your county matters

CCN
COUNTY COUNCILS NETWORK

A NEW DEAL FOR COUNTIES:

Adult Social Care & Health Integration



Sustainable Social Care

The national debate on how we care for our elderly has intensified in the lead up to, and during, the General Election. There is now a consensus on the need for Government to find a workable, equitable and sustainable solution.

For counties, the debate over how we fund care for the elderly must be viewed in the context of the fastest rising demand and diminishing budgets since the turn of the decade, which in turn has led to fewer people receiving state-funded support and weakened care markets.

The unique social care pressures facing counties have been independently validated. Research by LG Futures showed that during the last parliament counties witnessed the largest reductions in Government funding for social care, alongside facing the most acute demand-led pressures from our ageing society. And a forthcoming new analysis by LG futures for CCN will show the unique pressures from adult social care learning disabilities in counties are set to grow.

It was CCN's ground-breaking work with LaingBuisson that first demonstrated the wider impact on the social care market. Growing financial pressures have forced councils to lower residential and nursing care home fees, leading to a £630m funding gap in the provider market. Given the current economic climate for social care this situation is only likely to have worsened since 2015.

And the impact is not limited to residential care. For homecare, despite CCN authorities paying higher than average rates than other local authority types, research by the UK Homecare Association shows that on average an additional £1.10 per hour is required to ensure that the sector is sustainable. The higher fees paid for homecare are a reflection of the additional cost-drivers counties face due to rurality and diminishing competition in the provider market from withdrawal.

The underfunding of social care is not without consequences. The impact of shrinking budgets can clearly be seen by the increasing number of delayed discharges from hospital. However, while the next section argues that health and social care integration is part of the answer, it cannot be a replacement for sustainable long-term funding.

Government has recognised this. We welcomed the additional £2bn funding announced in the 2017 Spring Budget and flexibilities to increase the resources available for social care. However, Government have accepted these were only short-term fixes and we are concerned by recent BCF Planning Guidance.

Without direct investment to local authorities, which is controlled by councils and focused on social care, we will be unable to meet both existing and future needs and struggle to meet Care Act duties. The stabilisation of local care markets and the provision of sufficient high quality care in the most appropriate setting must be tackled alongside addressing long-standing recruitment and retention challenges.

Looking ahead, CCN will be undertaking significant work in response to the Green Paper on Social Care. Any funding solution will require significant Government investment, alongside reforms to reduce the risk of residents facing catastrophic care costs. Whether these reforms include a care cap, capital limits or insurance products is a question that must be answered as part of the national conversation on social care.

When considering reform it is imperative that we learn from the past. It was estimated that the delayed elements of the Care Act would have cost £6bn, while our LaingBuisson research showed the cap and 'duty to arrange' care for self-funders could potentially weaken the market. Future reforms must not create unfunded new burdens, nor unintentionally destabilise provider markets.

With the Election now over, local government – and particularly counties - can begin to have a voice in this debate once again. We can work with Government to lead a national conversation on how we reform the way we fund adult social care.

"Unique social care pressures facing counties"

AT A GLANCE:

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COUNTY SOCIAL CARE

ELDERLY POPULATION

56% of the country's over 65s reside in counties. Over the next five years, the number of older residents in counties is projected to rise at an average annual rate of 2%, compared to the national average of 1.8%

LARGEST CASH REDUCTIONS

Counties were subject to the largest reductions in estimated cash funding of any local authority type, 20.1% between 2013-16, despite having the largest and fastest growing elderly population

BUDGET CHALLENGES

64% of respondents to CCN's post-election survey ranked older people's social care as the greatest budgetary challenge facing their council over the next four years

HOMECARE RATES

Counties pay an average hourly rate of £15.60 for homecare, which is significantly higher than London (£14.41) and Metropolitan Boroughs (£13.25)

FAIRER ADULT SOCIAL CARE FUNDING

£1.98bn

The total amount less in social care funding counties received from government in 2015/16 compared to all other types of local authoritiy

