Gateshead Council

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GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 7 September 2018 at 10.00 am in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 12)
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4	**LGA Green Paper for Adult Social Care and Wellbeing - Steph Downey** (Pages 13 - 112)
5	**Fulfilling Lives - Lindsay Henderson** (Pages 113 - 116)
6	**Update on Integrated Care System / Integrated Care Partnership - Mark Adams (Presentation only)**
7	**Health & Wellbeing Strategy Refresh - Alice Wiseman** (Pages 117 - 120)
	Assurance Items
8	**Local Safeguarding Adults Board Annual Report - Sir Paul Ennals** (Pages 121 - 158)
9	**Updates from Board Members**
10	**A.O.B**

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 20 July 2018

PRESENT	Councillor Lynne Caffrey (Gateshead Council) (Chair)	
	Councillor Paul Foy	Gateshead Council
	Councillor Ron Beadle	Gateshead Council
	Councillor Mary Foy	Gateshead Council
	Councillor Malcolm Graham	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Mark Adams	Newcastle Gateshead Clinical Commissioning Group
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Dr Bill Westwood	Federation of GP Practices
	Alice Wiseman	
IN ATTENDANCE:	Andy Graham	Gateshead Public Health
	Wendy Hodgson	Gateshead Healthwatch
	David Brady	Gateshead Public Health
	Neil Jenkinson	Gateshead Public Health
	Lynn Wilson	Gateshead Care, Wellbeing & Learning
	John Costello	Gateshead Public Health
	Michael Laing	QE Hospital
	Jane Mullholland	Newcastle Gateshead CCG
	Dave Escott	Tyne & Wear Fire Service

HW35 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Martin Gannon, Alison Dunn, Caroline O'Neill, Dr Mark Dornan, Ian Renwick, John Pratt, Sally Young, Sheena Ramsey, Sir Paul Ennalls, Steph Downey and Susan Watson.

HW36 MINUTES

RESOLVED:

(i) The minutes of the meeting held on 15 June 2018 and Action List were agreed as a correct record.

Action List Update:

It was highlighted that the 'Reflections on Gateshead Health and Care System Development Report-out' is to be presented to the Board in the Autumn.

It was further noted that further updates are to be provided to the Board during the

phased implementation of the CAMHS transformation programme – this is expected at the October meeting.

Progress reports for the Gateshead Newcastle Deciding Together, Delivering Together are expected by September/October

HW37 DECLARATIONS OF INTEREST

RESOLVED:

(i) There were no declarations of interest.

HW38 GATESHEAD HEALTHY WEIGHT NEEDS ASSESSMENT - EMMA GIBSON

HW39 EXECUTIVE SUMMARY OF NEEDS ASSESSMENT

HW40 FULL NEEDS ASSESSMENT

The Board received a report and presentation providing an overview of the Gateshead Healthy Weight Needs Assessment.

It was highlighted that the report is an evolving document that aims to provide a factual overview of healthy weight across the life course.

From the presentation it was highlighted that obesity levels in the general population are too high. It was further noted that inequalities relating to childhood obesity are widening and that there are opportunities to shift towards a healthier local food and physical environment. The Committee were advised that this is a complex problem that can't be addressed with 'simple' solutions.

The Committee were advised that there continues to be several challenges to tackling obesity. These include the lack of evidence as to what works in addition to perceived ineffectiveness of programmes and interventions. It was further highlighted that work needs to be done to combat ingrained attitudes and social norms.

A copy of the full Obesity System Map was presented illustrating the various factors that contribute towards obesity – these included food production, societal influences, food consumption, biology, individual psychology, individual activity and activity environment. It was also noted that urban planning can have a significant impact on opportunities for physical activity, promoting safer environments for walking, cycling and recreation.

From the presentation the Committee were also provided with a summary of the impact of obesity on children and young people and the effects of obesity in adults throughout their life.

It was noted that the annual cost of obesity to the wider economy is £27bn made up of the cost to the NHS, social care, obesity medication and obesity attributed sick days.

Maps showing children with excess weights 2016/2017 and index of multiple deprivation 2015 were presented in addition to a table of child obesity prevalence by regional deprivation and age.

An overview of adult key findings was provided noting the following points:

- Nationally, 58% of women and 68% of men are overweight or obese.
- Obesity prevalence increased from 15% in 1993 to 27% in 2015.
- In Gateshead 69.0% of adults have excess weight (overweight and obese). This is significantly worse than the England average of 61.3% and regional average of 66.3%.
- Almost two in every three adults in Gateshead has excess weight and around one in four are obese.
- Nationally, only 66% of adults self-report that they undertake the recommended 150+ minutes of physical activity each week;
- In the North East this is even lower at 64% and for Gateshead 63.2%

The Board were updated on the approach to Obesity taken in Amsterdam where success has been found in hitting multiple targets at the same time. It was noted that from 2012 – 2015 the number of overweight and obese children has dropped by 12% which is the biggest fall in obesity rates amongst the lowest socio-economic groups.

The following recommendations were put to the Board:

- Develop a Local Healthy Weight Declaration for Gateshead.
- Develop a long term and sustainable whole place approach identifying clearly priorities for local delivery.
- Prioritise work to address health inequalities through proactive work to target groups at greater risk
- Ensure an appropriate balance between population-level measures and more targeted interventions and approaches. Population approaches include:
  - Design of the built environment to promote walking and active transport
  - Build health into infrastructure through careful investment
  - Seek to reduce exposure to an obesogenic diet by focusing on the availability of energy dense foods and sugar-rich drinks, changes in procurement and innovative changes in advertising and promotion.
- Encourage robust community led interventions to tackle obesity at a place level.

The following next steps were also identified and presented:

- Creation of a strategic steering group to identify priorities.
- Creation of an operational Healthy Weight Alliance to tackle this agenda.
- Actions clearly identified taking into account the balance between tackling the wider environment and addressing the most at risk groups.
- Maintaining and nurturing relationships and adapting the system, network and plans to reflect changing influences and emerging progress in Gateshead.
- Lessons can be learnt from progress with other areas such as tobacco control.

The Board expressed its thanks to Emma Richardson for the detailed and interesting presentation. It was noted that the complexity of this issue should also be a 'call to action' for partners on the Board.

Gateshead Council's decision some years ago to invest Capital Funding in its Sports and Leisure facilities was highlighted. It was further noted that this effort has been undermined by austerity and such policies as planning deregulation. The use of the former 'Local Fund' was noted with an example of a project to tackle childhood obesity in Barley Mow provided as an example. It was also highlighted that the community and voluntary sector have a critical role in supporting this agenda.

It was noted that some schools continue to take part in the 'Mile a Day' scheme which has proven to be effective in maintaining a healthy weight in school age children. The public cost of supporting those who are obese was also noted highlighting the need for adapted properties, transport and hospital equipment.

It was said that talks are currently ongoing between Gateshead Public Health and Nexus to reduce the advertising of unhealthy/fast food on the Metro service. A discussion also took place around people's lack of knowledge about home cooking and their reliance on convenience foods – it was highlighted that there needs to be more work done with parents and schools to educate children about making healthier choices.

RESOLVED:

(i) The Board endorsed the high-level recommendations of the report.

(ii) The Board agreed to receive a further update in six months.

HW41 REPROCUREMENT OF THE GATESHEAD INTEGRATED SEXUAL HEALTH SERVICE - ALICE WISEMAN & DAVID BRADY

The Board received a report to seek views on progress to date with the re-procurement of the Gateshead Integrated Sexual Health Service. It was noted that the Integrated Sexual Health Service is being retendered in August 2018 with the new service going live from April 2019.

From the report the Board were advised that across the country there is a lack of market interest when such services are procured. It was further noted that there is uncertainty of the public health budget post April 2020 which provides a potential risk. It was said that commissioners are keen to consider an extended contract to prospective bidders to help stimulate greater market interest i.e. a 4+1+1 to mitigate the risk of lack of interest and creating more certainty for future providers.

An overview of the actions to date to inform the new specification was provided. This included:

- Critical friend review
- Public and service user survey
- Mystery shopping exercise

- Updated Sexual Health Needs Assessment completed and Equality impact assessment
- NEPO Market Engagement Questionnaire

The Board were also advised of the key risks and proposed actions from the report which were detailed within the Appendix. A timeline of milestones was also provided from the report advising that the tender deadline is 19th September with the contract to be awarded (pending Cabinet approval) from December for an April 2019 start.

Concerns were raised regarding the cost of staffing for the new contract. It was noted that the budget set over the 4 years is adaptable to mitigate any impact on staff/redundancies. It was further noted that a quarter of service users come from outside of the borough with Newcastle residents and students choosing to make use of services in Gateshead.

It was also noted that if the service does not continue to be provided from Trinity Square (i.e. its current location), there would be void costs that would need would need to be met by the CCG and the costs would represent a loss of resources to the local system.

RESOLVED:

(i) The Board noted the contents of the report.

HW42 DRUG RELATED DEATHS IN GATESHEAD - ALICE WISEMAN

The Board received a report to update on the current position within Gateshead in respect of drug-related deaths and the action being taken to address this.

A summary of the report was given which provided background on the national issue of drug-related deaths. The report highlighted that deaths involving opioids (such as heroin) account for the majority of drug poisoning deaths. It was further noted that deaths have also arisen from the use of cocaine and new psychoactive substances and the misuse of prescription medication.

Local issues were also summarised as follows:

- All but one of the 19 deaths were males, the majority were aged 19-34, with the oldest being 54. Seven people lived with family or friends. Nine people lived alone of whom six died alone. Three people were homeless, and all but one were unemployed.

- Opioids (such as heroin) accounted for the majority of drug deaths (16) or were present in the system. Fifteen deaths involved opioids and diazepam. Prescription medications (Pregabalin and Gabapentin) were present in nine deaths in small amounts, a small number also had traces of over-the-counter medication. NPS accounted for the one female death. Alcohol was present in half of the deaths, which is higher than the national average.

- 14 people were open or known to the adult drug and alcohol service (Evolve), 10 were currently in treatment, four were previously known. Five were not known to the drug and alcohol service, one of whom was prescribed by their GP (not in shared care).

- 13 of the 19 cases had some form of mental health condition or had previously attempted suicide (though note deaths from suicide are not included in the DRD figures, even where the deceased is a known user).

It was noted that a similar analysis will be included in the 2017 annual report which has yet to be published. It was also highlighted that the lives of those who fall victim to substance misuse are often very complicated with multiple barriers to leading healthy lives.

The Board were advised that the procurement of the Gateshead drug and alcohol service has been successful. It was noted that the current provider will continue to deliver services in Gateshead which will be good for service users who will have continuity of service.

A comment was made noting the use of the Internet to access drugs in addition to concerns around products such as 'honey oil' being made in the home causing fires.

RESOLVED:

(i) The Board noted the position regarding drug related deaths in Gateshead.
(ii) The Board agreed to receive a further update later in the year.

HW43 BCF AND IBCF QUARTER 1 RETURN TO NHS ENGLAND - JOHN COSTELLO / ALL

The Board were provided with an overview of the Better Care Fund: 1st Quarterly Return (2018/19) for endorsement.

It was noted that NHS England is continuing its quarterly monitoring arrangements for the BCF which requires quarterly template returns to be submitted. As part of the reporting arrangements for 2018/19, the return also incorporates how Improved Better Care Fund (IBCF) funding (announced at the Spring budget 2017) is being used to support initiatives and projects including those addressing adult social care pressures. It was highlighted that this was previously reported in a separate return to DCLG during 2017/18.

From the report it was also noted that in line with the timetable set by NHS England, a return for the 1st quarter of 2018/19 is required to be submitted by 20th July.

RESOLVED:

(i) The Board endorses the 1st Quarter return for 2018/19.

HW44 GATESHEAD LOCAL SYSTEM MINI PEER REVIEW - FINAL SUMMARY REPORT

The Board were provided with an overview of the Local System Mini Peer Review.

It was noted that in April 2017 the government issued additional funding for social

care and that attached to the additional monies would a set of targets which local areas would have to achieve. It was also highlighted that a targeted programme of whole system reviews would be undertaken by the CQC using an appreciative enquiry methodology.

It was further noted that the final report of the Mini Peer Review Team is similar to the initial findings already reported to the Board. It was also noted that there is the potential for the Board to further strengthen its leadership position in the local system.

RESOLVED:

(i) The Board noted the contents of the report.

HW45 UPDATES FROM BOARD MEMBERS

It was noted that NHS England have recently rated Newcastle Gateshead CCG as 'outstanding' which recognises the positive relationships and progress made by the CCG working with local partners for the benefit of local people.

It was highlighted that Healthwatch Gateshead priorities are being focussed on mental health and the LGBT community. It was agreed that Healthwatch Gateshead would present an update at a future Board meeting.

It was further noted that the refresh of the Health & Wellbeing Strategy will be progressed during the Autumn.

RESOLVED:

(i) The Board noted the updates.

HW46 A.O.B.

RESOLVED:

(i) There was no other business.

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Item 2b

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 20th July 2018			
Gateshead Healthy Weight Needs Assessment	To bring back an update on progress in developing a whole system strategy in approx. 6 months' time.	Emma Gibson / Alice Wiseman	To feed into the Board's Forward Plan.
Drug Related Deaths in Gateshead	The Board agreed to receive a further update later in the year.	Gerald Tompkins / Alice Wiseman	To feed into the Board's Forward Plan.
Updates from Board Members	An update on HealthWatch Gateshead priorities to be provided at a future Board meeting.	HealthWatch Gateshead	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 15th June 2018			
Reflections on Gateshead Health and Care System Development Report-out	An initial report on a work plan to be presented to the Board in the Autumn.	All	To come to the 19th October meeting of the Board.
Matters Arising from HWB meeting on 20th April 2018			
Children & Young People Mental Health LTP	Copy of presentation to be circulated to Board members Further updates to be provided to the Board during the phased implementation of the CAMHS transformation programme	Melvyn Mallam-Churchill Catherine Richardson	Completed. To come to the 19th October meeting of the Board.

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
CAMHS Waiting Times	Further updates to be provided to the Board on CAMHS waiting times	Catherine Richardson	To feed into the Board's Forward Plan.
Matters Arising from HWB meeting on 1st December 2017			
Gateshead Newcastle Deciding Together, Delivering Together	Progress reports to be brought to the Board on a quarterly basis.	Ian Renwick	To come to the 19th October meeting of the Board.
Matters Arising from HWB meeting on 8th September 2017			
Joint Strategic Needs Assessment Update	An update report on the JSNA to be received by the Board in September 2018. Consideration to be given to the relationship between poverty and peoples' mental health.	Alice Wiseman	To come to the 19th October meeting of the Board.
Matters Arising from HWB meeting on 28th April 2017			
Final Gateshead Substance Misuse Strategy & Action Plan	That future reports be received by the Board so that it can scrutinise and provide challenge against progress made.	Joy Evans/Alice Wiseman	To feed into the Board's Forward Plan.

Gateshead Council

HEALTH AND WELLBEING BOARD
7 September 2018

LGA Green Paper – The Future of Adult Social Care – The Lives We Want to Lead.

Background:

On 5th August 2018, The Local Government Association launched a nationwide consultation to kick-start a desperately-needed debate on how to pay for adult social care and rescue the services caring for older and disabled people from collapse. The LGA green paper - alongside funding issues – also seeks to start a much-needed debate about how to shift the overall emphasis of our care and health system so that it focuses far more on preventative, community-based personalised care, which helps maximise people's health, wellbeing and independence and alleviates pressure on the NHS.

The LGA eight-week consultation sets out options for how the system could be improved and the radical measures that need to be considered given the scale of this funding crisis. The consultation - the biggest launched by the LGA – is seeking the views of people and organisations from across society on how best to pay for care and support for adults of all ages and their unpaid carers, and aims to make the public a central part of the debate. The LGA believes the green paper provides an opportunity for Local Government to take the initiative in developing solutions, and will respond to the findings in the autumn, to inform and influence the Government's green paper and spending plans. It is supported by all political parties within the LGA, demonstrating the required level of cross-party support amongst local politicians that we need to see matched by our national politicians.

The LGA wants to build momentum and help stimulate a truly nationwide debate about how best to fund the care we want to see in all our communities up and down the country for adults of all ages, and how our wider care and health system can be better geared towards supporting and improving people's wellbeing. **They will reflect on the consultation findings in a further publication later in the autumn, in time to influence the Government's plans; not just their green paper, but also the Budget, the NHS Plan and the Spending Review. This is our chance to put social care and wellbeing right at the very heart of the Government's thinking.**

The Board are asked to:

1) Have read the summary paper circulated and considered the questions we are going to discuss on the day

2) Agree to the submission of a joint "Gateshead system response" to the LGA Green Paper (most of which we hope to be able to collate at the actual Board, but with a follow up meeting on 20th, should we require it)

3) Agree to promote the LGA Green Paper and encourage interested groups/individuals to complete it

4) Agree the delegation for appropriate Council officers to submit the response on behalf of the Gateshead system ahead of the deadline with the aim to have a draft to Portfolio on 17th September.

