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Sustainable County Social Care

A Green Paper that Delivers a New Deal for Counties

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Foreword

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The forthcoming green paper on care and support for older people is an important line in the sand for the future of adult social care. It is abundantly clear that it is not possible to continue to deliver the same quality of service to the same number of people within the existing financial envelope currently provided by government grants and local taxation. Something has to give.

This is not a once in a lifetime opportunity, this is the 13th attempt from governments of all colours in the past 20 years. However, it is much needed recognition that the status quo cannot continue; that without reform social care won't just be on a cliff edge, it will be plunging into the sea.

County areas are withstanding some of the greatest financial and demand pressures in delivering and procuring social care services, and have had some of the biggest cuts in core government grants since 2010. Those pressures will only continue to intensify in the coming years, with counties home to the largest and fastest growing elderly population of any local authority type.

Without the leadership, resilience and innovation that local government has shown since the turn of the decade, the situation could be significantly worse. The challenges of delivering a balanced budget year on year, whilst ensuring that those most in need receive the high quality care and support they deserve must not be underestimated. In my opinion this, along with the need to maintain democratic accountability and to ensure ongoing links with wider community based issues, are evidence enough as to why social care must remain a local service and not be nationalised like the NHS.

Local authorities do not have the option to run deficits year on year like the NHS, instead councillors and council staff alike are left to make difficult decisions about whether to cease or reduce much valued public services that sit outside of statutory adult and children's social care in order to protect these life critical services.

Clearly if there was an easy answer to the financial and demand challenges facing the sector then these solutions would have become a reality by now. In the absence of these solutions, government must use this Green Paper to explore, and ultimately deliver, a long-term sustainable funding settlement for social care, mirroring the length and ambition of any settlement for the NHS. In part this must seek to close existing funding gaps, such as the £1bn gap faced by counties for social care, whilst also providing options to fund a reformed system.

All existing funding streams for social care should be challenged to ensure that they deliver on their original purpose, improve outcomes for residents and also value for money to the public purse. One case in point is winter fuel allowance.

The Green Paper must also act as a catalyst for cultural change, providing the funding to enable local authorities to invest in preventive services. The current financial and demand pressures mean that local authorities have rightly prioritised residents with the greatest level of need. However, with a little more room for manoeuvre we could create the conditions necessary to enable people to improve their health and wellbeing, to help them to live as independently as possible, for as long as possible.

In this paper my county colleagues and I make the case for a more holistic approach, bringing together prevention, housing, workforce and integration as well as a sustainable way to fund social care. We put forward practical policy proposals to Government and showcase good practice examples to demonstrate what has and could be achieved at size and scale.

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INTRODUCTION

Introduction

The forthcoming publication of the Green Paper on care and support for older people presents a timely opportunity for the state, public sector, voluntary and community sector organisations and the public to have difficult conversations about the future expectations and responsibilities relating to adult social care.

Attempts to reform adult social care have led to the development of 12 white and green papers over the past 20 years, along with numerous consultations proposing reform. However, for a number of reasons these proposals have not been implemented, or have only been partially delivered.

The former Secretary of State for Health and Social Care has recently set out his principles for reform that will underpin the Green Paper. These include quality and safety embedded in service provision, whole-person integrated care, the highest possible control given to those receiving support, a valued workforce, better practical support for families and carers, a sustainable funding model for social care and greater security for all.[1]

County authorities continue to face significant financial, demand and quality challenges in relation to both adult and children's social care, at a time when local government funding is due to undergo its biggest reform for a generation. Added to this, adult social care is facing the perfect storm of an ageing population, rising demand, reducing Government funding and increasing public expectations.

The result is that adult social care is now faced with a funding crisis in the short, medium and long-term due to the absence of significant, meaningful and sustainable reform. This has resulted in senior politicians, council chief executives, directors of adult social services and sector experts, amongst others, stating that social care is at 'tipping point'. This includes a recent report from Lord Darzi predicting a minimum adult social care funding gap of £10bn by 2030 just to maintain the existing system provision.[2]

The consequences of continuing with the existing funding and service provision model are that local authorities will be faced with having to make reductions to services to the statutory minimum, or the cessation of locally valued discretionary services.

As this report demonstrates, the 36 members of County Councils Network (CCN) need unique consideration. Not only because they face the greatest financial pressures in adult social care, but as a result of the specific conditions and challenges facing county authorities. These include the impact of rurality, unique learning disability pressures and the provision of services to the largest and fastest growing elderly population.

Green Paper proposals must transcend political and institutional boundaries if they are to deliver real, long-lasting, equitable and sustainable funding solutions for adult social care.

Crucially, the Green Paper must seek to address what the right balance of financial contribution is between the individual and the state. But it must also focus on a reappraisal of the way health and social care services are delivered in this country; with emphasis on real integration and preventive care.

However, reforms must ensure that adult social care remains a local service, democratically accountable to residents. This is critical to ensuring a continued interface with wider community based issues on a local level. There has been recent debate and speculation about whether social care should be a national or local service, and whether local government or the NHS should lead commissioning. This paper demonstrates that social care should irrefutably be maintained as a local service through continued delivery by local government in partnership with, not by, the health service.[3]

Following extensive engagement with CCN member councils, this report sets out our key positions and policy proposals for delivering a sustainable social care system ahead of the publication of the Green Paper. This paper reflects the Green Paper's focus on older people and the future funding of adult social care.

[1] We need to do better on social care, Jeremy Hunt,20 March 2018
[2] The Lord Darzi Review of Health and Care- Interim Report, IPPR, April 2018
[3] Adult Social Care- A National or Local Service?, LGA, May 2018

SUMMARY
OF POLICY PROPOSALS

Summary of Policy Proposals

Financing Sustainable Social Care

- Government must develop a range of fully costed reforms to deliver a sustainable financial settlement for adult social care in the short, medium and long-term for public consultation.
- Financial reforms must mirror the length and ambition afforded to any future announcement on NHS funding to support the delivery of health and social care integration in the medium to long-term.
- Government should develop fully-costed reforms, including a cap and capital threshold, which restrict the level of contributions that any individual or their family contribute towards their care to ensure that no-one is faced with catastrophic care costs.
- Individuals and their families must have a range of options available to them to allow them to save for their future care needs, and pay for their care. These should include an extension of Deferred Payment Agreements to domiciliary care and the development of financial products, such as insurance, that encourage individuals to save to reduce the burden of future costs.
- To fund a sustainable social care system, Government must urgently review the effectiveness of universal benefits, including winter fuel and attendance allowances. In particular, quantifying if the provision of such benefits improves health and wellbeing outcomes for those people who already have assets that place them outside of the existing means test thresholds.

Shaping a Diverse, Vibrant and Stable Market Care Market

- Local care markets must be placed upon a sustainable footing in order to provide a range of high quality care and accommodation options for residents, and practitioners, to choose from to allow them to live as independently as possible for as long as possible.
- Financial incentives should be urgently reformed and realigned to ensure that people receive care and support in the most appropriate setting, to deliver the best possible outcomes.
- Government should seek to create the conditions for local authorities and the NHS to provide a significant uplift in access and use of intermediate care services, including bed-based, home-based, crisis response and re-ablement services, to improve the health and wellbeing outcomes of residents.
- A fully funded joint workforce strategy for social care and the NHS should be published as a matter of urgency. This must consider how to reform the existing model of social work, including, aligning the NHS and social care workforces and facilitating joint workforce planning across both sectors. In addition there should be more active consideration of the skills required to develop future sector leadership given the evolving Integrated Commissioning System model and the essential nature of the interface with the NHS.

Integration: Creating a Preventative Ecosystem

- Government must work with the NHS and local authorities to develop realistic expectations for the integration agenda in the short, medium and long-term. This must include ensuring that local government is an equal partner in all local discussions and that democratic accountability underpins the integration agenda.
- Government must focus on creating the conditions for social care and NHS partners to integrate services around the individual to deliver whole-person integrated care.
- A 'strength' or 'asset' based approach should form the basis of refocusing the integration agenda and underpin a reformed approach to social work. This approach would promote people's independence utilising the help available in their own communities and social networks first and foremost.
- The expected long-term funding settlement for the NHS must shift investment away from acute settings and attribute a significant proportion of new funding for investment in primary, community and mental health services.
- The Green Paper must include a commitment to provide the means and flexibility for health and social care partners to invest in early intervention and prevention in a meaningful and sustainable way.
- Government must utilise the evidence gathered as part of the Carers Strategy consultation process to inform the development of a range of costed proposals and reforms to support adult and young carers.

Delivering Housing to Meet Social Care Needs

- Government should make Part M (4) Category 2 (accessible, adaptable) the mandatory minimum for the construction of all new homes, the equivalent of the former Lifetime Homes standard, to ensure that homes are accessible and adaptable to enable people to live as independently as possible for as long as possible.
- The strategic oversight and delivery of Disabled Facilities Grants (DFG) should be reformed in order to improve outcomes for residents, increase the number of people that can access DFG, ensure that there is greater alignment with social care priorities; and to reduce delays within the system.
- Government must consider how to encourage developers to increase the level of construction of retirement housing by changing its planning classification to differentiate it from general use housing. Government must also consider how best to encourage the development of mixed tenure sites on new developments to include retirement housing.
- Upper-tier authorities should lead on the development of a Strategic Housing Plan in their local areas in order to clearly identify the housing, accommodation and support needs of vulnerable groups of people in their county.

