised counties financially, and will continue to do so over the coming period. Prior to this, the formula would have recognised and remunerated counties for the high levels of demographic growth they have and are projected to experience. Over the next five years, the number of older residents (65+) in CCN member authorities is projected to rise at an average annual rate of 2.0%, a higher rate than any other local authority types. As a direct consequence of this higher than average growth, counties will see increased costs of £247m of additional demographic cost pressures by the end of the decade; 52% of all demographic costs for English local authorities.

The analysis also shows that at time of higher funding reductions and lower funding for counties, demand is rising at a faster pace. CCN member councils have experienced an 8.5% increase in social care contacts, including a significant rise in referrals from primary and secondary care. Demand for adult social care and health services in counties will be further exacerbated by the projected increase of 14.8% in the number of people with a limiting long term illness by 2020-21, higher than all other local authority types.

At the same time, the level of delayed transfers of care attributable to adult social care has risen dramatically in counties, suggesting that there is insufficient or affordable social care capacity and resources to cope with demand from both state supported residents and self-funders. Outside of London, CCN member councils have seen the biggest increase in delayed days for patients awaiting residential placements (12.3%), nursing placements (3%) and home care packages (68%) at home from October 2014- September 2015.

During the previous Parliament, CCN argued that the Government should reform the adult social care relative needs formula to correct historical underfunding. This research shows that not only have counties been historically underfunded; demand-led pressures are more acute in our areas and funding is failing to keep pace, leading to greater pressures on our services, a crisis in our care markets, and unnecessary acute costs to the NHS.

CCN fully recognise that Government funding should be distributed according to need and support those areas that a) have fewer local resources b) more state supported service users. There is clear evidence from this research that Government funding formulae already achieves these objectives, which is clearly to the detriment of CCN member councils who have been historically underfunded. While the whole of the local government sector argue that they remain underfunded in social care, the projected levels of demographic growth and continuing rise in service demand will mean that this will disproportionately impact on county areas.

Faced with these existing challenges and the proposed changes to the distribution of RSG, in the absence of a full needs-based review, will exacerbate an already difficult financial settlement for CCN member councils. The changes are in light of concerns that the social care precept will disproportionately raise revenues in some areas and disadvantage poorer areas – who have larger areas of deprivation, compared to smaller concentrated deprivation in sparse county authorities. However, such redistribution underplays the significant demand and cost pressures facing counties, which are above and beyond those facing other local authority types. In addition, it fails to recognise that the BCF funding, under its own proposed new formulae, will be further skewed away from counties.

The proposed redistribution of RSG from 2016/17 means that the majority, if not all, of CCN member councils face a perilous budgetary position for 2016/17 and 2017/18. While the precept will help meet pressures such as the national living wage, the proposed reforms and back-loading of the BCF seriously bring into question whether our member councils can maintain, let alone improve and integrate, frontline social care services and meet their new duties under the Care Act.

- **Government should seriously consider delaying any proposed changes to funding formula until 2017/18. This will allow for a full and proper technical consultation and to enable member councils to plan for a significant change in funding.**
- **Government must also consider a range of proposals to provide greater protection and transitional funding arrangements for 2016/17 outlined in CCN's response to the local government settlement. These include mandating that the optional 2% council tax precept for social care is applied to both the district and county council tax levies in two-tier areas. The 2% raised on the district component of council tax should be passported to the county council and not retained by the district council.**
- **A revised 2016/17 allocation for NHB of 60/40 in favour of district should be implemented to ease the social care pressures in two-tier areas. This would create an additional £55.3m for county councils.**

Beyond 2016/17, this research further demonstrates that unless Government undertake a full needs-based review for at least 2017/18, funding inequalities will be embedded for the Spending Review period and beyond. Ultimately, this will undermine the government's core ambition of a sustainable health and social care system capable of driving forward an ambitious plan to integrate health and social care by 2020.