Green Paper:
https://futureofadultsocialcare.co.uk/wp-content/uploads/2018/07/The-lives-we-want-to-lead-LGA-Green-Paper-July-2018.pdf

Summary Green Paper:
https://futureofadultsocialcare.co.uk/summary-green-paper/

Resources (comms and facilitator packs):
https://futureofadultsocialcare.co.uk/resources/

Green Paper Chapters:

1. The voice of people who use services

2. Delivering and improving wellbeing (Question 1)

3. Setting the scene – the case for change (Questions 2 – 9)

4. The options for change (Questions 10 – 20)

5. Adult social care and wider wellbeing (Questions 21 – 23)

6. Adult social care and the NHS (Questions 24 – 30)

7. Summary of key points

8. Have your say

Questions:

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

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

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

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

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

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

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

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

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

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

11) Of the above options for changing the system for the better, which if any, do you think are the most urgent to implement now?

12) Of the above options for changing the system for the better, which if any, do you think are the most important to implement now?

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

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

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

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

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

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

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

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

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

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

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

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

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

26) Do you think the role of health and wellbeing boards should be strengthened or not?

27) Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?

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

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

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

Funding options appraisal:

	CHANGE	RATIONALE	COST 2017/18	COST 2024/25
Funding existing requirements	**1. Pay providers a fair price for care** (LGA and many others)[1]	The stability of the provider market is central to the provision of high quality care and support that meets people's needs and helps keep people independent at home. Enabling councils to pay a fair price for care (based on cautious industry estimates of what is needed) would help prevent providers ceasing trading and/or handing back contracts, and help to prevent a 'two tier' system between publicly funded care and privately funded care.	£1.44 billion	£1.44 billion
	2. Make sure there is enough money to pay for inflation and the extra people who will need care (LGA and many others)[2]	Without funding for core pressures, unmet need is likely to continue to grow, pressures will build on the provider market and its workforce, and the impact on unpaid carers will continue to increase.		£2.12 billion
	3. Provide care for all older people who need it (based on estimates of unmet need amongst older people by Age UK)[3]	Tackling unmet need amongst people with care needs, would help maintain people's independence and prevent the deterioration of people's conditions and would help allow informal carers to continue their caring role.	£2.4 billion in addition to 1 and 2 above	£3.6 billion, in addition to 1 and 2 above
	4. Provide care for all people of working age who need it (estimates based on broad assumptions set out below)[4]	As above	£1.2 billion, in addition to 1 and 2 above	£1.4 billion, in addition to 1 and 2 above

Reforms to extend entitlements	**5. 'Cap and floor'**	A cap on the maximum costs an individual could face, along with a more generous lower threshold in the financial means test, would protect people from 'catastrophic costs' and more of their asset base. The cost depends entirely on where the cap and floor are set. The Health Foundation and King's Fund modelled costs based on a cap at £75,000 and a floor at £100,000 (as per Conservative proposals at the 2017 General Election)[5]		£4.7 billion[6], in addition to 1 and 2 above
	6. Free personal care (Health Foundation/ King's Fund and Health and Social Care/ Housing, Communities and Local Government select committees)[7]	Free personal care would improve access to social care by removing the current means test and help people to remain independent at home. It would apply to everyone who needed care. Decisions would be required on the level at which the offer applied and what would count as 'personal care'. Accommodation costs – including in residential care – would continue to be the individual's responsibility.		£ 6.4 billion[8], in addition to 1 and 2 above

OPTION	FURTHER DETAIL	AMOUNT RAISED (basedonother organisations' reports	AMOUNT RAISED 2024/25 (estimate)
Means-testing universal benefits (2017 Conservative Manifesto)	Means testing and/or better targeting of winter fuel payments and free TV licenses (ie limiting these benefits to people on pension credit)	Means testing winter fuel payments would raise £1.8 billion (2020/21)[9]	£1.9 billion[10]

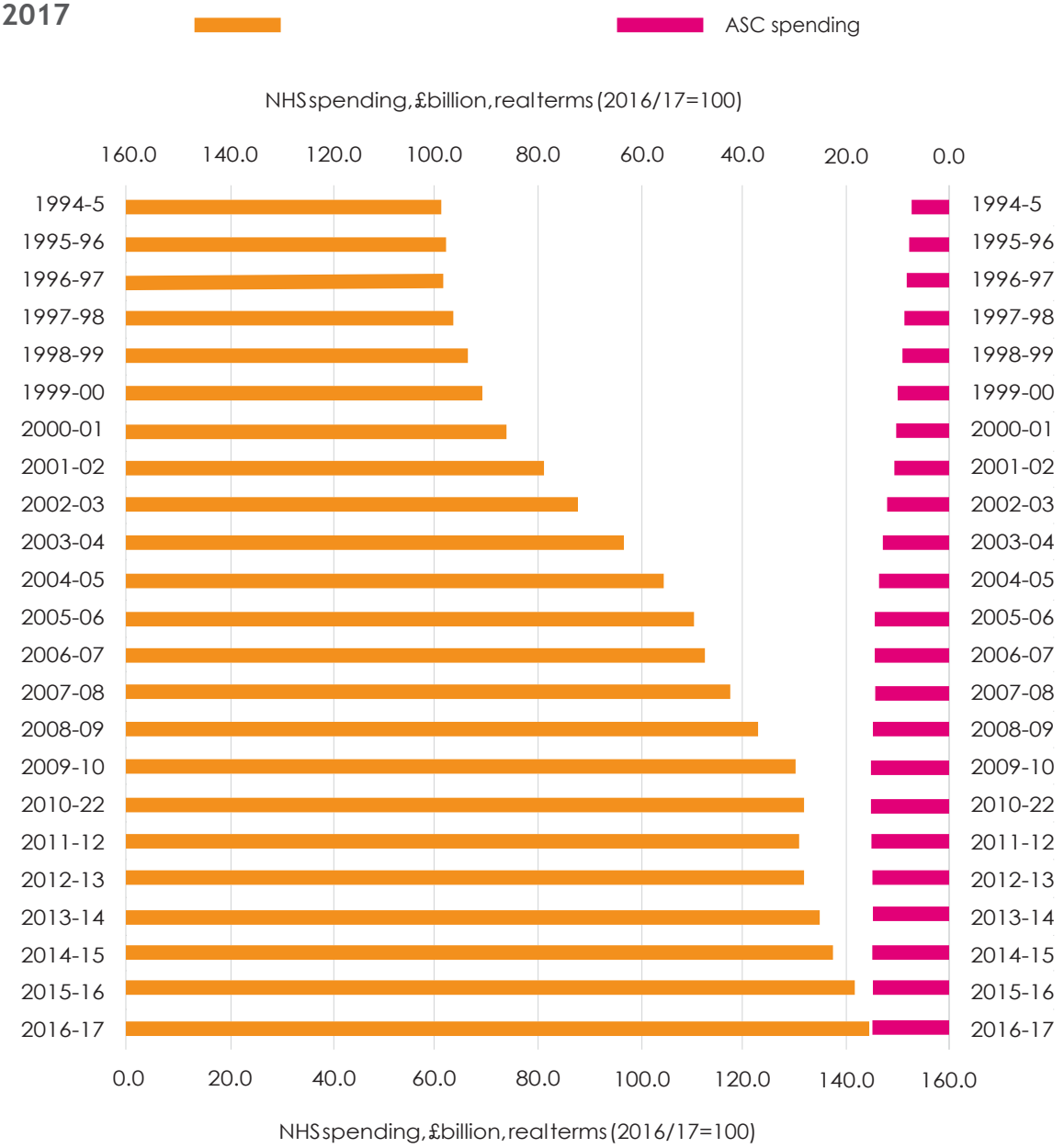
Social Care Premium (Health and Social Care and Housing, Communities and Local Government joint select committee report)[11]	An earmarked contribution to which individuals and employers should contribute (such as an addition to National Insurance or another mechanism). Under 40s to be exempt and those beyond the age of 65 should contribute. Consideration to be given to a minimum earnings threshold to protect those on lowest incomes. This could be similar to a social insurance model. This could be voluntary or compulsory with different options for paying in – ie weekly, monthly, on retirement, deferred and paid from a person's estate. It could be private or state backed.		If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25 This is a purely illustrative figure and would not be the cost to individuals if the premium was attached to National Insurance given that a person's employment status and/or how much they earn determines the amount they contribute to National Insurance. in 2024/25[12]
1 per cent on Income Tax (Health Foundationand King's Fund and reproduced in joint select committee report)[13]	Basic	£3.8 billion (2020/21) £5.1 billion (2030/31)	£4.4 billion[14]

OPTION	FURTHER DETAIL	AMOUNT RAISED (basedonother organisations' reports	AMOUNT RAISED 2024/25 (estimate)
	Higher	£1.3 billion (2020/21) £1.8 billion (2030/31)	£1.5 billion
	Top rate	£400 million (2020/21) £900 million (2030/31)	£450 million

1 per cent on National Insurance (Health Foundation and King's Fund and reproduced in joint select committee report)[15]	All rates	£9.1 billion (2020/21) £12 billion (2030/31)	£10.4 billion[16]
	Extend beyond retirement age given the increase in the number of people working beyond retirement age	£1 billion (2020/21) £1 billion (2030/31)	£1.1 billion
	Extend to some elements of pension income (Resolution Foundation – note this was presented as an option for funding an NHS spending increase)[17]	£2.5 billion (2022/23)	£2.6 billion[18]
1 per cent increase in council tax			£285 million[19]
Charging for accommodation costs in Continuing Health Care (Barker Commission)[20]	Means testing accommodation costs for people who receive continuing health care in a residential setting.	£200m estimate at the time the Barker review was published	£200 million

ESTIMATED BREAKDOWN OF 2016/17 GROSS ADULT SOCIAL CARE SPENDING

NHS AND ADULT SOCIAL CARE SPENDING 1993-2017



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LGA Green Paper on ASC – focused consultation questions

Q1 What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?

Q3 How important or not do you think it is that decisions about adult social care and support are made at a local level?

Q7 What, if anything, are you most concerned about if adult social care and support continues to be underfunded?

Funding option questions (Q 16 – 19 & 29) – the "LGA Green Paper Extracts" document provides the synopsis of the funding options proposed by the LGA, for discussion at the Board on 07.09.18, and to seek Board member's views on the proposals put forward.

Q21 What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?

Q22 What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?

Q23 To what extent, if any, are you seeing a reduction in these other local services?

Q24 What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?

Q25 In your opinion, how important or unimportant is it that decisions made by the local health services are understood by local people, and the decision-makers are answerable to them?

Q26 Do you think the role of Health and wellbeing boards should be strengthened or not?

Q28 Do you have any suggestions as to how the accountability of the health services locally could be strengthened

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Local Government Association

FUTURE OF ADULT SOCIAL CARE

The lives we want to lead

The LGA green paper for adult social care and wellbeing

July 2018

Your views matter.

Our green paper is only a starting point and we want to build momentum for a debate across the country about how to fund the care we want to see in all our communities for adults of all ages and how our wider care and health system can be better geared towards supporting and improving people's wellbeing.

Throughout this green paper we pose a series of consultation questions and we would welcome your views on all those that are important to you. The consultation will run from 31 July to 26 September. Once the consultation closes we will analyse all responses and publish a response in the autumn.

To complete the consultation you can either visit **www.futureofadultsocialcare.co.uk** or you can submit your answers to the questions below to: **socialcareconversation@local.gov.uk**

If you are responding as an individual there is also an option to answer the questions in the 'Summary Green Paper' section which are primarily focussed on gathering experience-based evidence and opinions. You will find these at **www.futureofadultsocialcare.co.uk/summary-green-paper**

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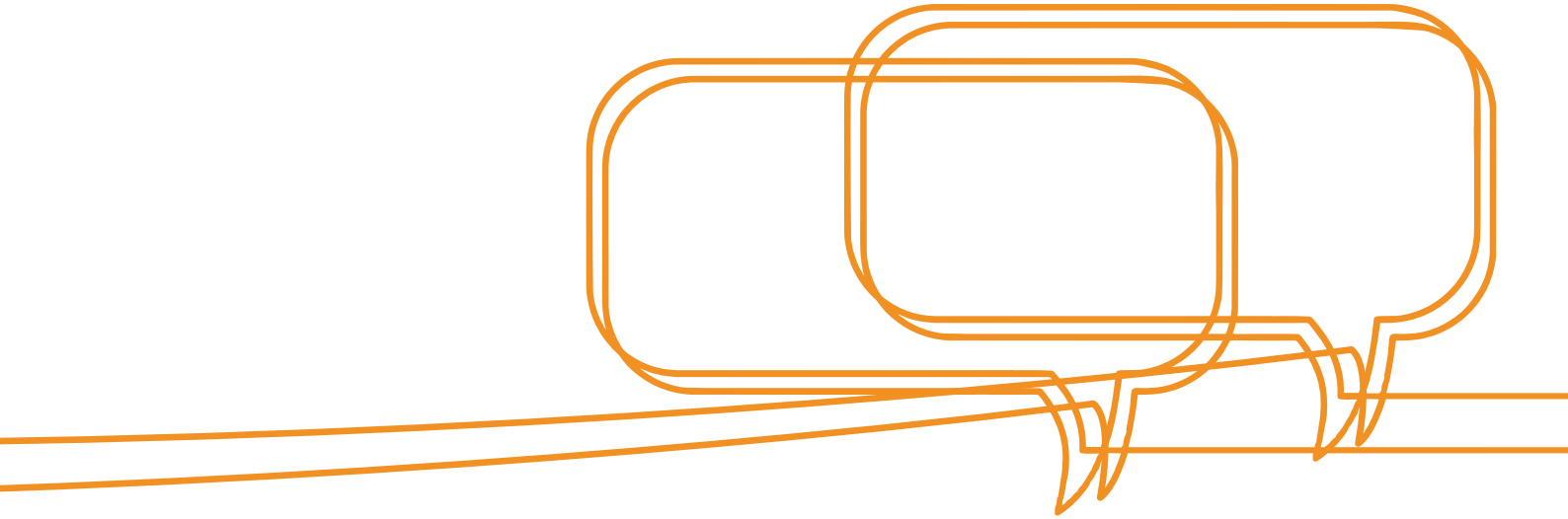
What our partners have said

"We support the LGA's objective to show how local government can be at the forefront of developing pragmatic solutions, this should be the time for an informed debate with the public on the future of social care. The absence of adequate, long-term funding and reform for adult social care has already had a significant impact on increasing demand both in the NHS and across council services. As a sector we want to support people to live independent, fulfilled lives and we have shown to be effective in doing this when we have the right tools and funding. Ensuring that people and place are at heart of any reform is the right approach to take – we now need to pick up the pace of planning to address the urgency of need."

Paul Najsarek,
Solace lead spokesperson
for wellbeing and Chief Executive
of the London Borough of Ealing

"Local government and the voluntary, community and social enterprise [VCSE] sector share a vision for social care which helps us all to live good lives in our own homes with the people we love. Immediate investment is needed to stabilise social care. Then councils and the VCSE sector must work with people who need support and their community organisations to co-design a social care system which intervenes early, sees the whole person and can stay with people and families for the long haul. Human, effective and sustainable approaches already exist: great councils have been pioneering their development. Now they must be scaled up and become the norm."

Alex Fox OBE, Chief Executive
of Shared Lives Plus
and independent chair of the
Joint VCSE Review



"The LGA publication of their version of a 'green paper' for social care represents an important contribution to the debate about what we want society to look like from one of the key contributors to delivering that future. ADASS will work with the LGA alongside all stakeholders in this critical debate to ensure the voice of adult social care remains prominent throughout. This document maintains a much needed profile in the lead up to the Government's formal green paper due now in the autumn."