COUNTY SOCIAL CARE

Demand-led and financial pressures

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POPULATION INCREASES

55% of England's over 65s are based in counties

56% of England's over 85s are based in counties

28% the proportion of over 65s as a % of total county population by 2039

FINANCIAL PRESSURES

£1bn The total unfunded cost pressures counties face in social care by 2021, excluding the National Living Wage

£26m The average unfunded cost pressure in social care facing each individual county authority by 2021

-21% ...As a result of the cost pressures above, counties spend 21% less per head on social care services in 2018, compared to 2011 - despite demand growing

35% The percentage of county adult social care expenditure that is spent on learning disability services - a growing cost pressure

THE COUNTY CARE MARKET CONUNDRUM

In 2017/18 in county areas, a typical private residential 'self funder' is charged **£797** per week for their care, whilst the local authority typically pays **£543**, a 46% subsidy or £243; unable to pay higher costs due to funding cuts.

52% ...of social care users in counties fund and arrange their own care, higher than any other council type

48% ...of England's entire requests for social care support from new clients were based in counties

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SOCIAL CARE: A LOCAL SERVICE

Why councils are best placed to deliver social care services

Democractic accountability

Decisions on social care services taken by local authorities are locally-led, transparent, and democratic - as they are taken by elected councillors. Any new proposals, such as system reform, or charges for services, are subject to local scrutiny and a vote before being adopted.

Putting people first

Maintaining healthy and independent lives focused on the individual is at the heart of social care. Due to means-testing, many access residential or nursing care for free. Councils have the knowledge and track-record in partnership working to know what works best in community-based care.

Seamless service links

Social care services are complex, and span a variety of service areas, such as housing and education. By keeping social care local, we keep the strong links with other local service areas, meaning people receive the best care in the correct settings. This was recently pointed out by the Joint Health & Social Care Committee.

MONEY MATTERS: FINANCIAL PRUDENCE

45% of all service expenditure for county authorities is spent on social care services

CCN member councils have worked tirelessly to protect social care services - spend as a percentage of all service expenditure has risen from 42% in 2016

£16bn Councils have delivered balanced budgets despite grant reductions of £16bn since 2010....

.....NHS trusts had a combined deficit of £960m in 2017/2018 **£960m**

67% ....proportion of people satisfied with their care and support in county areas has risen from 63% in 2010

FUNDING & COST PRESSURES

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Funding and Cost Pressures

County Context

Ongoing austerity, coupled with an increase in demand for services, has led to undesirable conditions for local authorities and adult social care. Whilst CCN member councils have protected adult social care budgets in real terms, rising demand and costs mean that service efficiencies and reductions are still required.

Local authorities have been subject to a reduction in Government funding of approximately £16bn since 2010.[4] Consequently, research by the Institute for Fiscal Studies (IFS) found local authority spending on adult social care in England fell 8% in real terms between 2009/10 and 2016/17, but was protected relative to spending on other local authority services.[5]

This is reflected in county areas where CCN member councils have worked tirelessly to protect social care expenditure, which now accounts for 45% of all service expenditure in 2017/18, excluding education, increasing from 42% in 2015/16 and 43% in 2016/17.

However, due to increases in elderly populations, and the complexity of individuals' needs, there is less funding, per head, available in adult social care services. Despite the over 65 population in counties increasing by 18% between 2011 and 2018, in the last financial year county authorities spent less per head on social care services (£357 in 2017/2018) compared to seven years prior (£450 in 2010/2011).

The result of the pressures set out above is that CCN member councils now face unfunded pressures for adult social care of just under £1bn by 2020/21, even without anticipated rises in the National Living Wage (NLW), with the average county facing cost pressures of £26m in 2020/21.[6]

It should come as no surprise that 78% of respondents to CCN's survey, carried out in support of this publication, rated the financial pressures on adult social care in their authority as either severe or critical.

It is also important to note that reforming adult social care must look beyond older people. Learning disability expenditure is a rising proportion of county budgets, with it forming 35% of CCN member council service expenditure in 2016/17 and 2017/18.

CCN has consistently made the case to Government that county adult social care services have and continue to be unfunded and underfunded. This is why last year counties called upon Government to deliver a New Deal for Counties, including the provision of a new deal for social care.[7]

[4]Growing Places, Local Government Association, June 2017
[5]Public spending on adult social care in England, Institute for Fiscal Studies, May 2017
[6]Society of County Treasurers (SCT) Survey of Member Councils 2017
[7]A New Deal for Counties: Our Plan for Government, County Councils Network, August 2017

Funding and Cost Pressures

Demand

CCN member councils are home to the largest (56% of England's 65+ population) and fastest growing elderly population. The proportion of over 65s in county areas is predicted to grow from 22% of the population to 28% from 2018 to 2038. This compares to 18% and 24% nationally.

The demand on social care services is clearly illustrated by the fact that CCN member councils received 48% of requests for social care support from new clients in England in 2016/17. County authorities provided long-term care and support to 45% of new clients accessing support, the highest of any local authority type.[8]

Analysis by LG Futures for CCN on demand and expenditure in learning disability services shows the extent of growing demand for these services. CCN member councils have seen the number of learning disability clients receiving support in their areas increase by more than the English average since 2009/10. The cost of providing support also increased, with average expenditure per client increasing in county areas by 2.7%, the highest of any local authority type, between 2014/15-2015/16.

In the face of these demand and financial pressures, CCN member councils have continued to deliver high quality services that improve outcomes for local residents. Social care users in county areas are amongst the most satisfied with the services they receive and feedback shows that these services also make them feel safer and more secure than service users in other local authority areas.[9]

Integration & Devolution

County authorities have worked with NHS partners for a number of years to integrate frontline services in order to improve patient outcomes, reduce bureaucracy, manage demand and free-up financial savings. CCN's previous publication Delivering Adult Social Care in Challenging Times showcased a number of such examples.

More recently county authorities have sought to be actively involved in Sustainability and Transformation Partnerships (STPs) and Integrated Care Organisations. However, the ability for local authorities to influence this agenda has been hindered by them not being listed as a mandatory partner on STPs.

Revising and reforming local structures and delivery has not been without its challenges, with some STP boundaries transcending county boundaries and adding further complexity to already complex partnership settings.

CCN member councils have also been active in working towards securing health and social care devolution deals from Government, with both Cornwall and Surrey (through Surrey Heartlands) securing increased delegated decision making and increased flexibilities from Government.

[8]Adult Social Care Activity and Finance: England 2016-17, NHS Digital, October 2017
[9]Adult Social Care Outcomes Framework, NHS Digital

FINANCING SUSTAINABLE SOCIAL CARE

Financing Sustainable Social Care

The underlying question that must be answered as part of the Green Paper process is what is the right balance of financial contribution between the individual and the state for social care?

In parallel to this the Green Paper must also consider how best to educate and inform people about the level of care costs they may face, alongside putting forward ways to encourage people to save for such eventualities. This view is supported by research from the Financial Conduct Agency (FCA) that found there is poor consumer awareness about the need to save for long-term care.[10]

What is the issue?

A fundamental challenge of the current social care system is the number of instances where people are subject to catastrophic care costs as a result of the onset of conditions which are outside of their control.

For example, if someone is subject to a condition, such as dementia, that does not have a medical intervention then they are likely to require social care for a number of years. This may be funded by the state, but the majority of people fall outside of existing means tests and as such are forced to fund their care through their own financial assets. For many other long-term health conditions, such as cancer and heart disease, medical treatments are available for free on the NHS.

Such an example is particularly pertinent for county areas, as they have on average the highest proportion (53%) of residents that fund and arrange their own care (self-funders) of any local authority type.[11] People with dementia who have assets, including their home, over £23,250 often face paying hundreds of thousands of pounds for their care. The Alzheimer's Society estimate that a typical person's bill for dementia care would take 125 years to save for, with an average annual cost of £32,250 per person.[12]

Limiting the costs of care

It is imperative that the Green Paper seeks to address such instances. One way in which Government could protect individuals and their families from catastrophic care costs is by introducing a cap and threshold model. This is an approach that CCN supports and that Government has stated will be included in the Green Paper in some shape or form.

The 2014 Care Act proposed introducing a cap on care of £72,000 and a capital threshold of £118,000. However, these proposals were subsequently postponed, in part due to research by LaingBuisson, commissioned by CCN. This identified the unsustainable nature of local care markets, the underlying instability and the potential impact of the proposed reforms leading to 'market equalisation'. The cost of introducing the cap, along with the impact of other reforms, would have resulted in a care home fee gap of £630m in counties alone and significantly more when rolled out nationally.

In 2017 CCN commissioned LaingBuisson to update their previous report, with this research finding that if a capital threshold of £100,000 was implemented, it would cost CCN member councils £308m at 2017/18 prices.
Their analysis stated that this: *'does not represent a year one or year two cost. Rather it represents the projected annual cost at 2017/18 prices at a future time in which Long Term Care funding reforms have worked their way through and a steady state has been reached. Because the length of stay in care homes is relatively short (around two years) a steady state will be approached in three or four years when the remaining tail of long stayers is approaching stability.'*

[10]Ageing population and financial sustainability, Financial Conduct Authority, September 2017
[11]The State of Care in Counties, County APPG, March 2015
[12]Dementia Tax, Alzheimer's Society, accessed November 2017

Financing Sustainable Social Care

LaingBuisson's analysis also identified the cost of introducing a cap on care in county areas at different levels (see fig.1).