- **We disagree with the proposed method of distributing BCF funding; this must be reviewed. CCN propose that allocations are made according to an updated needs formula, which does not make assumptions that there will be full take-up by councils of the additional 2% social care council tax flexibility.**

LG Futures' Findings: NHS & Better Care Fund - Funding

- ➔ As CCG boundaries are not necessarily co-terminus with those of local authorities, it has been necessary to map the CCG funding allocations to local authority areas. The allocations calculated must be considered as notional, as they are not normally published in this form.
- ➔ The average CCG allocation per head mapped to CCN authorities is £1,182. This is £48 (3.9%) per head below the average allocation for England of £1,230. The notional allocations range from £1,012 for Oxfordshire to £1,435 for Durham.
- ➔ Based on their total population of 25.4 million and national average allocations, it is calculated that CCN member councils receive £1.2bn less funding.
- ➔ The CCG formula includes a Pace of Change policy, with the Department of Health publishing actual and target allocations, along with the Distance from Target for each CCG. On average, the CCG allocations for CCN areas are 0.7% below target, implying that £220m less notional funding is received than the amount implied by the formula.
- ➔ 10% of the CCG funding is allocated for health inequalities through the use of the Standardised Mortality Ratio for people aged below 75 (SMR<75). We have notionally calculated that, if this amount was distributed by raw population, rather than SMR<75 adjusted population, an additional £500m would be allocated in total to health services in CCN member areas.
- ➔ SMR<75 is also used to distribute public health funding and consideration could be given as to the justification for continuing to include a health inequalities element in the CCG formula.
- ➔ The average Better Care Fund allocation per 65+ resident for CCN members is £389. This is £90 below the England average. Based on their total population of total over 65 population of 5.2 million and national average allocations, it is calculated that CCN member councils receive £468m less BCF funding.
- ➔ There is a projected increase of 14.8% in the number of people in CCN authorities with a limiting long term illness by 2020-21. LG Futures have used this as a proxy to calculate future cost pressures. They estimate that that this will mean an increased funding requirement of £4.4bn for CCN member authorities by 2020-21. Nationally, it will mean an increased funding requirement of £8.7bn. This excludes any impact of inflation.
- ➔ Using the funding estimates for both older people's adult social care and health funding, LG Futures have estimated total funding across both areas for local authority types. In total, CCN member authorities are funded at £78 (5.5%) per head below the England average and are the lowest funded group. This needs to be considered within the context of the increasing demand faced by CCN members in comparison to other authorities. Based on their total population of 25.4 million and national average allocations, it is calculated that CCN member councils received £1.98bn less national funding.

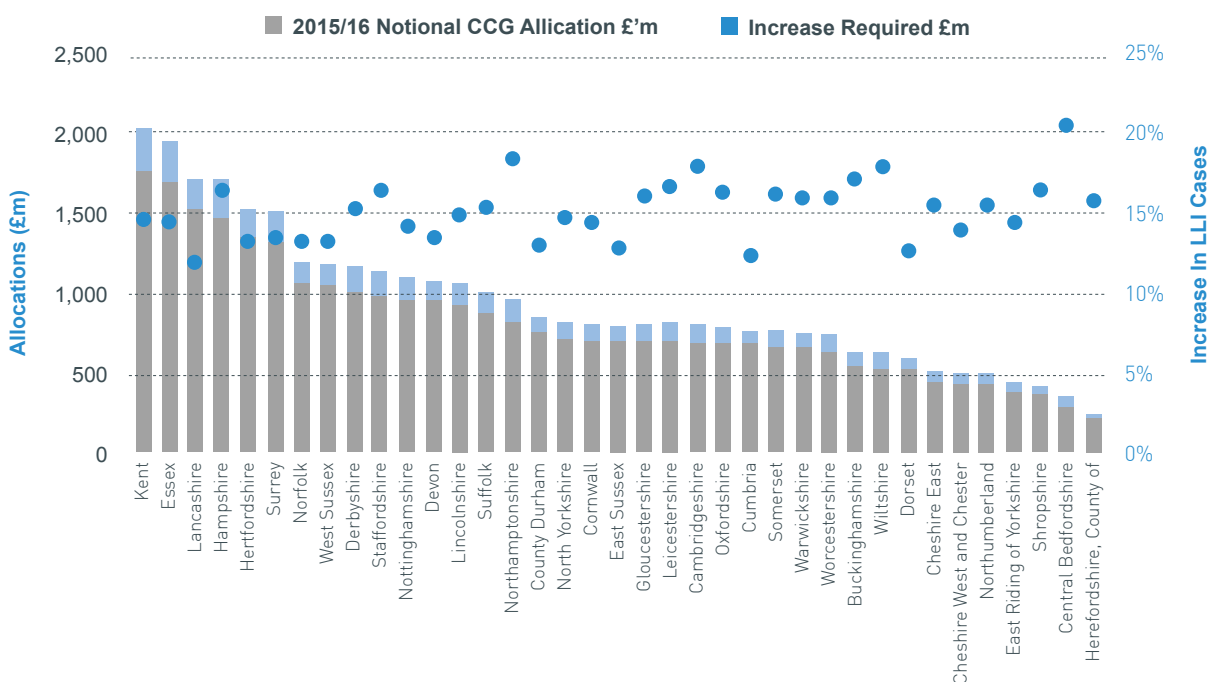
2015-16 CCG allocations per head mapped to local authority areas