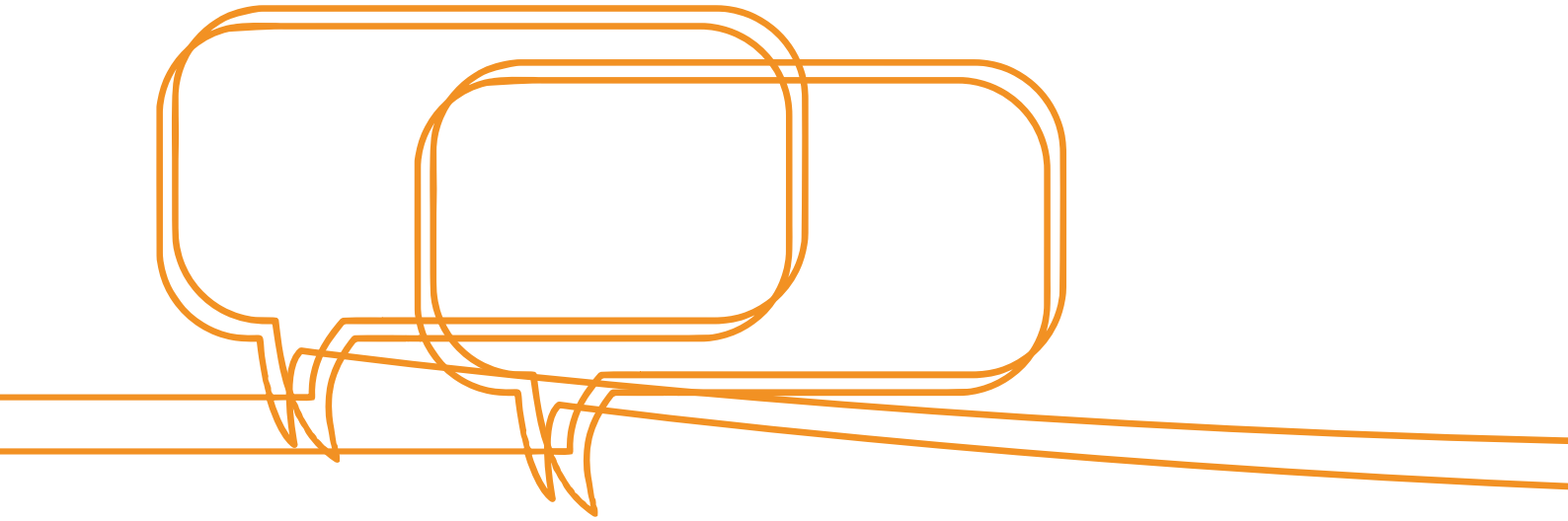
Glen Garrod, President of the Association of Directors of Adult Social Services

"It is vital that we keep the focus on the plight of social care, in spite of the succession of government postponements of their own green paper. The LGA is to be congratulated on keeping the debate going and we will respond to the issues it raises."

Niall Dickson, Chief Executive, NHS Confederation

"The issue of how to fund social care cannot continue to be avoided. Decades of indecision has led to one in three people with MS (multiple sclerosis) being denied the care they need and this can't go on. The LGA's consultation raises many of the key challenges that must be tackled, including the need for proper government funding and a fair system that works for everyone who needs care. We hope that when it does arrive, the Government's own green paper will set out a bold and ambitious plan that addresses these challenges. People with MS shouldn't have to keep paying the price for a system in crisis."

Genevieve Edwards, Director of External Affairs, MS Society



"Fixing social care has been stuck in the too difficult to-do box for far too long. This is not just about the money, it's also how we do care differently, make it more predictive, proactive and personalised.

"The Care Act provides a 21st Century framing for social care but it needs funding to deliver. By setting out its own green paper the LGA is demonstrating the sort of cross party dialogue and collaboration necessary to deliver the sustainable settlement we desperately need. We are running out of road for the Government to kick the can down."

Professor Paul Burstow FRSA, Chair, Social Care Institute for Excellence

"I am glad the LGA is continuing the debate for a long-term sustainable solution for adult social care. Of course funding and resources are a critical part of the debate but to ensure we focus on quality too, the needs and aspirations of all those using services, their families and carers, must be at the heart of what that future should be."

Andrea Sutcliffe CBE, Chief Inspector of Adult Social Care, Care Quality Commission

"We need to prioritise prevention to ensure a sustainable NHS, to ensure that people can enjoy the best possible quality of life using our hospitals less often and later in life. We can do this through helping people spend more years in good health, and when unwell, to stay in their own homes for longer. And as people retire later, we need to extend their healthy working life.

"40 per cent of all morbidity is preventable and 60 per cent of 60 year olds have at least one longer term condition. In 15 years we will have 1.3 million more people aged over 85, so prevention has to be at the heart of both the new NHS Ten Year Plan and the future work programme of its most critical partner, local government."

Duncan Selbie, Chief Executive, Public Health England

"We expect to see a fair and well-funded social care sector to enable older and disabled people to live the lives they choose. It is unfair that successive governments have continued to delay decisions about social care reforms.

"The lives we want to lead from the Local Government Association is a very welcome initiative. Where central government stalls, local government is helping to keep adult social care firmly on the agenda. We all need to engage with the questions in this report, raise the debate and fill the void left by central government's lack of policy progress."

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

"It's great to see health and wellbeing at the very heart of this paper. We support this consultation and it's essential that the whole system comes together to agree a workable way forward. This must include a strong focus on prevention to deliver sustainable services."

Nicola Close, Chief Executive, Association of Directors of Public Health

"Social care and health are two sides of the same coin. The LGA's conversation about social care is vital to understand how we provide high quality, timely, cost effective support to everyone who needs it. Gathering views from the frontline about how we change has never been more important."

Saffron Cordery, Deputy Chief Executive, NHS Providers

"This LGA green paper consultation provides a great opportunity for everyone to comment and hopefully help inform the future shape of adult social care."

Lyn Romeo, Chief Social Worker for Adults, Department of Health and Social Care

"Big choices loom for social care policy: how much should the state help individuals with the costs of care? how should funding be raised to pay for that help? And what is the balance in responsibilities between local and national government? With such important and contentious issues, it is vital to consult widely and broadly with stakeholders and citizens to help build consensus on the way forward."

David Phillips, Associate Director, Institute for Fiscal Studies

Foreword

Adult social care and support matters.

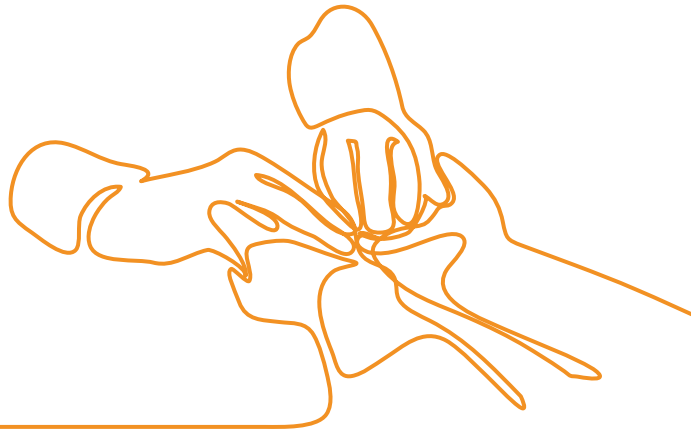
High quality social care and support helps people live the life they want to live. It helps bind our communities, it sustains our NHS and it provides essential economic value to our country.

The Local Government Association (LGA), like its many partners in the social care sector, has worked hard to ensure that the question of how to fund social care for the long-term has had the time in the national spotlight that it deserves. But we have still not secured the action we urgently need.

The continued absence of a sustainable, long-term solution has brought care and support to breaking point. It now also means that, across the country, local government is struggling to sustain universal local public services like roads and waste collection as it has to prioritise statutory duties like social care for children and adults, and support for the NHS. The failure to address this creates a deeply uncertain future outlook for people who use social care services now, and the growing number of people who will need the service in the years to come.

This is a collective failure that impacts most on the very people least able to help themselves.

National governments past and present have tended to put political prospects ahead of difficult but necessary decision-making. When they have put forward proposals, national opposition parties have sought to discredit them instead of trying to find common ground. The national media has latched on to this disharmony, further fuelling the politicisation of the question of social care funding. Faced with a frustrating political stalemate, the wider social care sector at times inevitably seeks to rebuild momentum by focusing on the 'crisis' in care, despite knowing better than most that a more balanced narrative that emphasises the inherent value of social care is more conducive to winning hearts and minds. The preoccupation of successive governments with the state of our hospitals has impacted on the use of new money for social care.



The result is at least two decades in which the question of how to fund social care for the long-term has never enjoyed more than a few brief periods in the national spotlight. All the while, the concerns and experiences of the people who matter most – those who need care and support and their families – have struggled to get the attention they deserve. More widely, the public has largely remained detached from the debate, finding it difficult to engage with a set of questions and issues that have so many conflicting viewpoints. Most people still do not have a good sense of why social care matters, how it works and how it is funded.

Against this backdrop, the approach of governments past and present in dealing with mounting pressures in social care has been to limp along with piecemeal measures from one year to the next. Local government is widely acknowledged as the most efficient part of the public sector and councils, along with providers and third sector organisations, have responded admirably to help maximise every pound and drive innovation in the interests of people and the public purse. But with demand growing, costs rising, people's expectations rightly increasing and funding declining, this approach of short-term sticking plasters must be abandoned. The need to resolve the long-term future of care and support is now urgent.

We cannot duck the issue any longer.

It is time to confront the hard choices, be honest about the options and make some clear decisions.

We need to come together as a society and be positive and inspiring, making the case that investment in social care and support for people who need it helps them to reach their full potential and, in turn, our nation's.

Across the country there are many examples that show how our sector has innovated and transformed itself through world-leading initiatives such as direct payments. Positive futures for care and support, which draw on all the assets of councils, communities and civil society, can already be glimpsed and built upon.

The Government's recent decision to delay its own green paper is disappointing and frustrating. In the context outlined above, it is also hardly surprising. More importantly, it provides an opportunity for local government – so often the pragmatic front-runner on difficult agendas and at the forefront of developing solutions to difficult issues on a cross-party basis – to seize the initiative and take the lead in forging a way ahead. That process begins here with the LGA's green paper for adult social care and wellbeing, The lives we want to lead. It is supported by all political parties within the LGA, demonstrating the required level of cross-party support amongst local politicians that we need to see matched by our national politicians.

Much of our green paper is about the future of care and support for all adults and how we pay for it. But if our starting point is the individual person and what is important to them, then one service alone can never support them to live the life they want to lead, no matter how good it is. Our green paper therefore looks beyond social care and considers the importance of housing, public health, other council services, including those delivered by district councils, in supporting wellbeing and prevention, and the vital work with councils' local partners, families and communities. And of course, we consider the NHS. This year we rightly celebrate the 70th birthday of our health service, but if we are to look ahead with confidence to its centenary then it too must change for the benefit of those it serves.

This is therefore a green paper for wellbeing. It seeks to lay the ground to secure both immediate and long-term funding for social care as well as make the case for a shift in approach from acute treatment to community prevention. It is about people, population and place, not structures, systems and silos. It is also just a starting point. Too often policy is developed in isolation. With this green paper we are seeking as wide a selection of viewpoints as possible, recognising that this is complex territory. There are no single or easy solutions and even within the sector there are different views on how we should move forward. Throughout this publication, we therefore pose a series of consultation questions to understand those views and identify where there is consensus or overlap. We encourage you to respond. We have also produced a separate set of tools to help gather the views of the public which you can find on our website **www.futureofadultsocialcare.co.uk**. Your support in promoting these would be valued as we seek to reach as wide an audience as possible on the questions at the heart of the debate.

We want to build momentum and help stimulate a truly nationwide debate about how best to fund the care we want to see in all our communities up and down the country for adults of all ages, and how our wider care and health system can be better geared towards supporting and improving people's wellbeing. We will reflect on our consultation findings in a further publication later in the autumn, in time to influence the Government's plans; not just their green paper, but also the Budget, the NHS Plan and the Spending Review. This is our chance to put social care and wellbeing right at the very heart of the Government's thinking.

We have a vision for people's wellbeing that is rooted in local areas and backed by clear and strong local democratic accountability. It is about helping to build a society where everyone receives the care they need for a good life: well, independent, at home for as long as possible and contributing to family and community life.

It is our time to drive this agenda forward.

Lord Porter of Spalding CBE
LGA Chairman

Cllr Nick Forbes
Labour Group Leader
and LGA Senior Vice Chair

Cllr James Jamieson
Conservative Group Leader
and LGA Vice Chairman

Cllr Howard Sykes MBE
Liberal Democrat Group Leader
and LGA Vice Chairman

Cllr Marianne Overton MBE
Independent Group Leader
and LGA Vice Chairman

Executive summary

We all strive for a happy and fulfilling life. We should all have the support we need to live one. Many of us can live the life we want without much, if any, help. Others may need a great deal, receiving it from a range of sources including family, friends, neighbours, community and voluntary groups, and statutory services. What matters most is that everyone can exercise their right to opportunity, independence and control.

Too often adult social care is seen as an adjunct of the NHS, existing simply to relieve pressure on hard pressed acute services. While it is true that social care and the NHS are inextricably linked, it should be seen an essential service in its own right and the people who work hard to deliver the service should be seen as just as valuable as staff in the NHS. It helps people with life-long disabilities, those who acquire disabilities during adulthood, older people with care and support needs and unpaid carers of all ages to live their lives with dignity and in the way they see fit. But it is more than that. It creates services and partnerships – particularly with the voluntary sector – that help strengthen our communities, it allows the NHS to focus on what it does best and it is important for the future of our economy and national productivity; as the Government's own Industrial Strategy acknowledges, helping people to live independent lives and continue to contribute to society will create "an economy which works for everyone, regardless of age'[1].

People working in local government care passionately about adult social care and take pride in the role it plays in supporting people's lives and improving their outcomes. With the right level of funding, councils can continue to make a positive difference to people's wellbeing. With the right level of freedoms and flexibilities, they can work with health and community partners to drive local action across the public, private and voluntary sectors to reshape care and support around the needs of individuals and in the communities they cherish. With the right training and career opportunities, good quality staff can be attracted to the sector and, as importantly, stay in it. Adult social care has a central role to play in this. But it is also embedded in a wider network of local government services and functions which promote health, independence and wellbeing: all council services contribute to health and wellbeing.

Whilst councils and their partners have a strong story to tell on improving people's wellbeing, progress to date is now unquestionably at risk. Local government has kept the worst consequences of austerity at bay in recent years but its impact is now catching up with councils, threatening services that improve our lives and our communities. This is certainly the case with adult social care and the service now faces a funding gap of £3.56 billion by 2025. This must be closed as a matter of urgency. If it is not, we will see a worsening of the consequences of funding pressures we have seen to date. These include fewer people being able to get the high quality care they need, providers under increasing threat of financial failure,

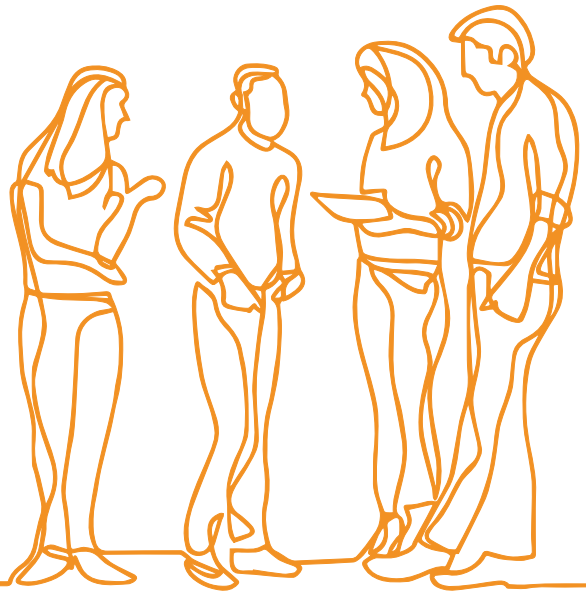
1 https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/industrial-strategy-the-grand-challenges

and a disinvestment in prevention driven by the requirement to meet people's higher level needs. In particular, funding pressures on social care have severe consequences for the NHS, increasing demand on hospitals and more costly acute care. Of course, this is a two-way street and what the NHS does or does not do can impact equally on social care. Reductions in services such as incontinence treatment, stroke rehabilitation and NHS continuing care increase pressures on social care. We know these problems are only going to get worse as demand grows with the needs of our ageing population. The question of how we pay for adult social care for the long-term is therefore getting even more urgent. The fact the question has remained unanswered for at least the last two decades shows the scale of the challenge.

In part, that difficulty stems from a lack of awareness amongst the public of what adult social care is, why it matters and how it is funded. Not so in the NHS, which people intuitively understand, both morally and operationally. By paying our taxes we pool the risk and cost of treatment we may need if we become sick. We pay in, the NHS pays out, free at the point of delivery, free at the point of need. It is a simple equation and a powerful contract between citizen and state.

It is a far less clear cut picture in adult social care. Not all care needs count as 'eligible' for support under the legislation, and the amount you have to pay depends on the level of your own financial resource, which itself is treated differently depending on whether you receive care at home or in a care or nursing home. If you have more than what many would say is only a modest degree of savings, you pay for everything yourself becoming one of a growing population of 'self-funders' who are largely left to navigate the system themselves and make their own arrangements. Without the right information and support, wrong decisions can be made, personal savings can reduce rapidly and people fall back on publicly-funded care, compounding the pressure on local services[2].