The analysis in fig 1 shows that the higher the level of the cap is set, the less people will benefit. Given that the average length of stay in care homes is 2 and a half years and the annual fees for 2016/17 in county areas for residential care were £30,192 and £28,935 for nursing care, a cap would need to set at between £50,000-£72,000 to have some benefit for the average resident entering these settings. Clearly if a cap is implemented, then the level of this will be dependent upon the funding available to Government.

Independent Age proposed that a £35,000 cap covering care fees, or a cap that covers all care costs and set at £100,000 (including daily living costs and 'excess' top-up fees) would be preferable to the £72,000 cap proposed in the Care Act 2014. This is because the £72,000 care cap would only see 1 in 10 of the people who pay for their care costs benefiting from the cap. Whereas the caps proposed by Independent Age would benefit around 4 in 10 people that currently pay for their care costs.[13]

However, it should also be noted that due to the predicted inter-generational decline in home ownership that the cap and threshold would require regular review to ensure that it remains an appropriate option to support a sustainable funding model.

A cap and threshold model would go some way to creating the conditions for financial products to be developed to encourage people to mitigate the risk of future care costs. A view supported by the House of Lords Committee on NHS Sustainability.[14]

CCN also support the principle that people should have real choice in how and when they pay for their care. This must include the use of deferred payment agreements (DPAs) to allow individuals and their families to delay the cost of paying for both residential and home care. At present DPAs can only be used for those people in residential care, in certain circumstances, who can request that their local authority meet their care home bills. The local authority can then recover their money, plus interest, from the home of that individual once they are deceased.

The use of DPAs has risen since they were made a universal entitlement under the 2014 Care Act for those people in receipt of social care. The use of DPAs has increased significantly since 2015/16, when nationally there were 2,895 DPAs totalling £72m. In 2017, CCN member council areas alone had a total of 3,240 DPAs valuing £98m.[15]

The Green Paper must also consider funding models from abroad and how these, or aspects of these, may be applicable in England.

One such example is the German LTCI programme which is a universal system of social insurance that is funded through taxation on income. One of the key aims of the scheme is to ensure that risk is spread across the population and therefore the full cost of care does not fall on individuals. If an individual is insured and pay their contributions, they are legally entitled to support should they require long-term care, with the individual's age or financial situation having no effect upon entitlement.

The Japanese model of 'social insurance, part taxation and part co-payment' aims to provide comprehensive and holistic care according to need'.[16] This has been supported, over time, by a positive vision of ageing where older people are supported by wider communities to remain independent and active in society and also investment in prevention and community resources.

fig.1: The cost of introducing a cap on care in county areas

Cap level	£50,000	£72,000	£80,000	£90,000	£100,000	£120,000
Yearly cost for CCN members	£691m	£330m	£242m	£165m	£106m	£41m

[13]Count Will the cap fit?, Independent Age, November 2017
[14]The Long-term Sustainability of the NHS and Adult Social Care, House of Lords, April 2017
[15]Adult Social Care Activity and Finance: England 2016-17, NHS Digital, October 2017
[16]What can England learn from the long-term care system in Japan?, Nuffield Trust, May 2018

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Recent research by the Nuffield Trust highlighted that the Japanese Government gained public buy-in for such a scheme by making the initial service offer generous, mandating financial contributions from the age of 40 (when most people would see the benefits of the system for their ageing parents), and embedding the principles of fairness and transparency through national eligibility criteria'.

It must be recognised that implementing a new funding system would not be without its problems. For instance, the House of Lords Committee report on the Sustainability of the NHS concluded 'The advantages and disadvantages of moving to an alternative funding model were explored over the course of the inquiry. However, there was general agreement that this would not be a viable solution for the UK'.[17]

How should the state fund adult social care?

Funding a reformed care system will clearly involve additional resources from Government.

At present, adult social care is funded through grant formula and council tax and has most recently received injections of short-term grant funding from Government through the Better Care Fund (BCF), improved BCF and the adult social care grant alongside increased flexibility to raise local taxation through the social care precept.

However, it should be noted that county adult social care budgets are still subject to overspends. This is a national trend, with the 2017 Association of Directors of Adult Social Services (ADASS) Budget survey identifying that social care budgets were overspent by £824m in 2016/17, with these being offset by underspends in other service areas and by the use of reserves.[18]

This is an unsustainable positon. Whilst CIPFA recognises that reserves are a useful option for balancing the budget in the short-term, the organisations advice is that 'reserves should not be used to pay for day-to-day expenditure and that it is important that they are replaced when the short-term need has passed'.[19] This is extremely pertinent as research by LGC found that county councils have the lowest level of unallocated reserves as a proportion of their net revenue expenditure (4.7%).[20]

CCN member councils need particular consideration as a result of unique cost pressures which are a consequence of their geographies and their relative rurality, with factors such as longer travel times, fewer providers and competition for high quality care staff that have an inflationary impact on the cost of care in county authorities.

A number of solutions have been muted by politicians, think tanks and leading sector experts as to how fund adult social care in a fair and equitable manner. There is not a simple solution to the funding conundrum, a range of options will be required to raise additional funding in order to deliver sustainable social care in the future. What is clear is that residents are likely to have to pay more if services are to be sustained in the medium to long-term.

One such proposal is to raise the level of national insurance each individual pays, for example, a one per cent increase would have raised over £4bn in 2017/18.[21] A similar rise in income tax would have raised £4.6bn.

Given the increasing demands and financial pressures on adult social care, the continuation of universal benefits, such as winter fuel allowance, concessionary bus fares, free prescriptions and, indirectly, TV licences, must be considered. In particular, whether the provision of these benefits improves outcomes for those people who already have assets that place them outside of the existing means test thresholds. For example, research by Reform

[17]The Long-term Sustainability of the NHS and Adult Social Care, House of Lords, April 2017
[18]Budget Survey 2017, Association of Directors of Adult Social Services , June 2017
[19]Balancing Local Authority Budgets, CIPFA, March 2016
[20]Revealed: Variation in levels of 'stressed' reserves, Local Government Chronicle, 12 October 2017
[21]Health and Social Care: Delivering a Secure Future: An Interim Report, Liberal Democrats, March 2017
[22]Social Care- A Prefunded Solution, Reform, June 2017

Financing Sustainable Social Care

found that winter fuel allowance cost £2.1bn in 2015/16, but nearly 90% of recipients are not in fuel poverty.[22]

CCN's position very much mirrors that of the Health Committee report on Adult Social Care, where they recommend that we should 'seek to take funding from all available sources in order to deliver a fully funded and functional social care system'.[23]

Government will also need to consider how to make any proposed reforms, such as a cap on care costs, as equitable as possible across England. Given the difference in the cost of living that exists nationally and regionally, the introduction of a cap on care would have a differing impact upon CCN member councils. It is likely that in those areas where the cost of living is higher, that a client would reach a cap on care and come into local authority funded care more quickly than in areas where the cost of living is lower. As such, any funding settlement from Government would need to take such impacts into account to ensure that reforms are fully funded and equitable.

Greater retention of business rates can play a major role in providing new funding to reduce the level of unmet and under met need. CCN, alongside the LGA, have stated that the first call on the 'additional quantum' from local retention to be used to meet unfunded and underfunded pressures. However, business rate income does not necessarily match social care demands and there are additional complexities in two-tier areas in ensuring reforms provide the right balance of funding between tiers and regions.

Of equal importance is that sustainable funding, whether through greater retention of business rates or grant formula, is distributed fairly to councils.

At present this is not the case with existing funding formulae using 'regression' techniques, looking back at past spend and service usage to determine future funding. Such techniques do not account for fast changing demographic pressures, and are further embedding cycles of underfunding and variation between councils.

For example, the continued use by Government of the Adult Social Care Relative Needs Formula (RNF), frozen in 2013/14, to distribute a large proportion of social care funding means that CCN member councils do not receive an annual uplift in their share of national funding based on demographic growth. The consequence of the ongoing use of this formula is that counties per capita funding levels will continue to fall relative to other local authority types as a result of them having the largest and fastest growing 65+ populations.

Government's announcement of a needs-based review of local government funding in 2015 provides an opportunity to ensure that social care funding is better aligned to need. CCN has commissioned significant research to identify proposals for a new model. This has led to endorsement of a simple, cost-drivers approach to funding. This approach would see funding following a small number of indicators which reflect the vast majority of costs for local government for example, relevant population and infrastructure pressures. Such an approach would counter the issues raised by the use of outdated population information used in the existing adult social care RNF.

The Green Paper must work alongside wider reforms to local government finance which could provide an opportunity for additional funding to meet existing need, unmet need and address concerns regarding the fairness of existing funding for adult social care.

A sustainable adult social care settlement must be delivered in parallel with the recently announced long-term settlement for the NHS. If Government are to achieve its ambitions for health and social care integration, then it is imperative that the length of settlement for both the NHS and social care mirror each other. Any uplift in funding for the NHS must seek to shift the emphasis on care away from the acute sector and channel new funding into a substantial uplift in the provision of primary, community and mental health services with local government having greater influence over decisions on how and where this is spent.

[23]Adult Social Care, House of Commons Communities and Local Government Committee, March 2017

Policy proposals

- Government must develop a range of fully costed reforms to deliver a sustainable financial settlement for adult social care in the short, medium and long-term for public consultation.
- Financial reforms must mirror the length and ambition afforded to any future announcement on NHS funding in order to support the delivery of health and social care integration in the medium to long-term.
- The expected long-term funding settlement for the NHS must shift investment away from acute settings and attribute a significant proportion of new funding for investment in primary, community and mental health services.
- Government should develop fully-costed reforms, including a cap and capital threshold, which restrict the level of contributions that any individual or their family contribute towards their care in order to ensure that no-one is faced with catastrophic care costs
- Individuals and their families must have a range of options available to them in order to allow them to save for their future care needs, and pay for their care. These should include an extension of Deferred Payment Agreements to domiciliary care and the development of financial products, such as insurance, that encourage individuals to save in order to reduce the burden of future costs.
- In order to fund a sustainable social care system, Government must urgently review the effectiveness of universal benefits, including winter fuel and attendance allowances. In particular quantifying if the provision of such benefits improves health and wellbeing outcomes for those people who already have assets that place them outside of the existing means test thresholds.