2013/14 FUNDING PER HEAD FOR OVER 65s

- COUNTIES: £278.79
- LONDON: £717.45
- NON-CCN UA: £449.03
- MET BOROUGH: £589.80

DELAYED TRANSFERS OF CARE

INCREASE IN DELAYED DAYS DUE TO BOTH SOCIAL CARE AND NHS PRESSURES IN 2016-17

COUNTIES	NON-CCN UNITARIES	MET BOROUGHS	LONDON
28%	38%	78%	29%

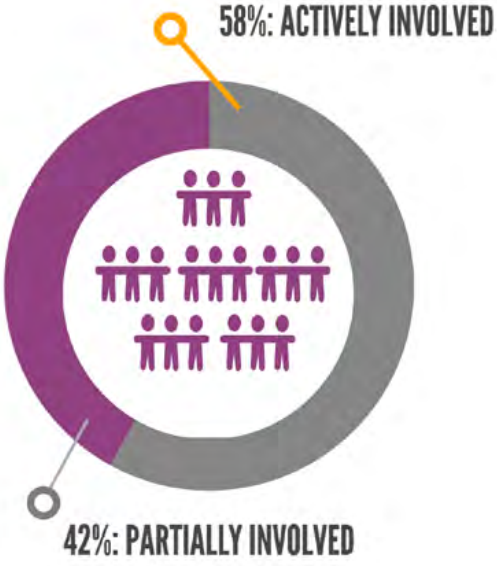


PERCENTAGE OF DELAYED DISCHARGES DUE TO ADULT SOCIAL CARE IN 2016-17

COUNTIES	NON-CCN UNITARIES	MET BOROUGHS	LONDON
31%	27%	34%	35%

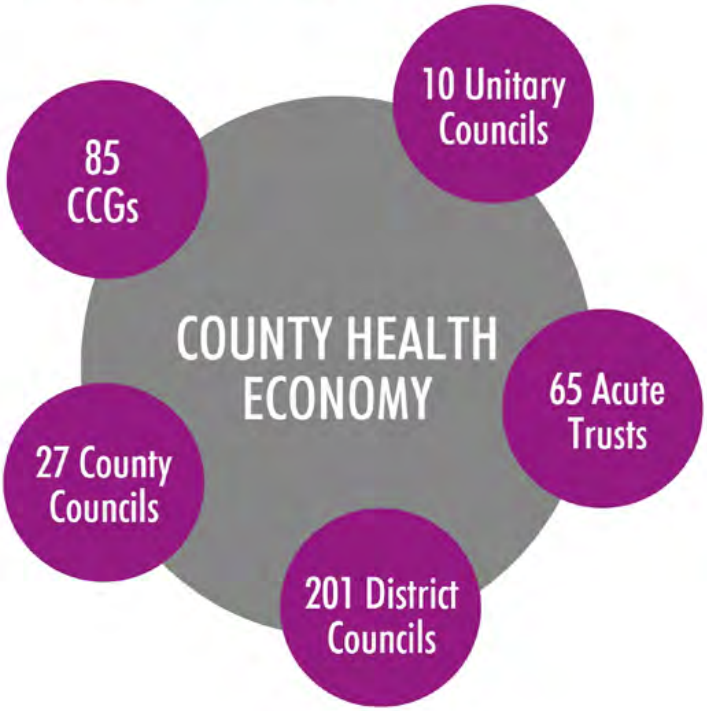
HEALTH INTEGRATION

CCN's survey of social care directors on their council's involvement in developing their local STP showed:



COMPLEX HEALTH ECONOMIES

In CCN member councils there are:



SUSTAINABLE SOCIAL CARE

A locally-led system that is fair and equitable for service users and taxpayers, providing support to vulnerable residents with care needs and disabilities

A PLAN FOR GOVERNMENT

HOW WE CAN WORK WITH GOVERNMENT ON INNOVATIVE SOLUTIONS TO THE SOCIAL CARE FUNDING CRISIS

1) BRIDGE THE FUNDING GAP

Despite the provision of additional short-term funding, there still remains a funding gap in social care, estimated by the LGA to be £2.6bn.

2) REVIEW BCF PLANNING GUIDANCE

CCN, alongside the LGA, are deeply concerned by the recently published planning guidance from the Departments of Health and Communities and Local Government, in particular the nationally imposed direction over the use of the additional £2bn. We urge Government to re-engage the sector and revise the guidance in order to recognise that local authorities, in partnership with NHS partners, are best placed to identify and address local priorities and pressures.

3) A NEW DEAL FOR SOCIAL CARE

We urge Government to urgently deliver upon their commitment to publish a wide-ranging consultation on adult social care. This consultation must explore options for the long-term funding and purpose of social care and be developed and tested in close partnership with the sector, including CCN and its member councils.

4) LIMITING SOCIAL CARE COSTS

CCN supports efforts to introduce limitations to reduce the risk of residents facing catastrophic care costs, whether this is a revised cap on care and/or new capital limits. However, in considering options, particular attention should be given to county areas – which contain significantly higher levels of self-funders – and the additional resource and implementation complexities this creates for these types of authorities.

5) LEARNING DISABILITIES

The Government should broaden the focus of the social care discussions, recognising the growing pressures associated with learning disabilities, particularly amongst those aged 65 and over in county areas.

6) PUBLIC HEALTH FUNDING

Government should deliver significant investment in preventative public health provision in order to underpin a long-term, resident focused and sustainable health and social care system.