2 See, for instance, https://www.lgiu.org.uk/wp-content/uploads/2012/04/Independent-Ageing.pdf



The situation is often summed up by the simple example of cancer and dementia. Develop the former and the NHS will, in general, take care of you for free. Develop the latter and you risk losing the majority of your savings because you will have to pay for your care. This inevitably raises a host of questions which tend to gravitate towards a broad idea of 'fairness'. Over the years this has been articulated in different ways, whether it be about people who have paid taxes all their lives, those who have saved and made provision for the future, the importance of protecting people's housing assets, the opportunities different generations have (or have not) enjoyed, and how we should approach a person's ability to pay. Fairness means different things to different people, but the level of concern clearly points to a pressing problem that needs to be resolved. The question here is therefore twofold: how can we change the system for the better, and how do we pay for the changes involved?

Even answers to these questions will not bring about the change we need. Securing the long-term financial sustainability of adult social care is of course important. But the benefits of sustainable social care will be even greater if our wider care and health system can be made to work better as a whole. This requires a fundamental rebalancing of priorities – moving away from treating long-term conditions and illness caused by ageing and lifestyle factors and moving towards community-based models of both early intervention and support. There are many potential benefits of health and social care working more closely together and the role councils can play in commissioning, particularly in terms of NHS community-based services integrating with adult social care. It could also help to manage pressures on public spending more effectively. This would help maximise people's health, wellbeing and independence for as long as possible, and continue to take a whole-person and whole-family approach to those who develop support needs.

We have many of the key ingredients that are needed to help bring about this shift and focus investment in low cost prevention and support to help bend the demand curve for high cost health care. Under councils' stewardship we have a better performing and more cost effective system of public health. We have significant new funding for the NHS. In health and wellbeing boards we have a means of joining up clinical, professional and service user voices. We have led the way in re-designing services with – not for – citizens, and we work imaginatively with provider organisations and the third sector. Most importantly, we have democratic accountability through local councils. It is clear we are not starting from scratch. The question here is what level of change is needed to realise the full potential of each of these components?

Through this green paper we want to open up the debate on the core questions outlined above. Our focus in this work is people, and councils across the country want to rise to the challenge and do our bit to make sure people get the care and support they need to live the lives they want. We know that driving continuous improvement amongst councils is just as important as bringing about changes required in other parts of the sector. Whether that is improving our performance, working better with our health and community partners or taking greater responsibility for leading change locally; councils can do more and are committed to doing so. We will need to take risks, scaling up the most successful of the many innovations we have developed and supported. And we know there are no easy answers and that any additional investment must deliver real benefits for local people and communities. This is particularly true for people from black, Asian and

minority ethnic (BAME) backgrounds and other excluded groups who do not yet enjoy equal access to social care consistently: delivering on equalities will be a key test of any new system. The stakes are high. A failure to be bold today will impact on people, our communities, our hospitals and our economy tomorrow and for decades to come.

Our green paper deliberately steers clear of pushing particular solutions at this stage. Instead, it articulates why this debate is so important, the scale of the challenge and the sorts of questions we need to tackle to drive the conversation forward. We will work with our many partners to engage professionals, politicians, people who need care and support and the public alike in the weeks ahead, before producing a further report in the autumn that reflects on our consultation findings. We hope this will help shape the Government's own green paper, moving it more towards actual solutions, rather than consulting on territory that has been covered before.

Chapter one of our green paper sets the tone for the remainder, starting with the most important voice in the debate: the people who use services to help them live the life they want to lead. In chapter two we recognise that we are all unique and therefore require different support to fulfil our ambitions. Wellbeing is defined and the role of local government and the wider public, private and independent sectors in supporting this is briefly explored. Chapter three sets out the case for change – why social care matters, how the sector has delivered in challenging times and how it remains committed to doing so, and the scale and consequences of underfunding. In chapter four we explore some of the attitudes and beliefs of the public and other key groups in the debate about the future of long-term funding for social care. We set out a series of options for changing the system for the better before setting out a second set of options for how we might pay for those changes. Chapter five moves the debate along to consider the wider changes we need to see across care and health to help bring out a greater focus on community-based and person-centred prevention. It looks at the role of public health, other council services and those of councils' partners in supporting and improving wellbeing. Chapter six continues this wider exploration of issues by looking at the nature of the relationship between social care and health, integration, accountability and how the new NHS funding could be used for maximum impact.

Who is this green paper aimed at?

"All too often, the funding of adult social care is seen as an economic and a technical issue: what's the best mechanism for raising the funding we need? While this is important, the more fundamental questions are personal, political and philosophical: what kind of life do we want to have together as a society? How much do we value disabled and older people with care needs? What sort of support would we want available to any of us if we needed care? How much do we really value this and how much might we therefore be prepared to pay for whatever quality of life we decide we want?"

Professor Jon Glasby,
University of Birmingham
LGA think piece series, 2018

Questions about the future of adult social care and support, and the wider changes we need to make to our care and health system to improve wellbeing, should be everyone's business. They are questions that impact on us all – in our personal and professional capacities, as members of local communities, and as citizens of wider society.

For this reason, our green paper and accompanying consultation aims deliberately high. It seeks the views of people who use care and health services and their carers, people who are experts on various elements of these services, and people who have no knowledge of the system at all. We are ambitious precisely because the views of all these people matter.

We want to hear from:

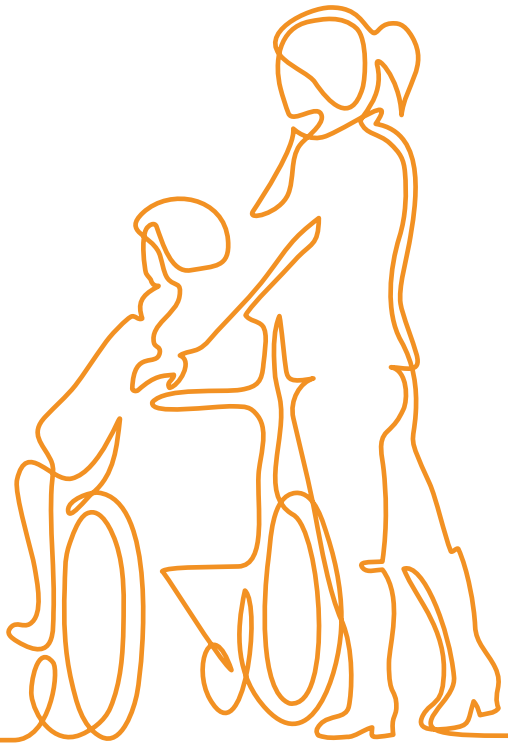
People who use services and their carers: your wellbeing is what matters most and your experiences and expertise should be the single most important force in understanding and shaping the change we need to bring about.

Local and national politicians: as representatives of us all it is in your gift to help bring about the change that is sought – promoting it, putting it on the map and helping to deliver it.

Professionals involved in the commissioning and delivery of care and health: your knowledge of the operational aspects of care and health can help identify all the barriers to progress that need to be overcome and how we might do so.

Public: the chances are that you, or someone you know, will at some point have contact with social care, be that needing services, working in the sector, or being an unpaid carer for someone you love. What you would want for yourself, or someone you care about, must shape the future.

All of us: we cannot move forward without knowing our level of ambition and what we are willing to pay to achieve it.



Adult social care at a glance

Councils spend over

£15 billion

on social care every year.

Demography, inflation and National Living Wage pressures means that the gap in adult social care funding will be

£3.56 billion by 2025

(just to stand still)

This is more than five times the amount spent annually on councils park services and close to the cost of councils waste management for a year (£3.6 billion)

By 2019/20 councils could be spending as much as **38 pence out of every £1 of council tax** on adult social care

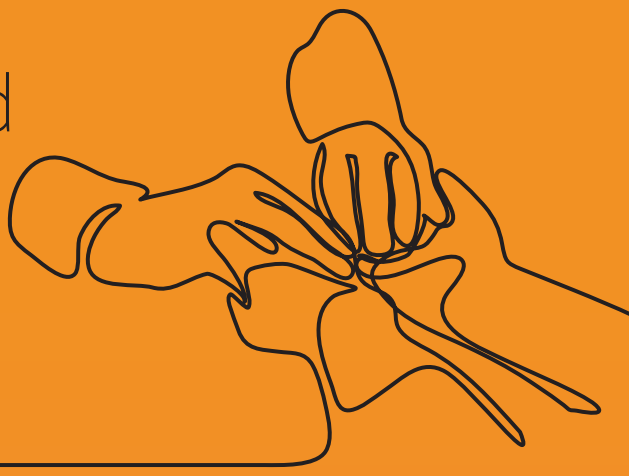
This is up from just over 28 pence in 2010/11. As councils spend more on social care, less money is available to keep valued local services running

The provider funding gap is putting providers under impossible pressure

In more than **100 council areas** residential care home and home care providers have ceased trading, affecting **more than 5,300 people** in the last six months. This is a direct result of funding pressures.

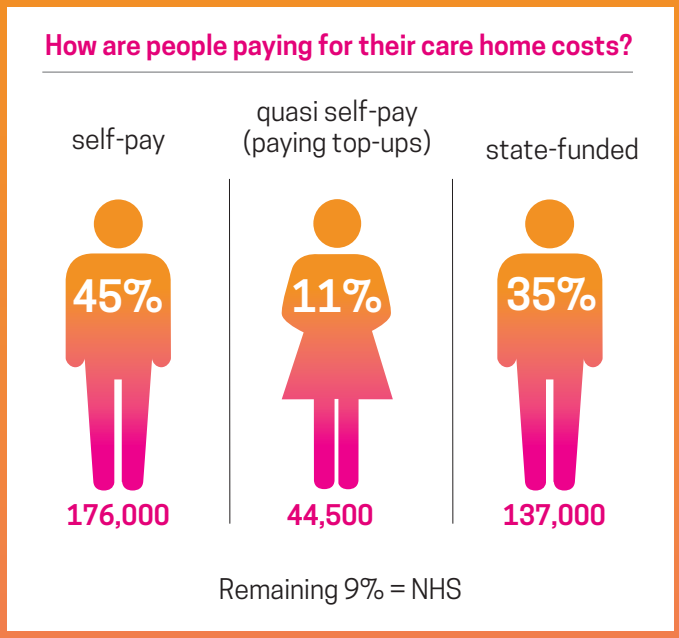
The lives we want to lead

The LGA green paper for adult social care and wellbeing



Carers UK shows that **72 per cent of carers in England have suffered mental ill-health** as a result of caring and **61 percent** had suffered physical ill health

Our care system could not survive without the vital help from unpaid family carers.



Source: Care Homes for Older People, 29th Edition, Laing Buisson

Age UK estimates that there are **1.4 million older** people who do not receive the help they need.

That includes **164,217** people who need help with three or more essential daily activities like washing, dressing and going to the toilet but **receive no help at all from either paid services or family and friends**.

FUTURE OF ADULT SOCIAL CARE

1. The voice of people who use services

People must come first. Organisations' structures, governance, strategy, policy and partnerships all matter. But they must only ever be secondary, serving to help a primary aim of understanding people's aspirations, needs and the support required to live a life.

There is no such thing as a 'typical' person who uses health and social care services. Every individual who needs help and support has their own unique set of circumstances, needs and assets. And there are no neat and clear-cut categories of people who require adult social care and support. Instead, there is a complex interplay between mental and physical conditions that has to be taken into account when deciding the best care and support package. For example, people with learning disabilities have a higher prevalence of mental health problems compared to those without[3]. More than 15 million people – 30 per cent of the UK population – live with one or more long-term condition(s) and more than four million of these will also have a mental health problem[4].

Our first full chapter therefore starts with the voice of people with experience of our care and health system, illustrating the diversity of people supported by the social care and support sector. These are powerful stories, which at times are hard to read. They expose – in the most human terms – the consequences of a system that lacks all the tools required to be the best that it can be for people that need it. They are also a challenge to us all to keep this subject firmly on the public and political radar.

As you read through our green paper and consider the questions it raises, we encourage you to return to these stories as essential grounding in why this debate is so fundamentally important to the future of people across our country, and our country itself.

3 Cooper, S.A., Smiley, E., Morrison, J., Williamson, A., & Allan, L. (2007). Mental ill-health in adults with intellectual disabilities: Prevalence and associated factors. The British Journal of Psychiatry, 190, 27–35.

4 Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M., & Galea, A. (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King's Fund, & Centre for Mental Health.

Josie's story

At the moment, I get three short visits a day from a care worker to cook my meals, help me shower, and keep the house clean.

I get two hours every two weeks 'social' time which at best on a good day gets me over to the park and back. It's not long enough to join in any activities but I value this time hugely as it's uninterrupted time with actual real conversation, not just "what do you need to eat?" or similar.

My basic needs are met – I'm clean and I'm fed. But I haven't got enough support to actually get me out of the house. It means that some days I barely get to speak to anyone, let alone have a social life. If I get an infection and have to ask my carer to pick up a prescription, I don't get to have a shower that day. There just isn't enough time. A little more support – for example, a support worker to go with me to new places – would give me so much more opportunity to take part in life, but at the moment that feels like an impossible utopia!

People like me, who were professionals and could make a contribution with the right support, are being cut out of the workforce. Working in an office or a hospital isn't really possible for me, but I still have skills and experience that I would like to use, if I had the means of doing so. In the end, it is a question of equality. I don't feel like I'm living, just existing.

Vicki and Keegan's story

I was diagnosed with Muscular Dystrophy when I was young. As a degenerative condition every day is an increasing challenge.

I am now 36 years old and I need assistance to get out of bed, to eat, to use the bathroom and to leave the house. I need someone with me day and night.

My partner Keegan cares for me around the clock. If he didn't, I would need a full-time carer or I would have to live in a residential home. Yet, Keegan is only paid for four hours a day and we have no funding for respite. I worry every day about what would happen to me if he couldn't look after me anymore. He is my independence and my dignity.

In the past I have been offered some support to help me at home but as my condition worsens and my needs grow, I am being offered less and less because there is no money available to help me. Something as simple as getting a hoist to help me in and out of bed has become a battle. At times, this has meant that my more preventable symptoms have got so bad I have had to call an ambulance. I am only too aware that every minute I spend with paramedics is taking this costly service away from someone else who needs it, but I am left with no choice. Sadly, I am not the only person I know who has to do this and while I want to feel positive about the future, if I keep being told there is no money for the help me and Keegan need, we feel totally helpless.

It's hard enough living with this condition without feeling like I have to face a challenge every time I ask for help. The sad thing is none of us know when or if we will need people to care for us one day so it is vital that everyone is aware of the issues before it is too late to do anything about it.

Glyn and Kristin's story

My wife Kristin is just 47 years old but has had Multiple Sclerosis for 17 years. Each year, as it inevitably progresses, it becomes a bigger aspect of our life together.

I was caring for Kristin at home but just two years ago this became too much and I collapsed under the strain. We had carers coming in morning and night to get Kristin in and out of bed, but all other hours of the day I was left to care for Kristin on my own.

At the same time, I was trying to run my own business to supplement the modest carer's allowance I received. I got no respite and was exhausted.

Kristin fell ill with a simple respiratory issue and got stuck in hospital for three months because she wasn't allowed to leave until a package of full-time care was in place. When she finally left hospital she came home for four months until I collapsed from looking after her with no respite.

She was then placed in an NHS funded nursing home under the continuing healthcare scheme. I think she could have come home full time with the right care in place or if the money being spent on her care home was invested in making the right adaptations to our home. Devastatingly, the council couldn't pay for all of the changes we needed and I couldn't fund it on a reduced income so we had no choice.

It's so hard for people who are not in our situation to understand the enormous impact this has had on our family. Kristin is the most important person in the world to me and I still find it hard that instead of spending our lives together she is left feeling isolated in a home where she is the youngest person by many years. I see her every day, but I miss her terribly and feel so guilty every time I leave her there.

Before Kristin became ill we had never considered that we might one day rely on carers, which terrifyingly made us realise this could happen to anyone – young or old. What is important is that we have a system that makes sure people get looked after in the way they want because that's the very least we all deserve.

Sandy's story

Mum was diagnosed with dementia in her early 70s. Dad cared for her at home for many years until the stress became too much and he had a heart attack. We then tried to access home assistance from the local council, but this proved impossible.

The only real option was to move Mum into a care home. Dad sold the family home and bought a small bungalow nearby. We all contributed to the top up fees for over seven years, amounting to hundreds of thousands of pounds. We then tried to access NHS funding for Mum, who was by now in an advanced stage of dementia. [She was] doubly incontinent, no longer able to communicate verbally and unable to feed or dress herself. The funding was refused. We couldn't understand why.

Eventually we negotiated social care funding for Mum. However, the amount the council pay is significantly less than the fees charged. This subsidisation by private payers is another example of a system riddled with inequalities.

Our Mum is elderly, vulnerable and unable to vote. She no longer has a voice and has become effectively disenfranchised. So we must speak for her and others like her. Society is judged by its treatment of the elderly and this state of affairs is nothing less than shameful. Dementia is an illness. We cannot throw our hands up and say it's all too difficult.

Governments can no longer turn a blind eye and say we can't afford it. We have to act now to ensure that people affected by dementia are treated fairly and properly. We must fund a social care programme which will allow the most vulnerable in our society to be cared for in an environment which allows them to live with dignity. Government must step up to the plate and be honest with the electorate.