SHAPING A DIVERSE, VIBRANT & STABLE CARE MARKET

Shaping a Diverse, Vibrant and Stable Care Market

Creating the conditions for sustainable local care markets

Local care markets will form a key component of a sustainable adult social care system post-Green Paper. A consequence of an ageing population is that the total number of years people can expect to live in poorer health continues to rise, with the result being ongoing and increased demand for residential, nursing and domiciliary care.[24]

However, local care markets are under significant strain as a result of the funding pressures facing local government, set out previously in this report. In response to the funding and demand pressures facing county authorities, CCN member councils have utilised their market position as a bulk buyer of care services to negotiate discounts on care packages in order to deliver best value for residents.

Further, the downward pressure on fees, coupled with the implementation of the National Living Wage (NLW) has led to unsustainable pressures in local care markets. Many providers are now teetering on the edge of financial collapse or shifting their business model to focus on the more profitable self-funder market.

These financial pressures have, in part at least, led to both Four Seasons and Allied Healthcare undertaking debt restructuring negotiations. Whilst some providers, such as Mears, have handed back contracts to some local authorities where they deem them to be unprofitable and also not sufficient to provide a safe level of care for clients.

A further result of the underfunding of care markets is that the number of beds available in care homes fell by 3,769 from April 2012-April 2017.[25] If this decline is to be addressed then additional funding is required to stabilise care markets and prompt providers to invest in new care homes to increase capacity.

LaingBuisson's research, on behalf of CCN, found that the care home fee gap for all county authorities is projected to be £670m in 2017/18, down marginally from £684m in 2015.[26] This marginal change reflects the fact that the number of placements is believed not to have risen while council fees across England since 2015/16 have generally kept pace with care home cost inflation.

The number of nursing homes and placements has been impacted by the financial pressures set out above. Lower levels of pay for social care staff by comparison to the NHS have been further intensified as a result of the NHS offering the lowest paid staff a 29% uplift over the next 3 years. Added to this, the vote to leave the European Union and the uncertainty surrounding the implications of this has led to a 96% drop in the number of EU nationals registering as nurses in the UK.[27] This shortage of qualified nursing staff has, in part, contributed to a number of homes that previously delivered nursing care reclassifying themselves as residential homes.

The pressures outlined above make it extremely difficult for CCN member councils to deliver on the market shaping duties set out in the Care Act 2014. The Act states that local authorities should *'facilitate a diverse, sustainable high quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole''.* [28]

It is also likely that during the development of the Green Paper that Government will consider reintroducing aspects of the previously delayed Care Act reforms. Alongside stabilising the existing market, Government must also consider the potential impacts and cost pressures that any potential reforms will have on future capacity or risk destabilising care market further.

[24]Budget Survey 2017, The state of health care and adult social care in England 2016/17, CQC, October 2017
[25]Market Shaping in Adult Social Care, Institute of Public Care, July 2017
[26]County Care Markets- Update 2017, LaingBuisson, October 2017
[27]96% drop in EU nurses registering to work in Britain since Brexit vote, The Guardian, 12 June 2017
[28]Adult Social Care Market Shaping, Department of Health, February 2017

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For example, the Care Act part 2 reforms included section 18(3) which would have allowed self-funders to ask the council to arrange care for them in exchange for an administration fee, something that could have resulted in them paying a lower fee than they would have were they to arrange care for themselves. This could have led to increased transparency of local authority fees and as such led to market equalisation, in the form of self-funder fees falling to local authority levels. Consequently, this would have affected the profit margins of care homes in all areas of the country, affluent and non-affluent, further reducing the sustainability of local care markets.

Despite CCN authorities paying higher than average rates than other local authority types for homecare, 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. By comparison local authorities in London have the highest average levels of expenditure per head of over 65s, but pay the second lowest level fees for domiciliary care (£13.71). The fact that CCN member councils pay higher fees is a result of county geographies and their relative rurality, with factors such as longer travel times, fewer providers and competition for high quality care staff, are having an inflationary impact on the cost of care.

One of the consequences of the underfunding of local care markets is there is less likely to be sufficient capacity to discharge patients from hospital in a timely manner. Increasing resources and capacity in local care markets would not only support a sustainable reduction in delayed discharges, it would potentially free up much needed funding that could be redistributed to ensure that people are provided with the right care, in a timely manner and in the most appropriate setting.

This is a view supported by LGA research which found that improved discharge planning is key to maximising independence and in turn would save money and deliver better outcomes for residents. Their analysis found that:

'For nearly a quarter of people who were discharged from hospital with a care package, a preferable pathway was identifiable that could have delivered better outcomes at lower cost. Given that a significant subset of these pathways result in costly long-term residential placements this is of particular significance. Practitioners taking part in the study estimated that 59 per cent of long-term residential placements resulting from an acute hospital admission could be delayed or avoided' [29]

Reforming financial incentives to promote the delivery of care & support in the most appropriate setting

Reshaping local care markets alone will not solve some of the long-standing issues and behaviours that are counter-productive to the ambition to deliver a higher proportion of care and support services closer to home. Legislative change is required to streamline the reporting burden on the NHS and social care, along with changes to centrally led financial incentives. In particular, CCN has long-advocated for the NHS Tariff to be reviewed.

The way that the existing NHS tariff mechanism operates is counterproductive and ultimately rewards acute trusts for patient contacts, as opposed to outcomes. Instead this should be reformed to reward NHS providers for preventing people from entering expensive crisis care unnecessarily. This is a view supported by the Leaders and Cabinet Members with responsibility for adult social care who responded to CCN's survey, 90% of whom supported a review of NHS tariffs to shift to a prevention focus, as well as the Common's Health Committee.[30]

Improving and aligning incentives will play a key part in bringing partners together in local areas to improve outcomes for residents, deliver integrated frontline services and in-turn efficiency savings. However, this approach will take time and will not solve the immediate and underlying funding problem that currently exists in social care.

[29] Efficiency opportunities through health and social care integration, Local Government Association, June 2016
[30] Impact of the Spending Review on Health and Social Care, House of Commons Health Committee, July 2016

Shaping a Diverse, Vibrant and Stable Care Market

Promoting independence through intermediate care

Added to this, increasing the use and capacity of intermediate care will be vital to delivering a sustainable social care system, along with reducing demand on costly hospital-based NHS services. They aim to ensure people transfer from hospital to the community in a timely way and to prevent unnecessary admissions to hospital and residential care.[31]

Intermediate care includes rehabilitation and reablement services which provide support to people at risk of hospital admission or who have been in hospital. At present county areas (2.5%) on average offer a lower proportion of older patients (65+) rehabilitation and reablement services following their discharge from hospital compared to the English average (3.1%). This is despite 84% of people who received these services still being at home 91 days after being discharged, on par with the national average.

The desire to increase investment in intermediate care services exists amongst county authorities. However, Government funding reductions coupled with rising demand for services means that county authorities have been left in a position whereby the majority of activity is focused on meeting statutory requirements and providing support to those people with the greatest levels of need.

The importance of investing in intermediate care services is shown by the results of CCN's survey of County Leaders, Cabinet Members with responsibility for Adult Social Care and Directors of Adult Social Services. In total 90% of respondents identified more and better use of reablement as an either effective or very effective means of continuing to secure further efficiencies and managing long-term demand.

Developing a highly skilled, experienced and stable workforce

The availability of a highly skilled, experienced and stable workforce will be vital if a sustainable health and social care system is going to be developed in the medium to long-term.
The Care Quality Commission (CQC) have stated that all health and care sectors are facing great challenges in recruiting and retaining staff.[32] CCN member councils face particular issues relating to recruitment and retention as a result of factors including, rurality and the high cost of living in relative terms when compared to other local authority types.

The recruitment and retention of the social care workforce has been impacted by the introduction of the National Living Wage (NLW). Whilst welcome, it has placed an additional unfunded burden on CCN member councils. The Society of County Treasurers (SCT) surveyed county authorities on their budgetary position, finding that CCN member councils face unfunded cost-pressures of £813m relating to the NLW by 2020/21, or £22m per county authority. A significant proportion of this pressure will be from adult social care, given that this forms 45% of service expenditure in county areas, excluding education.

The adult social care workforce is significant in size, with figures from Skills for Care showing that adult social care is a growing sector that, in 2016, had around 20,300 organisations, 40,400 care providing locations and a workforce of around 1.58m jobs.[33]

Recruitment and retention issues have only been intensified in nursing care as a result of the United Kingdom (UK) voting to leave the European Union (EU). Figures from Skills for Care show that people with an EU nationality form 7% (95,000 jobs) of the adult social care workforce. Added to this, the uncertainty surrounding the implications of this vote has led to a 98% drop in the number of EU nationals registering as nurses in the UK. This shortage of qualified nursing staff has, in part, contributed to a number of homes that previously delivered nursing care reclassifying themselves as residential homes.