Comparator Groups	Average CCG Allocations 2015-16	Difference from CCN Allocation
County Council Network (CCN)	£1,182	£0
Inner London	£1,338	£156
Outer London	£1,174	-£8
Metropolitan Boroughs	£1,335	£154
Unitaries (Excl CCN Members)	£1,224	£43
England	£1,230	+£48

Better Care Fund Allocations 2015-16

Comparator Groups	BCF Funding (per head 65+)	Difference From CCN Allocation
County Council Network (CCN)	£389	£0
Inner London	£1,020	+£632
Outer London	£602	+£213
Metropolitan Boroughs	£570	+£181
Unitaries (Excl CCN Members)	£515	+£127
England	£478	+£90

Projected 2020-21 Notional CCG Funding Requirement for CCN Members



NHS & Better Care Fund Funding: CCN Commentary & Policy Proposals

For the very first time, LG Futures have mapped CCG funding for local authority areas. It shows that CCGs in county areas receive significantly less funding. Based on their total population of 25.4 million and national average allocations, it is calculated that CCGs in county areas receive £1.2bn less funding. In total, LG Futures have calculated that CCN member councils receive £1.98bn less combined funding for health and social care than other local authority types.

At the same time as CCN member councils receive significantly less funding, the research also shows that our higher number of elderly residents will lead to increasing costs on our local health services. Our counties will witness an increase of 14.8% in the number of people with a limiting long term illness by 2020-21, higher than other parts of the UK. This will result in an increased funding requirement of £4.4bn for local health services.

The demand pressures on both the NHS and adult social care in counties are reflected in the number of delayed discharges being experienced. From October 2014-September 2015 counties saw a 37.1% rise in the number of delayed days attributable to adult social care for over 65s, which is significantly higher than Metropolitan Boroughs (11.4%) and non-CCN unitaries (-4.4%). Over the same period, the number of delayed days, acute and non-acute, awaiting a residential placement has also grown significantly outside of London, with a 12.3% increase. Senior NHS officials recently suggested that one cause of delayed transfers of care may be the reluctance of older people to leave free NHS care as they do not wish to pay for care homes.¹

The total cost of delayed days, both acute and non-acute, due to patients awaiting a residential care placement or availability in counties alone is £27.5m. Nationally the total cost of delayed days due to patients awaiting residential care is £55.3m.

Using the findings from the CCN/LaingBuisson report *County Care Markets: Market Sustainability & the Care Act*, it is clear that significant savings could be made by channelling some of the NHS funding currently spent on delayed days in to providing additional capacity in the residential care market.² The cost of delivering the equivalent number of days of care in residential placements using the 'care cost benchmark' would be £7.97m in county areas. Using the estimated average local authority fee rate that is currently paid to providers, the cost of delivering care through residential placements would be £6.6m.

Significant savings could also be made by in counties by providing more social care capacity to deliver care packages at home, in 2014/15 delays attributed to patients awaiting a care package cost the NHS £52.5m.

Faced with lower funding, rising demand and unsustainable and avoidable acute care costs, frontloaded investment is required to deliver efficient and effective health and social care integration in counties. This frontloading of funding would provide counties with the means to fund new burdens such as the introduction of the National Living Wage and provide additional funding to assist in stabilising local care markets.

The Government's announcement of additional investment in the BCF starting from 2017 and progressively rising to £1.5bn in 2019/20 is welcome. However, given the immediate funding and demand pressures facing counties outlined above, it is imperative that this funding is frontloaded to meet cost pressures and empower local authorities to work in tandem with the NHS to deliver health and social care integration.