This situation is not going to go away. Everyone affected by dementia, either those living with the disease or their carers and relatives, deserves so much better.

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

Steve's story

I was living with my partner, running a B&B when I had a serious stroke and later two minor heart attacks. After four months in hospital, I was depressed, frail and my memory and cognition had deteriorated.

We knew I needed more support with daily living than my partner could provide. I was unable to return home and it made me frightened about my future, with clinicians uncertain about my further recovery.

I wanted to live locally, so I could continue seeing my partner and I missed my dogs. The Shared Lives scheme matched me, with two trained and approved Shared Lives carers who shared my sarcastic sense of humour, had dogs, and lived close by. They helped me through it all. When I arrived at their home, I never dreamt of being so independent again. I couldn't walk down the drive. Now I can nip up to town.

My Shared Lives carers helped me gain strength and confidence, walking a little bit further each time, until I could walk independently again. They helped me adapt to my memory loss with strategies for managing money and banking, and supported me to make meals and manage my diet.

Since then I have booked a holiday and travelled on my own. I am very optimistic about life and planning a move into my own flat.

Without the Shared Lives scheme I would have undoubtedly spent longer in hospital, had less choice about where I lived, and had a slower recovery. It is so important that money is available to ensure that schemes like this exist.

Lucy's story

My daughter Lucy has a learning disability and spent 12 years in hospital after being sectioned under the Mental Health Act.

Lucy went through a very stressful time in her life which was when things started to go wrong for her. This caused her to suffer from severe anxiety. She began having more epileptic seizures. When she was hospitalised, we struggled to get her out. As a family, we didn't know what to do or where to get help. After 12 long years Lucy came out of hospital, supported by the local commissioner and a care and support provider who worked with Lucy and us to plan what she needed and wanted from her life.

They worked with us and Lucy while she was in hospital and supported her transition back into the community. They really helped us to know what was possible. They really listened to us.

Lucy now lives in her own bungalow, close by to us. She is supported by a staff team that she chose and who are trained to support her in a way that works for her.

When she first came home she was very shy and didn't go out much. Now her confidence has really grown and Lucy has joined the empowerment steering group for the Transforming Care programme, to help improve services and support for people with a learning disability, autism or both. She is learning to travel independently and loves to do the things that we all take for granted – like going out and about, visiting us but most importantly her niece, and looking after her cat, Smudge.

Good support is about saying that people have a right to a good life in the community with the right support. Lucy is doing really well, but there are always worries in the back of your mind that something will change and the support might stop or get less. We need to recognise that good support now will prevent more expensive hospital stays down the line.

2. Delivering and improving wellbeing

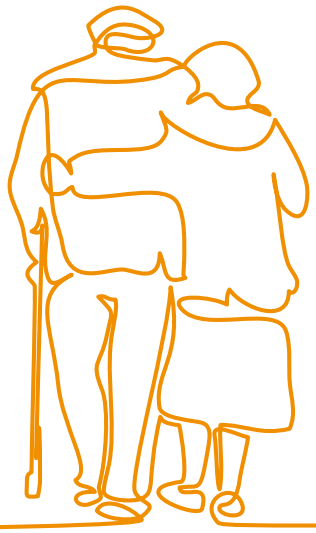
"Local government has many responsibilities but none more core than creating places that are inspiring of good health, leading improvements for local people, encouraging businesses to grow and creating jobs that local people can get. By being ambitious for the health of local people they can create years full of life as well as life full of years."

Duncan Selbie, Chief Executive, Public Health England
LGA think piece series, 2018

Key points:

- We are best able to live the life we want to live if we are independent, well and live in communities that support and encourage the many aspects that make us unique
- This is true for everyone but the support we may need is unique to us as individuals and must therefore be personalised
- Local government exists for this very purpose, affecting multiple dimensions of our communities and lives, throughout our lives
- Supporting and improving people's mental and physical wellbeing is at the heart of local government's work and that of many other local public, private and voluntary sector organisations. It can only be delivered with communities

"I am very optimistic about life and planning a move into my own flat" Steve's story



Our lives are precious and unique and we want to live them as we each see fit.

For the benefit of those who need support to live the life they want to lead, we must start by asking the individual person, **'What matters to you?'** rather than **'What is the matter with you?'** However, starting the conversation this way, with the right question and full emphasis on personalisation, means little if we do not have what is required to act on the answer.

Acting most effectively means changing our model of care and support from one which tries to treat the ever-growing burden of long-term conditions and illness caused by demographic and lifestyle factors – doing to the person – to one which helps people maximise their health, wellbeing and independence for as long as possible – doing with the person at all stages of their life. Changing the model in this way requires an equal partnership between local political, clinical, professional and community leaders in which each area develops its own vision and range of services to suit their own unique local circumstances.

Many services support the process of wellbeing. The police service deters, detects and deals with crime. The NHS treats us when we are ill. Our education system helps us learn and be curious. But as essential as these services are, they ultimately only really focus on one element of our lives. And while we alone tend to shape our own aspirations, it is the places in which we live, grow, work and relax that give us opportunities for fulfilling lives and the confidence that the choices we make will result in safe, quality and rewarding experiences.

Local government helps shape the fullness of the places in which we live. From the mix of shops on our high street to the removal and recycling of waste, councils lead and engage with their communities to deliver more than 800 services. This helps keep every aspect of our communities running and improving for the benefit of all people.

Because our lives do not start and stop, neither do councils. Local government services operate both in the background of all our lives and more at the forefront of others'. Councils support people at some of the happiest moments of their lives and some of the hardest.

At the heart of every council's relationship with its local population is a commitment to improving people's physical and mental wellbeing. This is a tradition that can be traced back through the decades as local efforts have pieced together to improve our nation's wellbeing. In more recent times it found expression in the 2014 Care Act, which cemented the idea that a council's general responsibility in respect of the legislation is to promote an individual's wellbeing. Helpfully, this was defined in broad terms, recognising that a person's wellbeing is shaped as much by their participation in work and their personal relationships, to name but two examples, as it is by the practical support they may need with daily tasks such as washing, eating and dressing.

In this way, wellbeing cannot and should not be the preserve of adult social care and support alone. If we are serious about preventing ill health we need a strong public health offer. If we are to help people remain independent at home we need the right kind of housing and neighbourhoods. If we are to encourage physical activity we need vibrant leisure and recreation amenities. If we are to combat loneliness we need reliable transport links, a diverse and resilient community and voluntary sector, and comprehensive employment services. If we are to support people's mental wellbeing we need to build safe and inclusive communities. The list could easily continue.

Wellbeing goes well beyond local government. The essential input from the local voluntary sector, the care provider market and its workforce and the local NHS all have a clear and fundamental role to play in creating local places where wellbeing can thrive. It is precisely because this is a local endeavour that councils, as democratically accountable local leaders of place, are perfectly positioned to marshal all local aspiration and resources around a common vision for a population's wellbeing and independence.

CONSULTATION QUESTION:

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

3. Setting the scene – the case for change

"Adult social care…matters because it's fundamentally about the business of protecting people's rights as individuals."

Lyn Romeo, Chief Social Worker for Adults
LGA think piece series, 2018

"What is clear to me is that local government in general and social care in particular have the advantage of being close to communities, being of those communities and able to take decisions where consequences are clear to us because of our perspective and our roots."

Glen Garrod, President, ADASS
LGA think piece series, 2018

Key points:

- Social care and support matters to individuals, our communities, our NHS and our economy
- The local dimension of social care matters because it ensures the service is accountable to local people
- Despite a challenging financial environment, social care has delivered – it has improved and innovated
- While diversity of local care and support is the positive result of a health and care system that is responsive to the diversity of the community it serves, unwarranted variation in quality, access and outcome is not acceptable. Local government is committed to addressing this and is best equipped to lead improvement.
- Significant reductions to councils' funding from national government is now jeopardising the impact local government can have in communities across the country
- In particular, the scale of funding pressures within adult social care threatens progress made to date and now risks people's wellbeing and outcomes and the stability of the wider system
- There are continuing recruitment and retention challenges in the adult social care workforce
- The Care Act remains the right legal basis for social care but funding pressures are threatening the spirit and letter of the law

"Good support is about saying that people have a right to a good life in the community with the right support" Lucy's story

Why does adult social care matter?

Living the life we want to lead

The first publication in the LGA's recent think piece series[5] on the future of adult social care and support posed the question: why does social care matter? A clear picture emerged from across our expert contributors that the core value of social care lies in supporting people of all ages, with a range of mental and physical health conditions and needs, to live with maximum opportunity, independence, connection to others and control. This is the core value of adult social care and support: it helps people to live the lives they want to lead, building on their own aspirations.

A service that we are all connected to

One in five people have some contact with the social care and support system. That might be as part of its workforce, as a user of services, or as one of the millions of invaluable unpaid carers[6]. Therefore, while you might not need care now or in the future, you are almost certainly going to be connected to it because of those around you.

Connecting communities

Social care is also a vital piece of the puzzle that is needed to hold our communities together, making connections to other council services and those provided by local partners. This can help create a network of local support that enables people to be themselves and to fully participate in and contribute to their communities. In the process, this makes those communities more resilient and sustainable; more human.

Links to voluntary, community and social enterprise (VCSE) organisations are particularly important. For instance, the Joint VCSE Review initiated by the Department of Health and Social Care, Public Health England and NHS England notes that:

> "There is wide agreement that community organisations, charities and social enterprises are key to establishing a more community-based health, care and public health system which will help people live well, longer and at home, rather than spending long periods within health and care services. They are particularly vital to groups and communities which experience health inequalities and are currently less well reached and supported.[7]"

5 https://www.local.gov.uk/about/campaigns/towards-sustainable-adult-social-care-and-support-system
6 https://www.adass.org.uk/media/4475/distinctive-valued-personal-adass-march-2015-1.pdf
7 https://voluntarycommunitysocialenterprisereview.files.wordpress.com/2018/05/vcse-review-action-plan-may-2018.pdf

"People like me, who were professionals and could make a contribution with the right support, are being cut out of the workforce" Josie's story

The Review pointed to two key system shifts. First, towards greater personalised care and the building of wellbeing and resilience through co-designing health and care systems with citizens and communities. And second, a bigger and more strategically resourced role for VCSE organisations "which thinks and acts whole-person, whole-family and whole-community"[8].

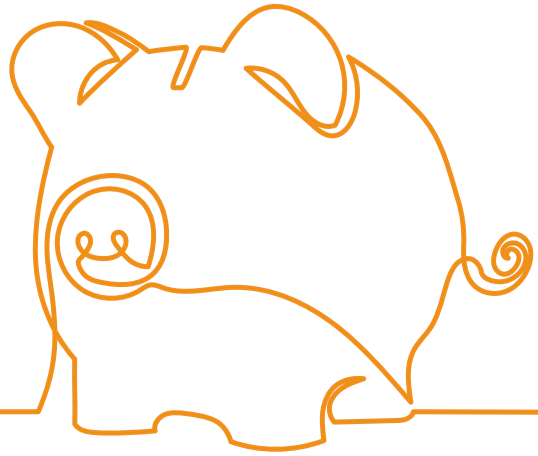
Sustaining our NHS

Social care is also central to the fortunes of our NHS and managing pressures on our hospitals in particular. Care and support, and its links with primary care and public and community health, helps keep numbers at the front door of hospitals down. For those who require time in hospital, that same support in the community helps keep the back door open so people can return home in a safe and timely fashion. Latest statistics for May 2018 show that delays leaving hospital due to social care are down by 39 per cent since July 2017[9]. To put that into perspective, delays due to the NHS are down 13 per cent over the same period.

Supporting our economy and productivity

Finally, the scale of social care is huge. It comprises more than 20,000 organisations and a workforce of more than 1.5 million. Skills for Care estimates that the sector contributes £46 billion annually to the UK economy (£38.5 billion to the English economy)[10] and independent care providers are an integral part of many local economies and a driver of employment and local economic growth. Carers UK estimate that the economic value of the contribution made by unpaid family carers in the United Kingdom is a staggering £132 billion a year, more than annual spending by the NHS[11].

Supporting people's wellbeing has wider benefits for our economy. As the Government's Industrial Strategy notes, "Innovation in age-related products and services can make a significant difference to UK productivity and individuals' wellbeing"[12].



8 https://voluntarycommunitysocialenterprisereview.files.wordpress.com/2018/05/vcse-review-action-plan-may-2018.pdf
9 https://www.local.gov.uk/about/news/lga-responds-latest-delayed-transfers-care-figures-9
10 https://www.skillsforcare.org.uk/About/News/News-Archive/Adult-social-care-employers-contribute-46-billion-to-the-UK-economy.aspx
11 https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015
12 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664563/industrial-strategy-white-paper-web-ready-version.pdf

The Strategy's ambition to create "an economy that works for everyone, regardless of age" must recognise the link between good health and greater economic participation – both as workers and consumers. The percentage of people aged 65+ who work has risen to 10.4 per cent from 6.6 per cent since 1992[13] and people aged 65+ contributed or spent £37 billion to the UK hospitality sector in 2015 (27 per cent more than people aged 35-54)[14]. If everyone worked for a year longer, GDP would rise by 1 per cent[15]. More broadly, it is estimated that grandparents now provide up to 40 per cent of childcare, enabling their children to pursue their careers without restriction from prohibitive childcare costs[16].

The focus must not be confined to older people. Demographic trends do not just forecast a growing elderly population but a growing number of working age adults with learning disabilities, mental health problems or long-term conditions who will need adult social care and support for them to lead independent productive and fulfilling lives. Putting the right support in place to help tackle the disability employment gap – the difference between employment rates of disabled (49 per cent) and non-disabled people (80 per cent)[17] – would support working age disabled people into meaningful employment and contribute to local economies. Just as important is supporting people with a mental health condition to remain in, and thrive at, work. The 2016 Stevenson and Farmer review noted that, "300,000 people with a long-term mental health problem lose their jobs each year". The review found that, "The cost of poor mental to government is between £24 billion and £27 billion" (costs associated with providing benefits, loss of tax revenue and costs to the NHS) and that, "the cost of poor mental health to the economy as whole is…between £74 billion and £99 billion a year"[18]. Neither should we just consider the national picture. Locally, and particularly in areas with lower employment rates and lower economic output, the care sector is a major and vital employer of local people who, in turn, support the local economy.

13 https://www.local.gov.uk/sites/default/files/documents/22.11%20Healthy%20Ageing_web_0.pdf

14 https://www.barclayscorporate.com/content/dam/corppublic/corporate/Documents/AgeingPopulation/Ageing-Population-North-West.pdf

15 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/32172/10-1047-default-retirement-age-consultation.pdf

16 https://www.local.gov.uk/sites/default/files/documents/22.11%20Healthy%20Ageing_web_0.pdf

17 https://www.citizensadvice.org.uk/Global/CitizensAdvice/Families%20Publications/Halvingthedisabilityemploymentgap.pdf

18 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

A locally led service

When it comes to the importance of social care being a local service, expert contributors to our think piece series were equally clear that 'local' matters. At the heart of this principle lies the greatest strength of local government: its democratic accountability to the people it serves. As all communities are different and require a unique arrangement of services, the importance of local accountability cannot be overstated.

Recent LGA polling on resident satisfaction shows that councils are the most trusted form of government to make local decisions about services in a local area, selected by 72 per cent of respondents. Just 17 per cent of respondents selected national government. Similarly, local councillors were selected by 68 per cent of respondents as the individuals most trusted to make decisions about local services. By comparison, 13 per cent of respondents selected MPs and just 7 per cent selected government ministers[19].

CONSULTATION QUESTIONS:

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

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

Social care innovation and improvement

Despite a challenging financial environment, adult social care and linked services have worked hard to continue to deliver, improving people's lives in a number of ways.

Prioritising care and support: Between 2010 and 2017, adult social care has had to make savings and reductions worth £6 billion as part of wider council efforts to balance the books. But the service continues to be protected relative to other services. The latest ADASS budget survey shows that adult social care accounts for a growing total of councils' overall budgets, up from 36.9 per cent in 2017/18 to 37.8 per cent in 2018/19[20]. As a result, by 2019/20, 38p of every £1 of council tax will go towards funding adult social care.

Innovating: Councils are committed to innovation to help reduce costs while maintaining or improving services to the public. This has included changing the way that demand is managed, more effectively using the capacity in communities to help find new care solutions, and working more closely with partners in the NHS to reduce pressures in the care and health system. Innovative approaches can be found in all parts of the country.

19 https://local.gov.uk/sites/default/files/documents/research%20-%20Resident%20Satisfaction%20Polling%20Round%2020%20-%2025%20july%202018.pdf

20 https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

Intervening early and preventing needs: Investing in prevention has clear benefits for people and reduces costs to the wider care and health system. There is a great deal of work across the country to help people avoid unnecessary hospital admission and support to increase people's independence.