[31] Intermediate Care Including Reablement, National Institute for Health and Care Excellence, September 2017
[32] The state of health care and adult social care in England 2016/17, CQC, October 2017
[33] The State of the Adult Social Care Sector and Workforce in England, Skills for Care, September 2017

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Shaping a Diverse, Vibrant and Stable Care Market

CCN acknowledges and welcomes the recent joint consultation, led by Skills for Care on behalf of the Department for Health and Social Care that will inform the development of a national health and social care workforce strategy.[34] The consultation sought views and evidence on what actions could be taken to address a number of workforce challenges specific to the adult social care sector. CCN, along with a number of organisations, have being calling for the development of a national strategy for a number of years.

It is imperative that a strategy is published as a matter of urgency and through the Green Paper Government set out how reforms to social care practice and the workforce will be resourced in a sustainable manner.

This should also include consideration of how to reform the existing model of social work, including, aligning the NHS and social care workforces and facilitating joint workforce planning across both sectors. These approaches have the potential to create more career opportunities and to examine the viability of new models of care. For example, the Buurtzoog approach pilots to see if they are applicable within the context of a more sustainable social care system in England.[35] Such an approach seeks to empower social workers, reduce bureaucracy, releasing savings and most importantly increasing the amount of direct contact time social workers spend with the people they support. This is a view supported by the Leaders and Cabinet Members with responsibility for adult social care who responded to CCN's survey, 85% of whom support the development of neighbourhood care models, similar to Buurtzoog.

If these are not addressed, then staff supply issues can have a direct impact upon the continuity of care, which is important to maintaining quality and improving outcomes. Also a vibrant, diverse and sustainable care markets cannot be delivered without a highly skilled and valued workforce.

[34]Facing the facts, shaping the future - Adult social care workforce consultation, Skills for Care, 20th February 2018
[35]Buurtzorg: the Dutch model of neighbourhood care that is going global, The Guardian, 9 May 2017

Policy proposals

- Local care markets must be placed upon a sustainable footing in order to provide a range of high quality care and accommodation options for residents, and practeitioners, to choose from in order to allow them to live as independently as possible for as long as possible.
- Financial incentives should be urgently reformed and realigned to ensure that people receive care and support in the most appropriate setting, in order to deliver the best possible outcomes.
- Government should seek to create the conditions for local authorities and the NHS to provide a significant uplift in access and use of intermediate care services, including bed-based, home-based, crisis response and reablement services, in order to improve the health and wellbeing outcomes of residents.
- A fully funded joint workforce strategy for social care and the NHS should be published as a matter of urgency. This must consider how to reform the existing model of social work, including, aligning the NHS and social care workforces and facilitating joint workforce planning across both sectors. In addition there should be more active consideration of the skills required to develop future sector leadership given the evolving Integrated Commissioning System model and the essential nature of the interface with the NHS.

Case Study:
Extra Care Housing Programme for Older People, **Hampshire County Council**

Extra Care Housing is accommodation that is specifically designed with the needs of older and disabled people in mind. The properties provide modern affordable housing with 24-hour care and support on site, enabling people to keep their independence while ensuring help is available should it be needed.

Hampshire County Council has so far facilitated 766 Extra Care Housing (ECH) apartments for older people across 17 separate sites and has plans to double the number of apartments to 1,500 places over the next five years. This forms part of a long term £40m+ capital investment programme. The developments to-date, house around 850 people and are supported by a care budget of £5.75m per year which delivers some 5,700 care hours per week. Six new ECH schemes are due to open by the end of 2020. This will add a further 312 units and will increase capacity by some 40%. Planning agreements are also in place for a further 8 new ECH sites on major housing developments which could result in around 500 more apartments being added in the early part of the next decade.

The capital budget has been used flexibly to 'gap fund' the viability of affordable housing units, offer free land and encourage ECH on sites not owned by the Council. Its funding policy has also been adapted to recognise the commercial pressures on supported housing and now encourages a 'mixed tenure' model on larger developments.

Hampshire's ECH programme is a key part of its Transformation agenda which aims to support the strengths of older people and replace the need for traditional care home placements leading to demonstrable revenue savings. The six new schemes being commissioned are set to generate £1.2m future savings per year whilst work to improve the care mix in existing placements has recently resulted in 41 new allocations for people with high and medium needs during 2017/18, resulting in a recurring annual saving of £232,000.

In order to achieve the above outcomes, the Council has also invested in dedicated management resources to both commission this new capacity and to co-ordinate the correct pathway of nominations towards such new housing. This has involved a comprehensive change programme involving commissioning and operational managers in the Council plus external partners from District Councils, housing associations, care providers and Homes England. All aspects of the complex housing and care referral and assessment processes have been reviewed and improved, new procedures issued and a new suite of multi-media communications are planned to further promote awareness of ECH amongst older people, their relatives and other professionals.

The on-site, 24/7 care services that are unique to ECH have also been reviewed to enhance the availability of planned care at night, as well as offering more staff time to provide greater 'wellbeing' and activities for residents. Each scheme aims to become a 'community hub' with its services being extended to older people living nearby and some also have dedicated day centres attached as well.

In addition to the extensive accommodation programme, Hampshire are also entering in to an exciting phase of investment and development to address emerging needs for our population. We have undertaken proof of concept by operating an intermediate care step-down facility on a hospital site occupying an existing building which has proved worthwhile. We are now working with one of the main acute Trusts to develop the business case of designing and building a transitional care unit for up to 50 people. This has the potential to provide a real alternative to an extended stay in a hospital setting and aligns with policy on shifting the burden of care from the NHS to the Local Authority

INTEGRATION:
CREATING A PREVENTATIVE ECOSYSTEM

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Integration: Creating a Preventative Ecosystem

Structural integration

Structural reform is a key theme that underlies any discussions on delivering sustainable health and social care services in England. Debates have included a range of options, from integrating health and social care across of range of small, medium and large localities, to nationalising social care.

It is vital that Government is not tempted to extract adult social care from local government control as has been muted in some quarters.[36] CCN and other leading national organisations, including the LGA, have recently refuted the notion that social care could be nationalised.[37]

First and foremost the potential transfer of control from social care to the NHS would be fraught with complexity, including the need for legislation and for entitlements to social care to better align with health. Health care is provided free at the point of use, while social care is a means-tested system and the Care Act 2014 enshrined in law the role councils. There is little prospect of full entitlement alignment being an option in the forthcoming Green Paper nor is their parliamentary scope for major legislation.

However, even if there were, a proposal such as a national care service or removal of local authority responsibility would be damaging to outcomes and the wider health economy.

CCN member councils, along with all upper-tier local authorities, have demonstrated their ability to at least maintain, if not improve services, for some of the most vulnerable people in our society despite being subject to a reduction in Government core grant since 2010 of £16bn. In fact the proportion of people satisfied with their care and support in county areas has risen from 63% to 67% from 2010/11-2016/17.

By contrast, NHS commissioners and providers have been increasingly reporting regular deficits, including in 2016/17 when NHS Trusts reported combined deficits of £791m. Given the likely cost of this to the Treasury this is unlikely to be neither affordable nor desirable. Removal of social care from local government control would lead to democratic accountability over decision making being compromised and an inability for the unique challenges faced by each and every area to be addressed. This is something that Government has previously sought to avoid and also, through the establishment of Health and Wellbeing Boards, strengthen in relation to NHS decision making.

Such an approach would also be counter to the personalisation agenda. Government's has a desire to increase the use of personal budgets providing individuals with greater choice and control over the services and support they access. Only a locally-led approach can be reactive to evolving local circumstances and work with and within communities to build resilience.

Therefore we must aspire to achieve integration with an enhanced, not reduced, role for local government. While it is widely recognised that health and social care integration is not a silver bullet that will resolve the financial and demand pressures facing both adult social care and the NHS,[38] it is our best means of achieving better outcomes for patients.

In the recent past there have been numerous attempts to drive or deliver integrated systems such as the Better Care Fund , Sustainability and Transformation Partnerships and Integrated Commissioning Systems (ICSs). While clear progress has and continues to be made, such structural innovations have not delivered real and long-lasting change to how health and social care services are delivered on the frontline in a truly integrated manner.

The precarious financial environment currently facing adult social care in counties, and all upper tier authorities, means that whole system of integration is unrealistic in the short-term due to a dearth of resources, both officer and financial. Government must work with the NHS and local authorities to develop realistic

[36]Trim down our overblown councils before putting up taxes, Telegraph 11 February 2018
[37]Adult Social Care- A National or Local Service?, LGA, May 2018
[38]The NAO has stated recently that there is no compelling evidence to show that integration in England leads to sustainable financial savings or reduced hospital activity'

Integration: Creating a Preventative Ecosystem

expectations for the integration agenda for the short, medium and long-term.
A revised and reformed system post-Green Paper must also seek to breakdown key barriers to true integration such as information sharing, IT systems and the NHS tariff, which rewards contacts rather than outcomes. Most fundamentally, we must create the conditions for a preventative ecosystem of integrated services around the individual.

Integration around the individual

CCN recommends that Government focus on creating the conditions for social care and NHS partners to integrate services around the individual. Such an approach would support the previous Secretary of State for Health and Social Care's ambition to deliver 'whole-person integrated care with the NHS and social care systems operating as one'.[39]

A number of prominent voices, such as Independent Age and the Industrial Strategy Commission, have proposed that integration must be primarily be focused on improving patient outcomes, a position that CCN supports. [40] [41]

To deliver this, a fundamental shift will be required from a system that offers individuals traditional care and support services, to one that seeks to provide people with greater choice and control over the services and support that they can access.