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Download our research on social care by visiting
www.countycouncilsnetwork.org.uk/health-and-social-care/

Health Integration

The future provision of social care in England is not a question of funding alone. Integrating health, social care and public health is essential to providing a long-term sustainable solution. Strong partnerships can deliver a more effective use of public resources, and this is an opportunity that must be grasped.

Over the recent period, local government have driven a new outcomes focused approach to preventative public health, and worked with health partners to deliver transformative community based services. Despite progress, there remains systematic barriers to integrating services, and recently, national discussions have focused on the impact this is having on delayed transfers of care (DToC). It is undeniable that DToC rates have increased recently, but at times the debate over the causes and extent of 'poor performance' has been misrepresented.

Headlines mask the fact that county areas have seen the lowest increase in the total number of delayed days attributable to both the NHS and social care and the second lowest increase that are attributable to adult social care. They also do not identify the complex drivers of increasing DToC rates. For instance, proportionally, one of the main contributing factors to social care attributed DToC in county areas is people awaiting community equipment and adaptions.

Our recent research has shown that the key barriers to integration still exist, in particular data sharing and conflicting incentives and targets between health and social care. Moreover, the fragmentation of partnership working in county areas, such as the split in duties between social care and housing authorities, creates specific challenges.

The development of Sustainability and Transformation Plans (STPs), and some of the associated footprints, has only served to build further complexity into the integration landscape for a number of counties. The fact that footprints do not fully align with county boundaries may, in part at least, be a consequence of councils not being sufficiently engaged by health partners in the development of both plans and geographies.

Recent announcements by NHS England, including the establishment of STP Boards, do not mandate a role for local government. If true health and social integration is to be delivered, then it is imperative that a whole system place-based approach is taken, with residents at the heart of reforms and a clearly defined role for councillors. There is a risk that complex geographies and a lack of political input can make the task of collaborative working more difficult. Local government must now be empowered to lead the next phase of integration if we are to achieve the desired ambitions of releasing savings, reducing delayed discharges and delivering better outcomes for residents.

Efforts to deliver real long lasting integration will be hampered by a continuing focus on the financial pressures in the NHS, exemplified by BCF Planning Guidance; which councils withdrew their support from. Budgetary pressures in the NHS do need to be addressed, but a sustainable funding solution must be identified for local government and must stretch beyond social care, with the need for improved investment in preventative public health services.

Of equal importance is harnessing the role of county authorities. In this vein, STPs should seek to build upon the existing relationships, leadership and democratic accountability that exists through Health and Wellbeing Boards (HWBs), including their role to promote integration. STPs should seek to build upon the proven track record and leadership of CCN member councils, who have a history of working with health partners to deliver integrated services. For example, the development of the Northumberland Accountable Care Organisation to deliver integrated health and social care services.

Providing the conditions for true health and social care integration in counties will facilitate the delivery of high quality local care, improve discharge rates from hospital and help improve outcomes for patients.

> **"Strong partnerships can deliver a more effective use of public resources"**

HEALTH INTEGRATION

Bringing democractic leadership to health and social care integration

A PLAN FOR GOVERNMENT

HOW COUNTIES CAN WORK WITH GOVERNMENT TO DELIVER ACCOUNTABLE INTEGRATION AT PACE & SCALE

1) DELAYED TRANSFERS OF CARE

CCN member councils are committed to working with Government and NHS partners to reduce the level of delayed discharges attributed to adult social care. However, while recognising the need to reduce variations in performance, it is important to recognise that there are a number of complex contributing factors to delays that cannot simply be resolved by the imposition of national targets.

2) INTEGRATION FOOTPRINTS

Ensure that health and social care integration is delivered at sufficient size and scale and is more closely aligned with County Health and Wellbeing Board geographies. This would reduce the complexity of partnership working, deliver efficiency savings, improve care for residents and ensure governance arrangements are in place that are transparent and democratically accountable.

3) HEALTH AND WELLBEING BOARDS

Government should strengthen the role of democratic Health and Wellbeing Boards in order to allow them to drive forward integration at a local level, oversee and provide direct accountability to STPs and local commissioning plans across health and social care.

4) SUSTAINABILITY & TRANSFORMATION PLANS

Government should ensure that there is a mandated role for local authorities, including senior councillors, on Sustainability and Transformation Partnership Boards to ensure that social care and public health are at the forefront of local discussions.

5) BARRIERS TO INTEGRATION

Government, councils and the NHS should work to remove long-standing systemic blockages to integration, including those relating to information sharing and conflicting incentives and targets. This should consider NHS Tariffs and approaches that reward activity rather than preventative approaches.

6) HOUSING AND HEALTH

Government should work with the sector to review the delivery of Disabled Facilities Grants, with evidence showing the complexity in delivery in two-tier areas is contributing significantly to DToC. This should be part of a wider focus on developing and promoting integrated housing services and demonstrating through evidence their impact on the health and care system as a whole.

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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.

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