Performing: Even in the deeply challenging financial environment in which the wider social care sector has operated over the last few years, there are many instances of performance having been maintained or improved. This includes performance on satisfaction levels, adults with a learning disability living in their own home or with family and the proportion of people using services who say they feel safe and secure.

A range of case studies demonstrating the work of councils and their partners on the above areas can be found at Annex A. These illustrate the significant improvements and innovations which the social care sector has delivered, despite the most challenging circumstances. It is a sector worth investing in.

The role of digital and technology

We increasingly live in a connected and digital society. Of course, digital and care-related technology is not on its own the solution to addressing our adult social care or public health related challenges and it is not a replacement for person-centred care and support.

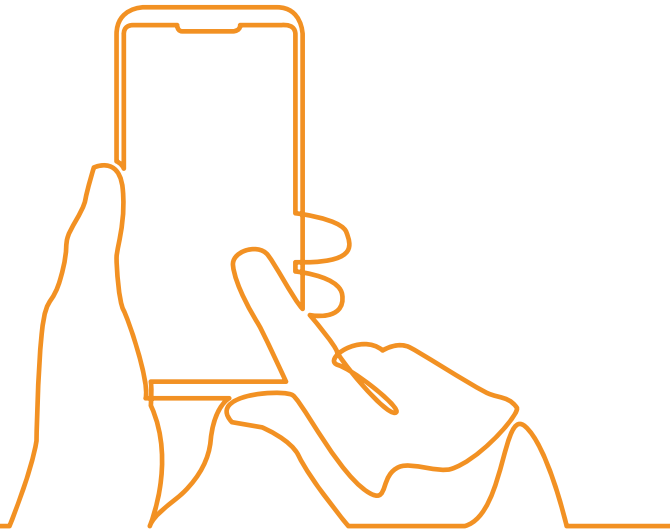
However, better use of data in adult social care offers the potential for more preventative and personalised approaches to care to be established, and emerging technologies offer the potential for new business models to flourish amongst providers of care whether they be large or micro care providers[21]. Councils have an important role to play in shaping their care market and areas such as Liverpool and Luton are collaborating with care providers to support innovation.

Digital approaches are enabling valuable time of our workforce to be freed up, allowing them to spend more time with those they are supporting whilst at the same time improving the quality of care.

It has the potential not only to enable staff to more effectively communicate with one another (helping to address the quarter of care providers who say the quality of information they receive on discharge is not sufficient[22]) but also reduce the chances that people have to tell their story multiple times by joining up information from organisations. Progress has been made but still

21 See Industrial Strategy White Paper – Healthy Ageing Grand Challenge

22 Care Quality Commission, Beyond Barriers 2018



only three in 10 councils say that they have the information they need from health partners[23].

Technology has the potential to help people live more independently for longer, supporting the focus on prevention. Many of us are increasingly adopting smart technologies around the home and increasingly homes are being designed in a way that can both meet but also adapt to our everyday needs.

Understandably, people's expectations are increasing. People want to be able to make quicker and more informed decisions about their care choices which means providing the right information at the time they need it.

At the same time people want to be more in control. This might include giving people more opportunities to easily request the support they need and manage their personal budgets (such as in Harrow) or allow some of the worry to be taken out of caring by giving much more useful and timely information to those in a caring role.

Of course, digital is not right in every situation and where it is introduced it needs to remain person-focused, building trust with individuals. This means starting by understanding the aspirations and needs of individuals and co-designing approaches with them. Councils such as Salford are working with local organisations to support the city's most vulnerable.

The 2016 LGA publication 'Transforming social care through the use of information and technology' provides evidence from across the country of how both social care and public health are designing approaches that incorporate aspects of digital and data – not only saving money but importantly delivering better outcomes for individuals, carers and the workforce.

But as our green paper demonstrates there is still a significant way to go and only with much needed sustainable investment alongside local leadership can existing good practice be extended. Our LGA innovation programme in social care[24], funded by NHS Digital, demonstrates examples of where councils are co-designing approaches that use digital and data. However, these small-scale funding initiatives whilst helpful are not sufficient. The national priority being given to data and technology needs to be re-balanced and show a greater commitment to support local but scalable innovation in adult social care helping to address the systemic challenges that the sector is currently experiencing.

23 LGA Digital Self-Assessment with councils 2017

24 www.local.gov.uk/scdip

"What is important is that we have a system that makes sure people get looked after in the way they want because that's the very least we all deserve"

Glyn and Kristin's story

The need for continuous improvement

Whilst there is a huge amount of impressive work going on across the country, there is much more we can do to improve, even within existing funding arrangements. Polling suggests that the public remain concerned about achieving a consistent standard of care both in social care and the NHS, and preventing a 'postcode lottery'. Variation in itself is not a bad thing; diversity of care and support is needed to address the diversity of different communities, and it would be wholly wrong to suggest that every area should have exactly the same set of priorities or range of services for their local population. But nobody wants to see radically different experiences of, or access to, services based solely on where you live rather than on what you need and want. This is one of the reasons that the Care Act introduced a national eligibility framework, to ensure that people across the country are entitled to care on broadly consistent criteria.

There is little evidence that running services nationally makes them more uniform than services planned and delivered locally. The idea that more national systems and approaches would necessarily help eradicate unwanted local variation is flawed: it could exacerbate inequalities which only a highly localised response can address. As is any notion that local government is more variable than other public services. Within the NHS for instance, there is still very significant variation in access, quality and outcomes, including delayed transfers of care attributable to the NHS, Continuing Healthcare eligibility, the rate of patient safety incidents and the availability of IVF treatments. More broadly, variability is not unique to the public sector and is instead an inevitable feature of life. The accessibility and availability of banks, shops, transport connections and restaurants is part and parcel of what makes every area different.

We need a system in which variation reflects positive choices in local areas to reflect local needs and wishes, and to build communities that are inclusive, cohesive and promote the life chances of everyone within them. Councils' bespoke solutions to local challenges also allow greater space for innovation and improvement to flourish, which is harder to achieve with national-level services. Local investment decisions help change the way things are done on the ground, creating services and partnerships – particularly with the voluntary sector – that benefit our communities. It is no coincidence that many national programmes start from best practice from within local government.

The Prime Minister rightly wants best practice to be shared[25]. And councils are keen to embrace learning through sector-led improvement, and have welcomed the findings of the CQC reviews of health and care systems. However it would be wrong to presume that a mandatory national inspection programme of council commissioning would necessarily improve matters. Local government has worked with Government to develop its own sector-led improvement approach and it has been shown to be more cost effective than national inspection. The National Audit Office estimates that the cost of the previous top down inspection regime was in excess of £2 billion annually[26] whilst the LGA receives just 1 per cent of that to facilitate its wider improvement support in councils. Large

25 https://www.parliament.uk/documents/commons-committees/liaison/Prime-Minister-oral-evidence-session-transcript-20-12-2017.pdf

26 https://www.webarchive.org.uk/wayback/archive/20070428120000/http:/www.lyonsinquiry.org.uk/submissions/20060308%20National%20Audit%20Office%20Response%20to%20Interim%20Report.pdf

parts of the previous inspection regime were abolished by Government in 2010 due to the expense. Sector-led support also delivers good results, with 95 per cent of chief executives and 96 per cent of leaders saying that it has had a positive impact on their authority[27].

We recognise that the public expect, and have a right to, a consistent level of access, quality and effectiveness of care and support. Councils, working alongside national and local partners, are identifying where unacceptable variation exists and taking steps to tackle it. Local government is committed to working with national government to build on this work, and the sector-led improvement approach that underpins it, to ensure that any new funding for social care is used effectively. Examples of this work are set out below.

Working together for a system-wide focus

- Local government political and professional leadership increasingly recognises that significant improvements to people's wellbeing cannot be made by just focusing on their part of the health and care system. The recent focus on delayed transfers of care (DTOC) attributable to adult social care is a case in point. Research undertaken for the LGA by Newton Europe[28] into DTOCs attributable to social care in 17 health economies found that focusing on just one part of the system risks either ignoring underlying causes of the blockage or simply shifting pressure elsewhere. The work found that the best way to help patients through discharge is to ensure the focus on their longer term recovery. DTOC is a symptom of system malfunction, not of itself a root cause. Put the patient first and the rest will follow.
- The CQC local system reviews made a similar finding in relation to managing the flow of older people from community settings into hospital and back again. It found that the key driver to overcoming barriers to effective joined up working was local leaders sharing a clear vision to provide a shared purpose for people and organisations across the local health and social care system. Fragmented and separated systems for local government and social care get in the way of person-centred and place-based working. In particular, separate financial frameworks, performance management regimes, workforce planning and regulatory frameworks for the NHS and local government make it difficult to work together. We would welcome the continuation of these cross-sector reviews alongside a sector-led improvement approach to adult social care.

27 http://lga.moderngov.co.uk/documents/s17081/LGA%20Perceptions%20Survey%202017-18.pdf

28 https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/resources/emerging-practice

CONSULTATION QUESTION:

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

System leadership

- Some health and wellbeing boards (HWBs) are the driving force for transforming care and support in local communities. They bring together political, health and community leaders to agree a vision and a shared approach to health and wellbeing which addresses the challenges facing their care and health systems. But others are not providing clear leadership and direction. We recognise that if they are to maintain their status as leaders of place, all health and wellbeing boards need to be effective. A key strand of our improvement work focuses on strengthening HWBs in this respect, equipping council leaders with the tools they need to work alongside clinical and community counterparts.

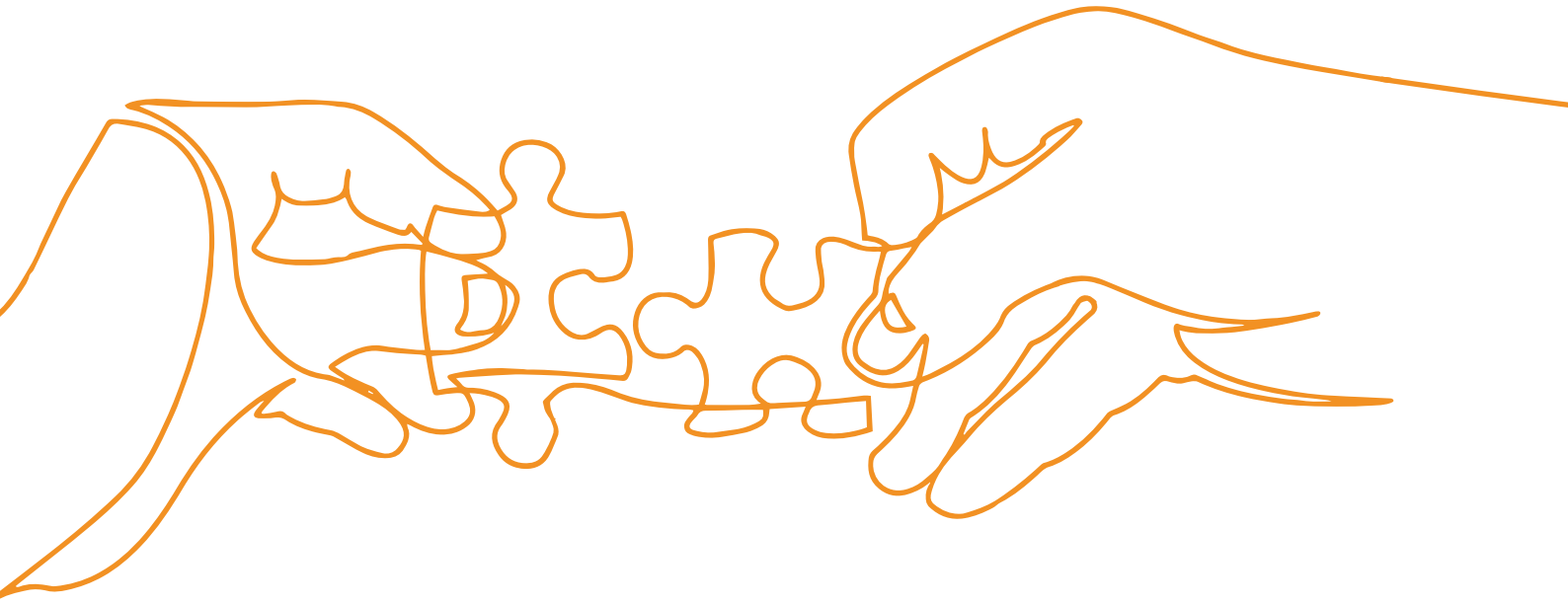
Integrated commissioning

- Councils recognise the importance of strong commissioning and are taking steps to ensure this drives improvement. Building on our framework for commissioning for better outcomes in social care, we are working with councils to focus on Integrated Commissioning for Better Outcomes[29]. A future model of social care will need to continue to develop and strengthen integrated commissioning.

Shaping the local care market

- Market Position Statements (MPS) are a requirement of the Care Act and encourage commissioners, people who use services, unpaid carers and providers to come together to consider what care and support services are needed in an area, why, and how they might be delivered. Councils recognise the value of MPSs and the need to ensure their robustness and quality.
- The LGA is working with councils and providers to develop the next generation of MPSs that focus much more on: the services needed in a local area; how they can support people to stay out of hospital and live independently at home; support to providers to recruit, retain and develop the care workforce.

29 https://www.local.gov.uk/icbo



Improving system-wide performance and effectiveness

- All of our work on systems has the primary objective of supporting councils to work with all relevant local partners to help keep people out of hospital and, if they do need inpatient care, return them to their communities and full independence as far as possible.
- An example is the Transforming Care Partnership, which helps ensure that more people with complex learning disabilities are moving from secure Assessment and Treatment Units to better placements in their own community near family and friends.

Data sharing

- Councils increasingly recognise the need for sound data sharing across health, social care and providers to deliver person-centred care and the role of technology to improve integration, efficiency and commissioning.

Support to challenged areas

- Some areas face a particularly challenging financial environment and require expert support to steer their way through to steadier and more stable times. We have worked with 20 such areas to address real and present financial problems. This is our fastest growing area of support.
- Other areas need support to deliver efficiencies, particularly in learning disability and mental health services, and a range of work is being taken forward to help councils to manage demand.
- As financial circumstances become ever strained, more areas are identifying the need to be better prepared on contingency planning in the event of large scale provider failure. Most councils are experiencing contract hand backs, but the risk of large scale failure is increasing as evidenced by the changing numbers in CQC's market oversight regime.

Managing risk

- More generally, councils recognise the need to be smarter and more nimble at managing risk. All councils have used our risk tool in some form to aid their understanding of risk in key areas including leadership and governance, performance, quality, resources, workforce and delivering national priorities.

The funding challenge and its consequences

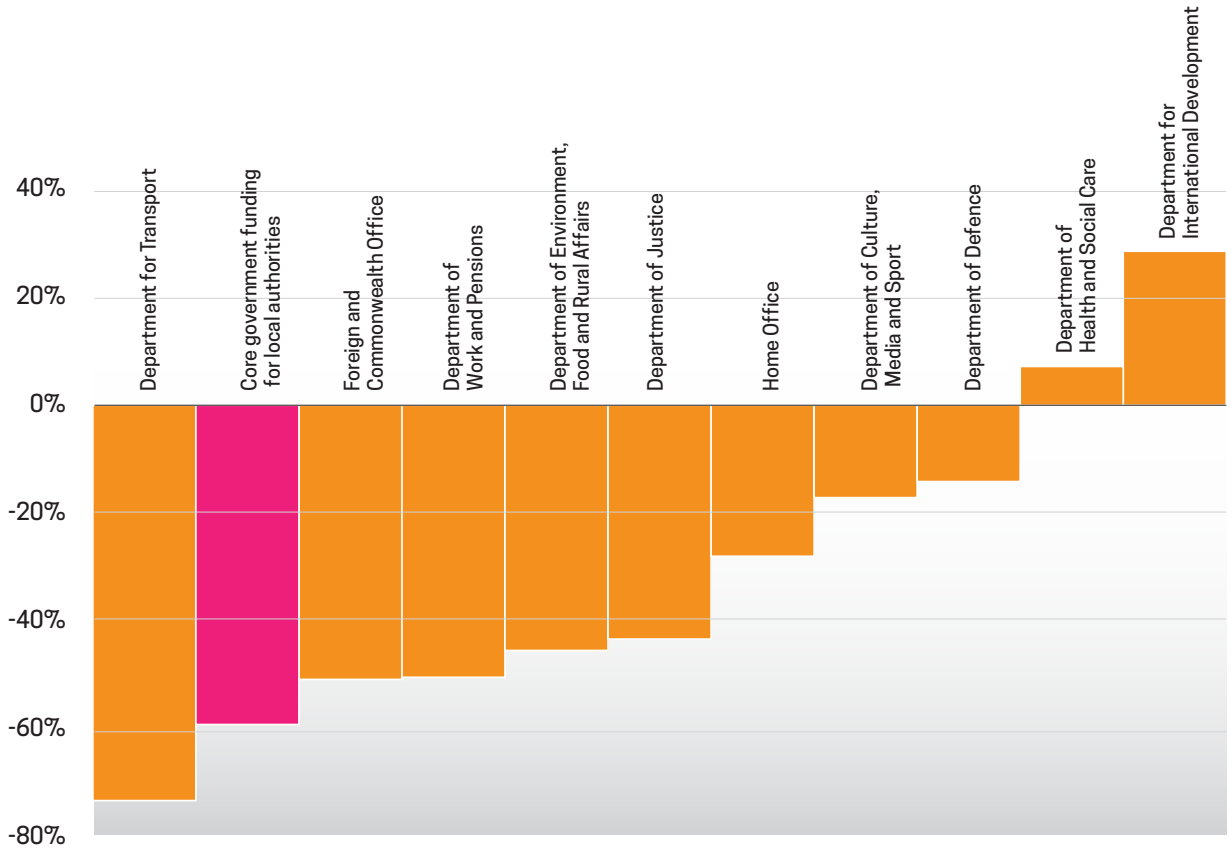
Local government and the NHS: systems under pressure

The full potential of local government's contribution to wellbeing is struggling to be realised following years of austerity. Councils are not unique in having had to respond to the impact of austerity and, like many organisations, have met the challenge head on. But the scale of the challenge they have faced, and the savings and efficiencies they have made, is significant and cannot be overplayed.