At present the majority of people in county areas who use social care feel that they have control over their daily life (80.1% in 2016/17), the highest proportion of any local authority type. However, there is still significant work to be done in this area to truly place control over decisions in the hands of those individuals who want it.

A 'strength' or 'asset' based approach should form the basis of refocusing the integration agenda in the short-term. This approach emphasises wellbeing, and enabling people to remain independent or regain independence utilising the help and support available in their own communities and social networks first and foremost.

Such changes to the ethos of provision are in line with the Care Act which made the promotion of individual wellbeing the organising principle of adult social care. Improving people's wellbeing and preventing the onset of ill health will be essential to reducing the current and future demand pressures on social care and NHS services.

Collaboration and coproduction with social workers who know the local area is at the heart of this approach. It empowers social workers to have different, less prescriptive conversations with individuals that examine what outcomes a person wants to achieve and what is available locally to help them achieve that.

Evidence suggests that strength-based and personalised approaches require more social worker time with each individual, with analysis of Essex County Council's approach suggesting up to 30% longer per client.[42]

However, there are clear benefits, both outcome and financial based, of introducing a strength-based approach to social care. For example, the 3 conversations model which supports frontline professionals to have three distinct and specific conversations:

i). Exploring people's needs and connecting them to personal, family and community sources of support that may be available.

ii). Client-led, conversation that seeks to assess levels of risk and any crisis contingencies that may be needed, and how to address these.

iii). Long-term outcomes and planning, built around what a good life looks like to the user, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available.

[39] We need to do better on social care, Jeremy Hunt,20 March 2018
[40] Final Report, The Industrial Strategy Commission, November 2017
[41] Will the cap fit?, Independent Age, November 2017
[42] 'Living Well – Three Conversations' - a strengths based approach to social work, Adult Social Care Committee Norfolk County Council, 4 September 2017

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When analysed by Partners 4 Change, they found that when the 3 conversations model was applied to 100 people in a local authority area, the overall cost of care and support (£750k) was reduced by £100k'.[43] In another area, it was estimated that if the model was replicated across the entirety of the local authority footprint it could create up to ' £6m of savings for social care (mainly in reductions in usage of residential and nursing care) and £4m of savings for the NHS (mainly in the reduction in A&E admissions)' .

As well as utilising the local knowledge of social workers, an upscaling of the type, quality and availability of information and advice to the public, and professionals from the NHS, social care and the voluntary and community sector will be required to support a strength-based approach. In a reformed system where care pathways are streamlined and integrated around the individual, additional resources from Government will be essential to ensure that the provision of high quality, joined-up, information supports a preventative ecosystem.

This must also be underpinned by the work of local authorities, councillors, community leaders and others to help build community resilience and capacity to support the most vulnerable in times of need. The recent cold weather is a prime example, local people and groups supporting their communities by ensuring that vulnerable people could access medical appointments and basic provisions.

Such an approach must seek to build upon existing and emerging best practice from the personalisation agenda, including personal budgets and joint health and care plans, the latter of which are being piloted by Nottinghamshire, Lincolnshire and Gloucestershire.

To support a more collaborative frontline approach, Government may also want to consider whether it would be prudent to pool a greater proportion of NHS and social care budgets by 2020. This would increase the level of shared decision-making relating to frontline services as a pre-cursor to delivering integration more widely under a reformed health and social care system post-2020. Leaders and Cabinet Members with responsibility for adult social care were broadly supportive of such an approach, with 65% of respondents to CCN's survey supporting pooled health and social care budgets in every area by 2020.

It should also be noted that service-based integration is not a new phenomenon. CCN member councils have worked with NHS partners for a number of years to integrate frontline services in order to improve patient outcomes, reduce bureaucracy, manage demand and free-up financial savings. CCN's previous publication Delivering Adult Social Care in Challenging Times showcased a number of such examples.[44]

Creating the conditions for people to help themselves

Building upon the shift in practice to place greater control of decisions on care and support in the hands of the individual that requires it outlined above. A fundamental rethink is required about how public health services can create the conditions for people to live the longest, healthiest and happiest lives that they possibly can.

Not only can significant investment in public health services improve outcomes for residents, it can also help to reduce or delay the onset of conditions that lead to people requiring NHS and social care services. This is supported in the NHS Five Year Forward View that states 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'.[45]

Since the transfer of responsibility for public health back to local authorities from the NHS in 2013, county authorities have worked

[43]Assessment and care planning:3 conversations, SCiE, July 2017
[44]Delivering Adult Social Care in Challenging Times, County Councils Network, 2016
[45]NHS Five Year Forward View, October 2014.

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hard to successfully integrate and embed public health into their structures, whilst also recommissioning services to improve outcomes and deliver savings to the public purse.

However, since then, the ringfenced local authority public health budgets were subject to a £200m in-year reduction by Government in 2015, followed by year on year reductions of 3.9% up to 2019/2020.

These reductions have left CCN member council public health budgets strained, a view supported by the recent Lords Committee report on the Long-Term Sustainability of the NHS and Adult Social Care. The Committee stated that prevention and public health is 'now chronically underfunded'.[46]

This situation is compounded in county areas, where research by LG Futures, found that CCN member councils are underfunded for public health provision. County authorities received the equivalent of £37 per head of population from Government, compared to the English average of £51 per head in 2015/16. The result is that 14 out of 16 of the lowest funded local authorities for public health are counties.[47]

Disinvestment, rather than investment, in public health has been the reality. Such an approach is a false economy and means that local authorities are forced to focus on short-term priorities and crisis management, rather than investment in longer-term strategies.[48]

This is a view borne out in the 2017 ADASS Budget Survey where it was found that expenditure on prevention as a proportion of social care budgets fell from 7.1% (£984m) in 2016/17 to 6.3% (£890m) in 2017/18.[49] This is despite 70% of Directors of Adult Social Services (DASS) seeing prevention as the most important way of realising savings.

This view is supported by findings from CCN's survey where 79% of Leaders, Cabinet Members with responsibility for adult social care and DASSs rate investment in preventative services as either effective or very effective in securing further efficiencies and managing long-term demand.

This is further substantiated by research that found investment in public health interventions can deliver improvements in health and wellbeing outcomes for residents, as well as provide a significant return on investment of approximately £4 for every pound invested.[50]

The Green Paper must include a commitment to provide the means and flexibility for health and social care partners to invest in early intervention and prevention in a meaningful and sustainable way. Such an approach will, over a period of time, improve the healthy life expectancy of residents, which in turn will reduce demand on health and social care services. This investment will also provide a financial return to local authorities and the NHS in the form of cost avoidance and a reduction in the use of more expensive, acute resources.

[46]The Long-term Sustainability of the NHS and Adult Social Care, House of Lords, April 2017
[47]Social Care and Health: Funding and Cost Pressure Analysis, LG Futures, January 2016
[48]Public Health Post 2013, Commons Health Committee, August 2016
[49]Budget Survey 2017, Association of Directors of Adult Social Services , June 2017
[50]Return on investment of public health interventions: a systematic review, British Medical Journal, July 2017

Integration: Creating a Preventative Ecosystem

Recognising the importance of adult and young carers

Unpaid, or informal, carers must be a key focus of the Green Paper on Care and Support for Older People. Any strategy that seeks to stabilise and sustain health and social care, must recognise the need to provide the conditions for carers to maintain their own health and wellbeing, take breaks when required and also enable them to play a full and active role in society.

Informal carers are essential to the sustainability of adult social care, with the ONS calculating that it would cost approximately £60bn per year to replace unpaid carers with paid workers.[51] The value of care work in counties is shown by the fact that 38.5% of carers provide 100+ hours of caring per week and nearly a quarter of all carers (24%) have cared for the same person for 5-10 years.

Caring duties place significant strain upon the physical and mental health of carers. This is clearly shown by the fact that nearly two-thirds of carers in county areas state that they either feel socially isolated or have some social contact but not enough. More worryingly, the majority of carers in CCN member council areas feel tired (78%) or have experienced disturbed sleep (66.8%), with nearly half (45%) feeling depressed in the past 12 months.

It is not only adults that undertake these vital duties, young carers, some as young as 5 years old, support family members with essential daily activities. The 2011 census identified 178,000 young carers in England and Wales alone, although some estimates suggest that that there could be 700,000 young carers in the UK.[52]

There is also a strong body of evidence on the adverse impact of caring on social activity, educational engagement, employment opportunities and on health and wellbeing outcomes for young carers.[53] In addition to this, the impact of ongoing caring duties on a child's life chances is highlighted by the fact that young carers aged 16-18 years are twice as likely to not be in education, employment or training (NEET) than their peers. Therefore, the economic value of not providing sufficient support to young carers can clearly be seen.[54]

Government must utilise the evidence gathered as part of the Carers Strategy consultation process to inform the development of a range of costed proposals and reforms to support adult and young carers. This is extremely important as a House of Lord Committee report suggested that within the next decade, demographic demand for unpaid care will outstrip supply.[55]

[51] 'Unpaid carers save economy almost £60bn each year', BBC, 11 July 2017
[52] Young Carers, Barnardos, Accessed May 2018
[53] 'The crisis of young carers: 'Going to school is a break'', The Guardian, 26January 2017
[54] 'Young carers at risk of not fulfilling their ambitions show new figures on Young Carers Awareness Day', Carers Trust, 26 January 2017
[55] Ready for ageing?, House of Lords Select Committee on Public Service and Demographic Change, March 2013

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- Government must work with the NHS and local authorities to develop realistic expectations for the integration agenda in the short, medium and long-term. This must include ensuring that local government is an equal partner in all local discussions and that democratic accountability underpins the integration agenda.
- Government focus on creating the conditions for social care and NHS partners to integrate services around the individual in order to deliver whole-person integrated care.
- A 'strength' or 'asset' based method should form the basis of refocusing the integration agenda and underpin a reformed approach to social work. This approach would promote people's independence utilising the help available in their own communities and social networks first and foremost.
- The expected long-term funding settlement for the NHS must shift investment away from acute settings and attribute a significant proportion of new funding for investment in primary, community and mental health services.
- The Green Paper must include a commitment to provide the means and flexibility for health and social care partners to invest in early intervention and prevention in a meaningful and sustainable way.
- Government must utilise the evidence gathered as part of the Carers Strategy consultation process to inform the development of a range of costed proposals and reforms to support adult and young carers.