¹Elderly patients are refusing to leave hospital because of care costs, NHS bosses fear, Daily Telegraph, 14 January 2016

²County Care Markets: Market Sustainability & the Care Act, Laing Buisson/County Councils Network, July 2015

The Spending Review sets out Government's ambition for all local areas to develop and agree health and social care integration plans by 2017, to be implemented by 2020. During this period the NHS in England will be provided with £10 billion per annum more funding in real terms by 2020-21 than in 2014-15, with £6 billion a year frontloaded in 2015/16.

To deliver the £22bn efficiencies required as part of the NHS Five Year Forward View and to deliver a sustainable adult social care system, Government must treat health and social care as a single system. In essence if one part of the system receives a frontloaded funding settlement, so should the other part. Without sufficient investment in social care, then it is unlikely that the NHS will achieve its efficiency targets and will continue to deliver year on year deficits.

- **Government should front-load BCF with additional funding from 2017/18 in a similar manner to NHS funding. As a minimum the Government should smooth out the distribution of the BCF, bring forward plan funding to increase the total amount in 2017/18.**

While we support an extension of a reformed and expanded BCF, CCN are strongly of the view that devolved health and social care arrangements must be part of a wider county devolution settlement to secure full integration between health and social care.

- **Opportunities for health and social care devolution are extended to county areas. As part of wider County Devolution proposals, county areas are actively supported by Government to explore the devolution reforms outlined in the State of Care in Counties: the integration imperative and CCN County Devolution: Health and Social Care.**

Health and Social Care integration and devolution alone will not solve the underlying funding problem that currently exists in social care. As set out in CCN's Spending Review submission, fundamental reform of NHS targets away from rewarding contacts to incentivising early intervention and prevention is required if demand is to be reduced and the efficiencies required are to be delivered.³

- **Government review, as a matter of urgency, the financial incentives available to the NHS and Adult Social Care to promote prevention, early intervention and integration to ensure that they focus on improving outcomes for residents and do not simply reward activity.**

³Spending Review Submission, County Councils Network, September 2015.

LG Futures' Findings: Public Health Funding

- ➔ Responsibility for public health transferred from health commissioners to local authorities in 2012/13. Local authorities are now funded by a formula developed in 2012/13, which distributes funding to local authorities on the basis of their weighted population.
- ➔ For England as a whole, the allocations for public health equate to approximately £51 per head. For CCN authorities, the allocation is equivalent to £37 per head. London boroughs (£67), unitary authorities (£57) and metropolitan boroughs (£66) all receive a higher per capita allocation than CCN authorities. CCN member councils therefore receive approximately £0.4bn less public health funding.
- ➔ Responsibility for public health for children age 0-5 transfers to local authorities from October 2015. A final formula has not yet been produced, but responses to the consultation are currently being reviewed by the Department of Health.
- ➔ The Department of Health has proposed a reduction of £200m in-year funding for public health functions (to be deducted from local authority allocations in the January 2016 instalment).

Public Health: CCN Commentary & Policy Proposals

The first argument presented within the NHS Five Year Forward View centres on the fact that 'the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health'.⁴

The Government recently announced that in 2015/16 that all local authority public health budgets would be subject to a blanket 6.8% reduction. The Spending Review announcement sees further reductions to local authority Public Health budgets averaging 3.9% over the next 5 years. As shown above CCN member councils are already underfunded for the provision of public health when compared to all other local authority types.

The reduction in funding for public health is extremely counterproductive and will reduce the likelihood of the NHS being able to achieve its £22bn efficiency savings target by 2020 and for counties to reduce demand on adult social care services.

Government also announced in the Spending Review that they will consult on options to fully fund local authorities' public health spending from their retained business rates receipts, as part of the move towards 100% business rate retention. Such a consultation would suggest that further reductions to local authority public health budgets are highly likely.

- **Government undertake a comprehensive consultation on options to deliver a sustainable settlement for public health through business rates retention. This settlement must be fair and address local need.**

⁴NHS Five Year Forward View, NHS England, October 2014

Founded in 1997, the County Councils Network (CCN) is a network of 37 County Councils and Unitary authorities that serve county areas. We are a cross-party organisation, expressing the views of member councils to the wider local government association and to Central Government departments.

To discuss any of our proposals in greater detail, please contact:

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If you would like further information on CCN, including the latest policy briefings, publications, news and events, please visit our website at www.countycouncilsnetwork.org.uk

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