Since 2010, successive governments have cut 60p out of every £1 of national funding for local council services, saving nearly £16 billion a year by 2020. Local government has been cut considerably deeper than many other areas of the public sector and others have seen increases in their budgets, as the chart below shows.

Councils have responded on multiple fronts. They have pursued an efficiency agenda rigorously. They are sharing staff, buildings and delivering services together. Some have merged, some have had to use money that was set aside for major investments to support day-to-day services. Wherever they can, councils have looked at different ways of delivering services and support to citizens, or taken action to reduce

REAL TERMS CHANGE TO REVENUE FUNDING 2010-20
PERCENTAGES



"I am only too aware that every minute I spend with paramedics is taking this costly service away from someone else who needs it, but I am left with no choice" Vicki and Keegan's story

demand rather than making cuts. But against the scale of the reduction outlined, these efforts can only go so far. As the Public Accounts Committee has noted, "The harsh reality is that more and more local authorities are now showing signs of financial stress"[30]. Today, more councils are struggling to balance their books and some are considering whether they have the funding to even deliver their statutory requirements. Put simply, councils no longer have the resources to support people in their communities[31].

The local government funding position has serious consequences for wellbeing. It constrains adult social care which, in turn, constrains the voluntary sector and care providers. This is happening now and impacting on people's quality of life today. The response has been to protect social care relative to other council services. But those other services are crucial to support people's wellbeing, such as bus services, libraries and road maintenance. In this way, sorting out the long-term funding of adult social care therefore goes hand-in-hand with helping to sort out the long-term funding of local government. And that can only help improve people's wellbeing.

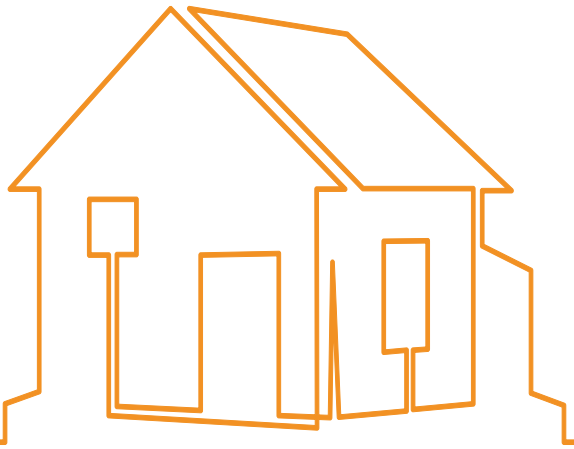
The NHS is also struggling. A report by NHS Providers shows that community health services are also under pressure. More than half of community trusts surveyed (52 per cent) for the report believed funding had fallen this financial year and 82 per cent were worried that community health services would not receive the investment needed to realise the ambitions of the Five Year Forward View[32].

It is a similar picture with GPs with the King's Fund noting that:

> "General practice is in crisis. Workload has increased substantially in recent years and has not been matched by growth in either funding or in workforce…Funding for primary care as share of the NHS overall budget fell every year in our five year study period.[33]"

As social, community health and primary care face growing pressure, wellbeing deteriorates. As a result, people increasingly seek to have their needs met by turning to the part of our public sector which has arguably been protected from the full force of austerity: hospitals. But targeting investment primarily at the acute sector represents poor investment of public money. And more importantly, it is a poor outcome for most people needing care and support. The argument is bigger than simply saying we spend too much on hospitals. It is about arguing for investment for prevention across the wider system – social care, public health, the third sector and parts of the NHS – as part of a truly system-wide approach to embedding prevention and early intervention within our communities and in everything we do. Good investment and good outcomes for people requires a focus on these communities, ensuring people have the care and support (in the broadest sense) they need to live a good life – to be well, independent, living at home for as long as possible and contributing to family and community life.

30 https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/970/970.pdf
31 For further information visit: https://www.local.gov.uk/sites/default/files/documents/Moving%20the%20conversation%20on.pdf
32 http://nhsproviders.org/state-of-the-provider-sector-05-18
33 https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf



Adult social care funding

As with local government overall, adult social care funding is at its absolute limit, threatening the great progress that has been made in challenging circumstances. Innovation, prevention and performance may be some of the hallmarks of the last few years as social care has sought to insulate itself from the full impact of austerity. But looking ahead, the scope to continue in this way is greatly reduced.

New research by the LGA shows that local government overall faces a funding gap of £7.8 billion by 2025, just to sustain current – and much reduced – levels of service. This includes, within adult social care, an immediate and annually recurring market provider gap of £1.44 billion; the difference between the estimated costs of delivering care and what councils pay. As demography, inflation and National Living Wage pressures build in subsequent years, the adult social care gap rises to £3.56 billion by 2025[34]. And again, this is purely to stand still. To put this in perspective, this is more than five times the amount spent annually on councils' park services, and close to the total cost of councils' waste management for a year (£3.6 billion). The short-term funding gap must be closed as an urgent priority and as an initial step in securing the sustainability of care and support.

Governments' response to the challenge of adult social care funding in recent years has been short-term and incremental in nature. One-off grants, the council tax precept for social care and increases in improved Better Care Fund funding have been helpful. But each mechanism has its limitations and they have not been sufficient to deal with all short-term pressures, let alone address the issue of longer-term sustainability. They also cease in 2019/20 with no clarity from 2020 onwards, which makes even short- and medium-term planning extremely difficult.

Furthermore, the major Government narrative and focus of attention has been on services to support older people, largely overlooking the fact that much of the growth in cost pressures comes from the increasing needs of working age adults. As the ADASS budget survey[35] shows, services for working age adults now account for 58 per cent of the demographic pressure on social care budgets, including 39 per cent relating to services for people with a learning disability. The demographic pressure relating to older people accounts for 42 per cent of total pressure. This might explain why the proportion of directors most worried about the financial pressures relating to services for working age adults has doubled since last year to 32 per cent and compares to only 12 per cent who are most worried about services for older people.

34 https://www.local.gov.uk/sites/default/files/documents/Technical%20Annex%20%281%29.pdf
35 https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

The council tax precept is not a sustainable solution. First, it shifts the burden of tackling a clear national crisis on to councils and their residents – and this after years of councils being encouraged to keep council tax as low as possible, or frozen. Second, the value of the precept varies greatly based on the strength of a council's tax base. Areas facing the greatest demand for services are those that are able to raise the least amount of money through the precept.

Already in 2017/18, the adult social care precept was worth 3.8p of every £1 of council tax raised in England. If all councils with social care responsibility used the precept flexibility and the 2.99 per cent core increase in 2018/19 and 2019/20, this would rise to 6.5p of every £1 of council tax. By the same point, councils could be spending as much as 38p of every £1 of council tax on adult social care, up from just over 28p of every pound in 2010/11.

Improved Better Care Fund resources are also problematic. As explored further below, this funding has become subject to an increasing and concerning degree of oversight and influence from both government and the NHS nationally. The funding also stops at the end of 2019/20.

The consequences of underfunding in adult social care

The consequences of this immediate and medium-term funding gap will likely include a deepening of the consequences seen to date in a range of areas.

Quality: Latest information from the Care Quality Commission shows a broadly encouraging picture on quality, with more than four fifths of adult social care services in England rated as 'good' (79 per cent) or 'outstanding' (2 per cent) following inspection. However, a more worrying trend is emerging amongst services that have been re-inspected. For those services previously rated 'good', 76 per cent saw no change to their rating, but 18 per cent dropped to 'requires improvement' and 3 per cent dropped to 'inadequate'. Amongst those services previously rated 'outstanding', 64 per cent saw no change to their rating, 19 per cent dropped to 'good', 14 per cent dropped to 'requires improvement' and 3 per cent dropped to 'inadequate'. Improving quality is one thing, sustaining it is clearly another and it is becoming harder to achieve[36].

Provider market stability: providers of social care are an absolutely vital part of the social care landscape, delivering practical care services with an essential human touch both to self-funders who pay for their own care and those who are funded by their council. But the provider funding gap outlined above, coupled

36 https://www.local.gov.uk/sites/default/files/documents/Securing%20the%20long-term%20sustainability%20of%20adult%20social%20care%20%E2%80%93%20Quality%20-%20Andrea%20Sutcliffe%20CBE.pptx_.pdf

"I don't feel like I'm living, just existing"
Josie's story

with new pressures (such as the potential future uncertainty on liabilities for 'sleep in' care) is putting providers under impossible pressure. In the last six months, this has resulted in providers ceasing trading across home and residential care in more than 100 council areas, impacting more than 5,300 people. It has also resulted in providers handing back contracts to more than 60 councils, impacting just under 3,000 people[37]. Providers make these decisions reluctantly, especially having worked with local communities and individuals over many years. These are difficult decisions that are made when the full costs of care cannot be covered. Some providers are having to reduce the amount of their capacity used by local authorities because it is not profitable. They may seek to increase their income from self funders or others, such as NHS commissioners. The impact is a loss of capacity for local authorities and a knock-on impact on their customers and the NHS.

Unmet and under-met need: under the Care Act, councils are required to follow a national minimum threshold for eligibility. This means that there is a single and consistent framework for determining whether a person's needs are eligible for public support. The level at which this is currently set, combined with the pressures on social care described above, has arguably been partly responsible for an increase in unmet and under-met need.

Age UK estimates[38] that there are 1.4 million older people who do not receive the help they need. This includes 164,217 people who need help with three or more essential daily activities (such as washing, dressing and going to the toilet) and who receive no help at all from either paid services or family and friends[39]. As a purely indicative figure, the LGA estimates that if councils were to support this group of 164,217 older people, £2.4 billion additional funding would be needed[40]. Looking to working age adults, and again purely as an indicative figure using estimates based on broad assumptions set out below, the LGA estimates that addressing unmet need amongst the 18-64 population would require an additional £1.2 billion[41]. Unpaid carers also experience unmet need. New research by Carers UK shows that one in seven carers (or those they support) received less care or support in the previous year[42].

Unmet (and under-met) need is bad for people and can lead to the worsening of their conditions, and the costs involved in meeting them. But more broadly, it is bad for our economy and can lead to a huge loss of economic input. As we set out above, supporting people's wellbeing plays an important role in helping

37 https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

38 https://www.ageuk.org.uk/latest-press/articles/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/

39 https://www.ageuk.org.uk/latest-news/articles/2018/july/1.4-million-older-people-arent-getting-the-care-and-support-they-need--a-staggering-increase-of-almost-20-in-just-two-years/

40 Our estimate of the cost uses Age UK figures as a starting point. We take their figure of 164,217 – the number of older people who receive no support with three or more essential daily activities – and assume support for those people based on the profile of existing support for older people in terms of home care and residential care. We then apply unit costs: for home care we cost 1 hour per day; for residential we cost a year of residential care.

41 We apply the same method used for estimating the cost of meeting unmet need amongst older people. However, as we do not have a starting number (equivalent to the Age UK figure of 164,217) we link to the number of working age adults currently receiving services. The number of working age adults supported is roughly 40 per cent of the number of older people supported so we apply that percentage to the Age UK figure and apply working age adult unit costs for home and residential care.

42 https://www.carersuk.org/images/Downloads/SoC2018/State-of-Caring-report-2018.pdf

people to be employed, to be active consumers and to be a support for relatives juggling work and family commitments.

Carers: our care system could not survive without the invaluable input provided by unpaid family carers. But as pressures mount on social care, carers shoulder an increasing strain and this impacts on their own physical and mental wellbeing. New research by Carers UK shows that 72 per cent of carers in England have suffered mental ill health (such as stress and depression) as a result of caring and 61 per cent had suffered physical ill health. A clear majority of carers believe their mental (57 per cent) and physical (58 per cent) health will get worse in the next two years[43]. When an unpaid caring role breaks down, everyone suffers and costs rise. The research by Carers UK also shows that one fifth of carers had not received a carer's assessment in the last year[44]. The LGA estimates that it would cost an additional £150 million to provide those assessments.

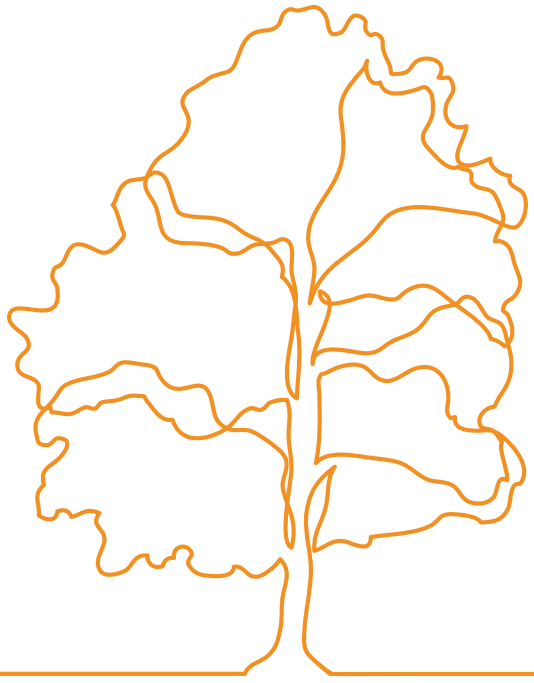
Workforce: like unpaid carers, the social care workforce is at the core of our care and support system. Its scale is significant.

> "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 1.58 million jobs. The number of full-time equivalent jobs was estimated at 1.11 million and the number of people working in adult social care was estimated at 1.45 million[45]."

43 https://www.carersweek.org/images/Resources/CW18_Research_Report.pdf

44 https://www.carersuk.org/images/Downloads/SoC2018/State-of-Caring-report-2018.pdf

45 https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf



But it too is under significant pressure. Skills for Care estimates that the staff turnover rate of directly employed staff working in social care was 27.8 per cent in 2016/17, approximately 350,000 leavers during the year[46]. This compares to average labour turnover across the economy of 15 per cent, and 13.4 per cent across local government direct employment.

The National Audit Office has shown that the "growth in the number of jobs has fallen behind growth in demand for care" and that, as we set out above, "The failure of formal care to meet this increased demand may have contributed to the growth in individuals' care needs not being met"[47]. This trend looks set to continue. Skills for Care forecasts show that if the social care workforce grows proportionally to the increase in the number of older people aged 75 and over, an increase of 44 per cent (700,000 jobs) will be needed[48].

This will be challenging. Directors of adult services believe increasing salaries for care workers is the most important factor in recruitment and retention, which will only increase pressures on budgets. Furthermore, pay rises of 29 per cent over the next three years for the lowest paid NHS staff across England will make the challenge even greater. Directors believe a similar pay rise for social care staff would cost an additional £3 billion a year[49]. But it is not simply a matter of money. As the National Audit Office has pointed out, care work – particularly lower level roles – suffers from negative perceptions and "is viewed by the public as low skilled and offering limited opportunities for career progression[50]"

In terms of the workforce directly employed by councils, social workers and occupational therapists are key regulated social care professionals in local authority social care departments responsible for ensuring the protection of people's human rights and promoting safety, inclusion and citizenship outcomes. Social work has one of the highest vacancy rates at 10.8 per cent and a staff turnover rate of 15.6 per cent, and only a third of social work graduates enter adult social care.

Escalating problems: more generally, the underfunding of social care and support results in people's wellbeing and outcomes deteriorating as their needs rise and go unmet. This can lead to increased loneliness or the worsening of long-term conditions and results in further demand pressures on the NHS.