DELIVERING HOUSING TO MEET SOCIAL CARE NEEDS

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Delivering Housing to Meet Social Care Needs

Creating the conditions for people to live independently for longer

Whilst care homes are, and will continue to be, a key facet of any local care market, it is important that any future strategy seeks to shift the conversation towards other forms of innovative community-based support that facilitates people of all ages to continue to live independently for longer.

This must form a key part of the post-Green Paper social care landscape and will be fundamental to the delivery of the 'diverse, vibrant and stable market' that Jeremy Hunt set out as part of his principles for the reform that will shape the forthcoming Green Paper.[56]

It is essential that a more preventative approach to our nation's ageing population is taken, with housing being a wider determinant of health and wellbeing. A new approach is required to ensure that housing meets the needs of the people residing in them and minimises factors such as inaccessibility which can have a negative effect on a person's physical and mental health.

Inaccessible or unsuitable accommodation can adversely impact upon the ability of an older, or disabled, person to manage their own health and care needs, and to live independently and safely. It can also limit the extent to which they participate in society.[57]

Such an approach will be a vital cog in tackling the demand and financial pressures facing both health and social care in the short, medium and long-term. High quality and accessible housing can help to delay and reduce the need for primary and social care, prevent hospital admissions, enable efficient discharge and prevent readmissions.

There has been wide-ranging recognition that the country is in the midst of a housing crisis. Demos have stated that 200,000-300,000 new houses are required to be built nationally on an annual basis to accommodate our growing population.[58]

However, hidden within these figures is that the number of households headed by someone aged 65 or over is expected to grow by 155,000 per year, with the number of over-65's living alone expected to grow by around 43,000 per year. This issue is extremely pertinent in county areas as a result of them being home to the largest and fastest growing elderly population of any local authority type in England.

CCN analysis has found that in county areas the number of over 85+ households will grow by 155% between 2014 to 2039, with the number of over 65 households due to grow by 57% over the same period.[59]

There is also concern amongst some CCN member councils that Housing Associations are not diversifying the accommodation on offer in their local areas, including supported housing. Older people in rural areas can face particular challenges in locating suitable housing and support in their communities. There is a perception that they are instead favouring the construction of 2-3 bedroom homes. The construction of mixed tenure developments is required to reduce the number of people housed in inappropriate accommodation. This can lead to them having to decide between living in appropriate accommodation or moving away from their family and friends in later life.

To provide quality, accessible and affordable housing in county areas a four pronged approach is required. Firstly, mainstream housing must be made more accessible and adaptable; secondly, access to Disabled Facilities Grants must be increased and the installation of adaptations must be more efficient; thirdly, the availability of retirement housing and housing with care must be increased; finally, planning more strategically to meet the needs of older and vulnerable people.

[56]We need to do better on social care, Jeremy Hunt,20 March 2018
[57]Improving health through the home, Public Health England, 3 August 2017
[58]Unlocking the Housing Market, Demos, November 2017
[59]X

Delivering Housing to Meet Social Care Needs

Making mainstream housing more accessible & adaptable

At present 93% of older people live in mainstream housing nationally.[60] As such, it is imperative that future housing is designed and constructed to enable people to maintain their independence for as long as possible. To achieve this, a fundamental shift is required in housing standards to ensure that homes are more accessible for individuals, families and carers.

One way in which this could be done is by altering the minimum specification by which all new homes are built. For example, a Government impact assessment estimated that a three bedroom home built to Part M (4) Category 2 costs just £521 more in build costs than its less accessible equivalent. It could be safely assumed that such costs may reduce if this form of housing standard was mainstreamed.[61] When compared to the daily cost of a delayed discharge from hospital of £313 and the average weekly cost of a residential in county areas of £580, these one-off additional build costs pale in comparison.

The Government's Housing White Paper, published in early 2017, acknowledged the need to strengthen national policy to ensure that planning authorities have clear policies for addressing housing requirements of groups with particular needs.[62]

The Government should make Part M (4) Category 2 (accessible, adaptable) the mandatory minimum for the construction of all new homes, the equivalent of the former Lifetime Homes standard. A view supported in the Women and Equalities Committee report on Building for Equality: Disability and the Built Environment.[63]

Adapting the existing housing stock to help people maintain their independence

In addition to improving the availability of accessible new homes, it is essential that people have access to funding for facilitate the installation of equipment and adaptations that will increase the chances of them maintaining their independence for longer and also help delay or reduce the risk of people entering more institutionalised care settings.

CCN has long supported reforms to the way Disabled Facilities Grants (DFGs) are delivered in both county council and county unitary authorities. To inform CCN's response to the recent Independent Review of DFG, we undertook a survey of County Directors of Adult Social Services, analysis showed that Directors feel that reform is required to improve outcomes for clients (83%); to increase the number of people that can access DFG (78%); ensure that there is greater alignment with social care priorities; and to reduce delays within the system (72%).

The case for reform is particularly strong in two-tier areas, where there is a split in the delivery for the function between tiers and difficulties arising following the incorporation of funding for DFG within the Better Care Fund. Influential bodies, such as the Ministry of Housing, Communities and Local Government Select Committee previously called for reform to statutory duties as part of more integrated approach to service delivery.[64]

While the above survey results show that removing the split of responsibility between upper/lower tier authorities is not a key reason for pursuing reform, wider results from the survey and supporting evidence demonstrates that consideration of these issues remains crucial to improving outcomes and integration.

[60] Housing for Older People , HoC Committee for Communities and Local Government, February 2018
[61] Accessible housing policy update, Habinteg, June 2017
[62] Housing White Paper, MHCLG, February 2017
[63] Building for Equality: Disability and the Built Environment, HoC Committee on Women and Equalities, April 2017
[64] Adult Social Care, House of Commons Communities and Local Government Committee, March 2017

Delivering Housing to Meet Social Care Needs

This is evidenced by the fact that patients awaiting discharge from hospital in county council areas were 10% more likely to be delayed as a result of awaiting the installation of equipment and adaptations (attributable to social care, per 100,000 population 18+) than in county unitary areas from March 2017-February 2018. A more strategic approach to DfG could also deliver efficiency savings that could be reinvested in the delivery of equipment and adaptations.

There is recognition from Government that there is an inconsistency in the quality and a 'postcode' lottery in statutory and non-statutory DFG service delivery across the country, particularly across two-tier areas. Strategic leadership and partnerships across a broader geography are required to counter this, with a greater role for the social care authority in two-tier areas or via a strategic partnership that include health, housing and social care for decision and delivery.

Greater alignment of decision making and delivery will also be essential if integrated service delivery around the individual, as set out earlier in this publication, is to become a reality. This would also support the delivery one of the Secretary of State for Health's 7 principles for reforming adult social care, whole person integrated care.[65]

Upscaling the provision of 'retirement housing'

Additionally, more housing options of all tenures need to be made available to older people. This includes retirement housing, a catch-all term for housing which has been designed with older people in mind, such as retirement villages that would provide people with the option to downsize to homes that are more adaptable to their potential health and social care needs.

At present there are only 720,000 retirement properties in England and Wales. Analysis suggests that 30,000 new retirement properties need to be built per year just to meet current demand. However, the number of these properties is increasing at a rate of just 7,200 per year, a level that has been relatively stable over several years, with only a handful of retirement developers in the market struggling to keep apace of this growth in interest from our rapidly ageing population. This is extremely pertinent in county areas where 53% of residents self-fund their care, the highest proportion of any local authority type.

Analysis by Demos has shown that if just half of those interested in downsizing were able to do so, 4m older people would be able to move, freeing up 3.5m homes. Over 2m of these would be three-bedroom properties. The dearth of suitable properties for downsizing is reflected in the fact that just 1 per cent of British people in their 60s are living in retirement housing, compared with 17 per cent in the USA and 13 per cent in Australia and New Zealand.

To facilitate this, Government must consider how to encourage developers to increase the level of construction of retirement housing, potentially by changing its planning classification. At present retirement housing currently falls into the same planning class as general use housing, despite the wider social benefits it brings. This means that retirement housing developers face the same Section 106 charges to fund affordable housing as developers of general housing.

[65] We need to do better on social care, Jeremy Hunt,20 March 2018

Case Study: Hertfordshire Apprenticeship Alliance and Good Care Campaign

The adult social care sector in Hertfordshire employs over 30,000 people and is an ageing workforce. The introduction of the Apprenticeship Levy provided the opportunity to develop a vision for the levy, using it to develop a new workforce to address skill shortages and be bold in our approach. The Hertfordshire Apprenticeship Programme (HAP) was developed using the levy to make an impact on recruitment and learning practices.

As the 'corporate parent' of children in the council's care, we also saw an opportunity to get these young people into a career.

Our apprenticeships are well established, with 279 young people being recruited and a further 86 existing employees enrolled onto an apprenticeship as part of their on-going development.

HCC widened its strategy to other partners through the Hertfordshire Apprenticeship Alliance (HAA) in co-operation with the Local Enterprise Partnership. HAA's sole purpose is to bring together the public sector and training providers to offer wider experience and movement between organisations. Our focus on equal pay has attracted attention of the Local Government All Party Parliamentary Group.

The starting salary of almost £17k is attractive to all, including care leavers who may be supporting themselves independently and attracts high calibre candidates who feel motivated and valued. We have recruited over fifty identified care leavers and provided additional support to apprentices from all backgrounds including those with mental health problems or identify as transgender.

Learning elements are co-produced and tailored with sector experts, frontline staff and carers to meet business needs and ensure its fit for practice.

We also work in partnership with Hertfordshire Care Provider's Association on the 'Herts Good Care' campaign. This raises the profile of care as a rewarding career path, finds candidates through values-based recruitment and place them into suitable care roles. As well as the overall campaign, working with care providers, Jobcentre Plus, colleges and community and youth groups, schools and the press, there is a recruitment service with an interactive website which is free to care providers. We offer apprenticeships as part of our Good Care recruitment campaigns.

So far, the campaign has achieved:

- A major marketing, events and engagement campaign;
- Bespoke education sessions for care providers;
- Over 150 care providers using the recruitment service;
- Over 300 values-based reports completed on people showing an interest in working in care;
- 265 Interviews arranged between candidates and care providers;
- Over 100 new staff members recruited into care roles using the service;
- 450 care staff fully trained to start new roles through the Care Certificate;
- 135 care managers trained in recruitment, retention and leadership to manage their own service more efficiently and effectively.

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Delivering Housing to Meet Social Care Needs

Planning strategically for the future needs of older people

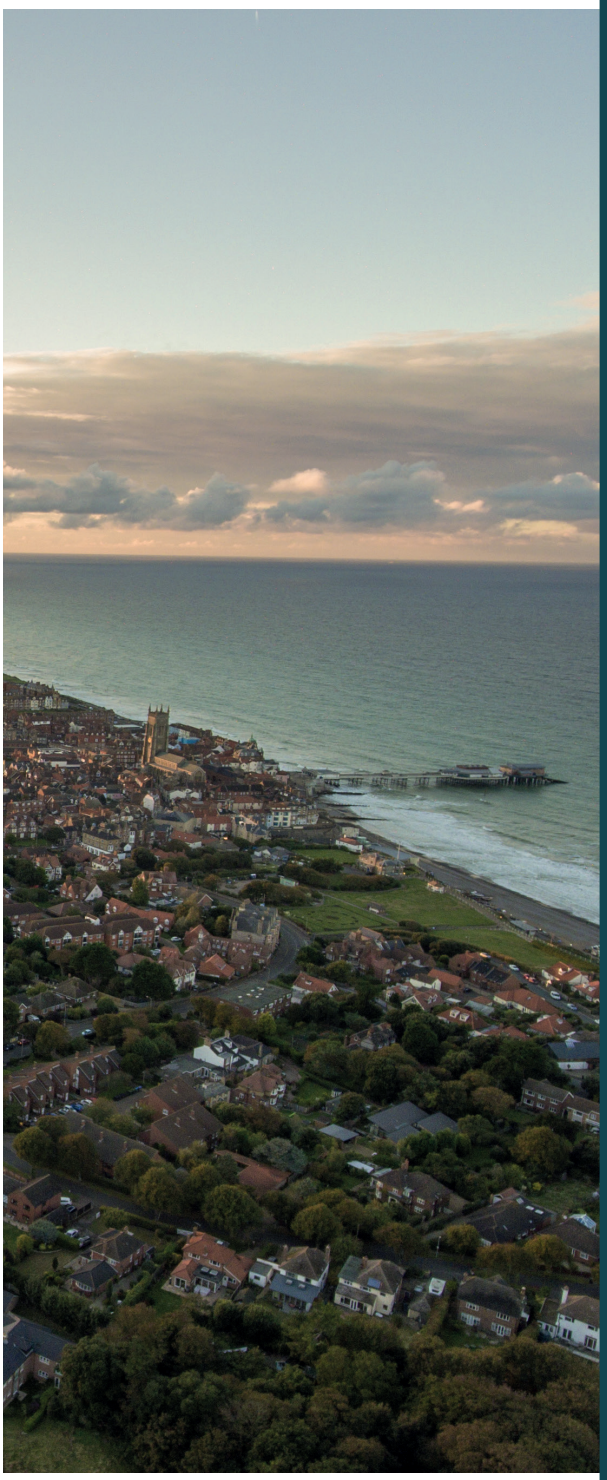
At present local government structures, in two-tier council areas in particular, can restrict the ability of county councils to deliver on their market shaping duties that was set out in the Care Act 2014.

Whilst county councils may have a desire to be involved in planning decisions on the delivery of retirement developments, extra care housing and other supported accommodation, they are not the planning authority. Therefore, the county council is a consultee in the process, rather than the decision maker. Providers may favour the development of residential or nursing homes, whilst the county council would prefer to deliver a shift in accommodation available for people with support needs.

CCN's response to the MHCLG Planning for the Right Homes in the Right Places consultation argued that the proposed 'Statement of Common Ground' must be strengthened to ensure that county councils have a more formal role to address these concerns.[66]

It should be noted that more recently there has been a clear policy steer from Government for planning for social care and housing to be more closely aligned. For example, a broader, county-wide, approach is being proposed for supported housing.

The Government's recent consultation on short-term supported housing proposed that upper-tier authorities in two-tier areas should lead on the development of a Supported Housing Strategic Plan. This would include the development of a '*detailed needs assessment of the demand and provision for all client groups*'.[67] This would sensibly link with the market shaping duties of upper-tier local authorities, as well as the provision of equipment and adaptations through DFGs.



[66]CCN Consultation Response: Planning for the right homes in the right places County Councils Network, 2017
[67]Funding Supported Housing, DWP/DCLG, October 2017

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Policy proposals

- Government should make Part M (4) Category 2 (accessible, adaptable) the mandatory minimum for the construction of all new homes, the equivalent of the former Lifetime Homes standard, to ensure that homes are accessible and adaptable to enable people to live as independently as possible for as long as possible.
- The strategic oversight and delivery of Disabled Facilities Grants should be reformed in order to improve outcomes for residents, increase the number of people that can access DfG, ensure that there is greater alignment with social care priorities; and to reduce delays within the system
- Government must consider how to encourage developers to increase the level of construction of retirement housing by changing its planning classification to differentiate it from general use housing. Government must also consider how best to encourage the development of mixed tenure sites on new developments to include retirement housing.
- Upper-tier authorities should lead on the development of a Strategic Housing Plan in their local areas in order to clearly identify the housing, accommodation and support needs of vulnerable groups of people in their county.

CONCLUSIONS

Conclusions

The forthcoming Green Paper on Care and Support for Older People is an important line in the sand for the future of adult social care. It is abundantly clear that it is not possible to continue to deliver the same quality of service to the same number of people within the existing financial envelope currently provided by government grants and local taxation. Something has to give.

This is not a once in a lifetime opportunity, this is the 13th attempt from governments of all colours in the past 20 years. However, it is much needed recognition that the status quo cannot continue; that without reform social care won't just be on a cliff edge, it will be plunging into the sea.

County areas are withstanding some of the greatest financial and demand pressures in delivering and procuring social care services, and have had some of the biggest cuts in core government grants since 2010. Those pressures will only continue to intensify in the coming years, with counties home to the largest and fastest growing elderly population of any local authority type.

Without the leadership, resilience and innovation that local government has shown since the turn of the decade, the situation could be significantly worse. The challenges of delivering a balanced budget year on year, whilst ensuring that those most in need receive the high quality care and support they deserve must not be underestimated. This along with the need to maintain democratic accountability and to ensure ongoing links with wider community based issues, are evidence enough as to why social care must remain a local service and not be nationalised like the NHS.

Local authorities do not have the option to run deficits year on year like the NHS, instead councillors and council staff alike are left to make difficult decisions about whether to cease or reduce much valued public services that sit outside of statutory adult and children's social care in order to protect these life critical services.

Clearly if there was an easy answer to the financial and demand challenges facing the sector then these solutions would have become a reality by now. In the absence of these solutions, government must use this Green Paper to explore, and ultimately deliver, a long-term sustainable funding settlement for social care, mirroring the length and ambition of any settlement for the NHS. In part this must seek to close existing funding gaps, such as the £1bn gap faced by counties for social care, whilst also providing options to fund a reformed system.

All existing funding streams for social care should be challenged to ensure that they deliver on their original purpose, improve outcomes for residents and also value for money to the public purse. One case in point is winter fuel allowance.

The Green Paper must also act as a catalyst for cultural change, providing the funding to enable local authorities to invest in preventive services. The current financial and demand pressures mean that local authorities have rightly prioritised residents with the greatest level of need. However, with a little more room for manoeuvre we could create the conditions necessary to enable people to improve their health and wellbeing, to help them to live as independently as possible, for as long as possible.

This paper makes the case for a more holistic approach bringing together prevention, housing, workforce and integration as well as a sustainable way to fund social care. We put forward practical policy proposals to Government and showcase good practice examples to demonstrate what has and could be achieved at size and scale.

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Founded in 1997, the County Councils Network (CCN) is a network of 36 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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