CONSULTATION QUESTIONS:

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

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

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

46 https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf

47 https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf

48 https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf

49 https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

50 https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf

"Government has already done two of the three jobs we need it to do on social care. It has put in place an excellent piece of legislation – the Care Act – that could provide the right enabling framework for a generation. It has also put in place a trusted inspection system with public confidence. Its third task is to properly fund the system and that should be the primary focus of the green paper"

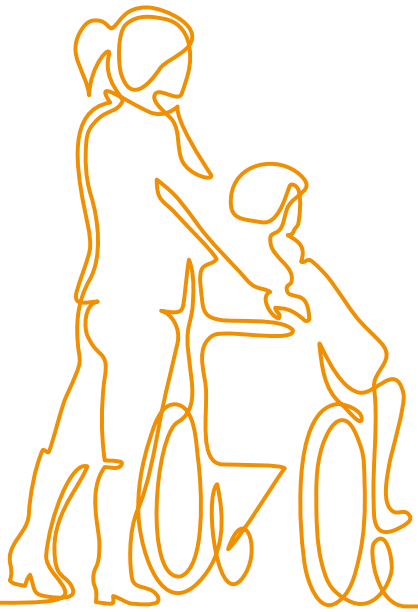
Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership

LGA think piece series, 2018

The Care Act: a legal foundation for care and support

Social care has already been reformed. Between July 2012 and April 2015, the wider social care sector – people with experience of using services, local government, the NHS, providers, the community, voluntary and social enterprise sector, think tanks, academics and the public – came together with Government to help shape a landmark piece of legislation and prepare for its implementation: the 2014 Care Act. This was a model for how laws should be made; collaboratively, with the voices of those who use services front and centre, and with our national politicians and government in genuine listening mode. It is not perfect, no legislation is. But it is close.

It puts people's wellbeing – broadly defined – at the heart of the Act and stresses the importance of preventing or delaying the development of care needs. It makes a clear link to integration with health in achieving both wellbeing and prevention. It promotes the development of a local provider market offering diverse and quality services for both self-funders and publicly-funded care. It puts unpaid carers on a par with those they care for and embeds person-centred care and personalised approaches to care through the care planning process. It promotes personal budgets and direct payments in order to give people choice and control over their care.



However, in spite of a deep commitment to the legislation, councils are increasingly struggling to even meet the 'letter' of the law. In a 2018 survey of adult services directors, just 34 per cent stated that they were 'fully confident' in meeting all of their statutory duties in 2018/19. The figure dropped to one in ten in 2019/20, with no director 'fully confident' of meeting all statutory duties in 2020/2151. We can and must do better.

Implementing Part II of the Care Act

Despite widespread support for the legislation, the Care Act has not yet been fully implemented, with the Part II reforms to introduce a cap on the amount people might have to pay and an extension to the financial means test limits still waiting to be enacted, partly due to the lack of funding for the system as a whole. The LGA supported the decision, arguing that the funding earmarked for a cap should be used to support the existing social care system before adding new duties and reforms on top of it. Full implementation of the 'Dilnot Cap' as set out in the Care Act is one of the reform options considered in the next section.

CONSULTATION QUESTIONS:

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

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

51 https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

4. The options for change

"There's a great deal for us to be worried about. The good news is that there's widespread agreement about an urgent need for action. There's political consensus that something must be done, but the question is what?"

Ben Page, Chief Executive and Anna Quigley, Director of Health Research, Ipsos MORI
LGA think piece series, 2018

Key points:

- Social care is becoming a greater public priority
- The public and politicians (local and national) support greater funding for social care
- People find the social care system complex and confusing, it is hard to understand, particularly for those facing the immediate pressures of requiring care and having to engage with a system they have never encountered before
- People worry about the costs of social care but are not making preparation for them and the rules are not clear
- Although it is hard to define, people want a greater sense of fairness within social care
- There are a number of options for making social care better
- Making these changes will require more funding. There are different ways of raising this
- Cross-party consensus or cooperation must be sought to secure a workable long-term solution

"The last 20 years have seen at least five independent reviews of social care funding and 12 white papers, green papers and consultations of one kind or another under five governments. It has been a story of delay, dashed hopes and disappointment."

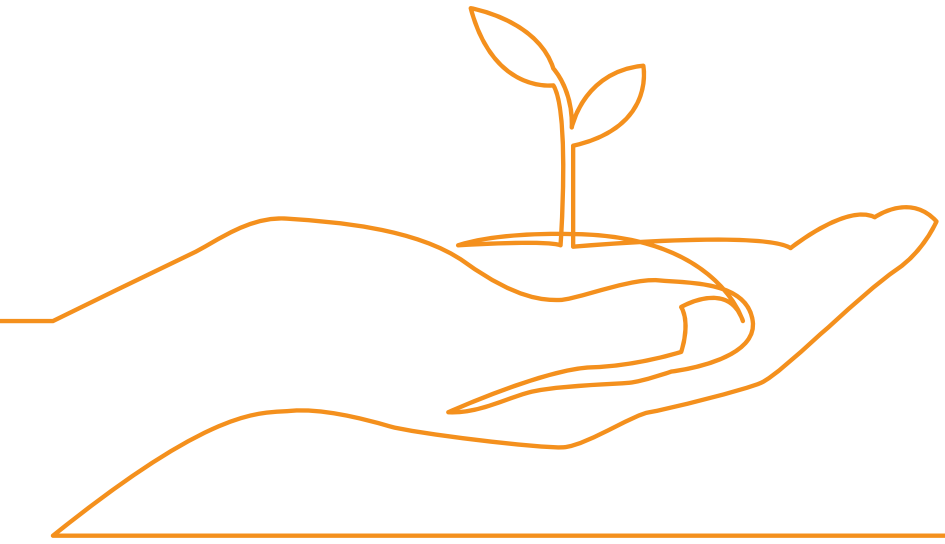
Richard Humphries,
Senior Fellow, The King's Fund
LGA think piece series, 2018

Why is it so hard to change?

Public support

Many of the most significant problems facing social care are primarily driven by a lack of funding, as set out in the previous chapter. Whilst the Care Act remains a widely supported broad legislative framework, more funding is needed to implement it fully. So why has it proved so hard for successive governments to deliver sustainable long-term funding for this crucial service?

The answer lies partly in how the public view social care, which is linked to the fact it is complex and hard to understand. Adult social care and support is not free for everyone. An individual who thinks they need support through adult social services is assessed by their council to identify their care needs and determine whether or not those needs are eligible. If they are, a separate assessment is made of the individual's financial circumstances to determine whether they must contribute to the cost of their care.



"The sad thing is none of us know when or if we will need people to care for us one day so it is vital that everyone is aware of the issues before it is too late to do anything about it" Vicki and Keegan's story

Two recent reports are extremely helpful in understanding the public's concerns: a recent Ipsos MORI report on attitudes to social care funding reform, prepared for the King's Fund and Health Foundation[52]; and a report by public participation charity, Involve, summarising the findings of a 'Citizens' Assembly' they held on behalf of the Health and Social Care Select Committee and the Communities, Housing and Local Government Select Committee[53].

- **A complex and confusing system:** People do not have a detailed understanding of social care services and are unsure about how to access them. Participants with experience of social care said the system was complex, bureaucratic and difficult to navigate. Forty-five per cent of Citizens' Assembly members selected an 'easily accessible' system in their top five principles for a reformed system. Thirty-eight per cent of assembly members put a 'simple clear' system in their top five.
- **Complex and unclear funding arrangements:** Unless they have experience of it, people have limited understanding of how social care funding works. Most people think social care is funded similarly to the NHS, through tax, or that an entitlement based on National Insurance contributions will be available. People with no or limited experience of social care are largely unaware that the system is means tested. Upon learning this, many are "shocked", as they had assumed there is a more generous offer for more people.
- **Transparency and fairness:** People want more transparency – both in terms of the costs of social care (individually and nationally), and in terms of being able to see where funding for social care is being raised and where it is being spent. On fairness, there are a range of views reflecting the different interpretations of what fairness is. These include fairness to older people who have paid taxes all their lives, fairness in protecting people's housing assets, fairness between different generations and fairness based on a person's ability to pay. In respect of private funding, people want an 'asset floor' below which an individual would not have to contribute to their care costs, as well as a 'cap' on the costs of care beyond which an individual would not have to pay. In terms of public funding, there is broad support for increases to Income Tax, a social insurance scheme (a stand-alone compulsory payment as a percentage of income paid by everyone aged 40 and over), and an extension of National Insurance to people working beyond state pension age.

52 https://www.ipsos.com/sites/default/files/ct/publication/documents/2018-06/public-attitudes-social-care-funding-reform-ipsos-mori-2018.pdf

53 https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/citizens-assembly-report.pdf

"Governments can no longer turn a blind eye and say we can't afford it... Government must step up to the plate and be honest with the electorate"
Sandy's story

This detailed work helps to explain the many examples of public polls which show that few people understand social care or how the system is meant to work. For instance, a 2017 Ipsos MORI poll suggested 63 per cent of people believed the NHS provides social care for older people, and 47 per cent believed social care is free at the point of need[54].

It is no surprise, given the difficulty of explaining how the existing system works, that governments have struggled to build the political momentum to make proper and long-term improvements to social care funding, when such changes would require tax increases or cuts to other services to pay for it. But that is no excuse. Public and political opinion is changing, and people who need care and support should not be asked to wait any longer.

That is why we are, as part of this consultation, undertaking further work with the public, building on the excellent studies above, to try and get a clearer sense of which changes are most important and acceptable to them.Read more on our website: **www.futureofadultsocialcare.co.uk**

CONSULTATION QUESTION:

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

Changing the system for the better

'Standing still' is not an option and never has been. This was certainly the message from the public in the Ipsos MORI and Citizens' Assembly work. And doing so would impact on people's wellbeing and destabilise the care and support system as we have set out above. Building on what we know the public thinks, and thinking about some of the consequences of repeated under-funding of social care that we would like to tackle, the following table summarises a range of key options set out in recent papers for how we might change social care for the better.

This draws on the excellent recent work by Age UK, the Health Foundation and King's Fund[55] and the joint select committee report, 'Long term funding of adult social care'[56]. The Health Foundation/Kings Fund and joint select committee reports compare a range of proposals, along with costings and the table below provides only a summary. For further details please see the links provided.

We have not included the option, set out in the Health Foundation and King's Fund report, of restoring levels of funding to 2009/10 levels. But it is worth noting that they estimate the costs of that at an additional £8 billion in 2021. All of the options below are compared to current funding and, consequently, current levels of access and quality.

54 https://www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018
55 https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf
56 https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf

The options set out in the table do not, in general, overlap, except that free personal care would mean there was no need for a cap on care costs. They would each help different groups, and are not limited to older people; people with life-long disabilities, or working age adults who acquire a disability, require sustainable funding for care and support in their own right.

In thinking about how we can make the system better there are two broad categories of changes to consider. The first, shaded in the table below, are primarily about making the current system work as intended and relate to implementing statutory duties fully. These would help stabilise the 'here and now', help address the consequences of underfunding as described above, and create a more solid foundation from which to deliver the second, unshaded, options in the table. These are additional proposals for change, which would help address the separate set of concerns identified above that are more to do with notions of fairness, complexity and transparency. They would signal a change to current requirements (although the 'cap and floor' would only require implementation of current legislation, not a new Bill).

The table projects estimated costs in 2024/25 but in considering the long-term future of adult social care we take a longer horizon; the system we build now must be fit for at least the next decade and beyond. In considering the changes we want to make, the question is therefore not simply about preferences for the short- to medium-term, but for the longer-term as well.

	CHANGE	RATIONALE	COST 2017/18	COST 2024/25
Funding existing requirements	**1. Pay providers a fair price for care** (LGA and many others)[1]	The stability of the provider market is central to the provision of high quality care and support that meets people's needs and helps keep people independent at home. Enabling councils to pay a fair price for care (based on cautious industry estimates of what is needed) would help prevent providers ceasing trading and/or handing back contracts, and help to prevent a 'two tier' system between publicly funded care and privately funded care.	£1.44 billion	£1.44 billion
	2. Make sure there is enough money to pay for inflation and the extra people who will need care (LGA and many others)[2]	Without funding for core pressures, unmet need is likely to continue to grow, pressures will build on the provider market and its workforce, and the impact on unpaid carers will continue to increase.		£2.12 billion
	3. Provide care for all older people who need it (based on estimates of unmet need amongst older people by Age UK)[3]	Tackling unmet need amongst people with care needs, would help maintain people's independence and prevent the deterioration of people's conditions and would help allow informal carers to continue their caring role.	£2.4 billion in addition to 1 and 2 above	£3.6 billion, in addition to 1 and 2 above
	4. Provide care for all people of working age who need it (estimates based on broad assumptions set out below)[4]	As above	£1.2 billion, in addition to 1 and 2 above	£1.4 billion, in addition to 1 and 2 above
Reforms to extend entitlements	**5. 'Cap and floor'**	A cap on the maximum costs an individual could face, along with a more generous lower threshold in the financial means test, would protect people from 'catastrophic costs' and more of their asset base. The cost depends entirely on where the cap and floor are set. The Health Foundation and King's Fund modelled costs based on a cap at £75,000 and a floor at £100,000 (as per Conservative proposals at the 2017 General Election)[5]		£4.7 billion[6], in addition to 1 and 2 above
	6. Free personal care (Health Foundation/ King's Fund and Health and Social Care/ Housing, Communities and Local Government select committees)[7]	Free personal care would improve access to social care by removing the current means test and help people to remain independent at home. It would apply to everyone who needed care. Decisions would be required on the level at which the offer applied and what would count as 'personal care'. Accommodation costs – including in residential care – would continue to be the individual's responsibility.		£ 6.4 billion[8], in addition to 1 and 2 above

Please see page 86 for table footnote references

ESTIMATED BREAKDOWN OF 2016/17 GROSS ADULT SOCIAL CARE SPENDING

None of these options removes the need for continued innovation, improvements in efficiency and practice, and joint working with other local services. Indeed, part of the solution may be an innovation and scaling fund to help drive best practice to a wider audience.

Nor should we forget that people exercise responsibility and control over maintaining their own health and wellbeing. They have a right to expect accessible and effective advice, information and support provided by councils, health services and community and voluntary organisations to enable them to make healthy choices and maintain their health and independence. Ultimately, it is the individual's choice to take the steps towards health and wellbeing, though this will become increasingly important over time to help manage the growing pressures of an ageing population living with more long-term conditions. As set out further in Chapter 5 below, councils – with their civil society partners – are ideally placed to support people in this process because of their central role in public health and wider wellbeing services.

CONSULTATION QUESTIONS:

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

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

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

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

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

How to pay for these changes

All of the options set out above cost a great deal of money. Despite the fact many people already pay for their own care, even maintaining the current system as it is now will cost more over time due to rising demand and inflation. Current arrangements which pay for publicly-funded adult social care are already complex: mainly resourced through a mix of national government funding (general and specific grants), local government funding (business rates and council tax) and individuals' own contributions (through charges). The chart below sets this out and excludes self-funders, covering just publicly-funded care. The majority of adult social care funding is not ring-fenced.

Increasing public investment in social care will require difficult political choices, especially when they are in addition to the promise of £20 billion a year additional funding for the NHS. But there

is public support for this. Recent public polling consistently demonstrates that the British public are proud of the NHS and want to see funding for it increase, even if that means paying more tax. We are starting to see similar consensus on the need for more funding for adult social care. This reflects a shift in public opinion over time about the reality and priority of social care funding.

- In the latest King's Fund quarterly monitoring report of changes and challenges facing health and social care, 'social care' was selected by NHS trust finance directors as the highest priority for investment of the new NHS funding.[57]
- 82 per cent of respondents to a 2018 NHS Confederation survey said that they support increasing public spending on social care by 3.9 per cent a year – compared to 77 per cent who support increasing healthcare spending by a similar amount (4 per cent).[58]
- In a 2017 Ipsos MORI poll, 71 per cent of respondents said that they would support an increase in income tax to pay for adult socialcare.[59]
- In a 2018 Ipsos MORI poll, four out of 10 named community and social care services as one of their top three priorities for any new funding – more support even than for routine surgery and primary care, and outstripped only by support for mental health services and urgent and emergency care.[60]
- A recent ComRes poll commissioned by the LGA found that 84 per cent of MPs and 81 per cent of Peers agree that additional funding should go to councils' social care budgets to tackle the funding crisis.
- Recent LGA public polling[61] suggests that 87 per cent of the public agree that councils should be given additional central government funding to deal with the funding gap in adult social care.
- A 2018 LGA poll of council leaders and social care cabinet members suggests that 96 per cent believe there is a major national funding problem in this area. 89 per cent said taxation must be part of the solution to securing the long-term sustainability of care and support.[62]

There has been considerable helpful recent debate about the different ways additional funding could be raised. They have included taxes on income, on property wealth, and cuts to other public spending. The table below summarises the key proposals which have been set out in public, drawing largely on previous reports, and the amount of money they are estimated to raise. We have conducted work to provide a broad estimate of the amount raised by the different options in 2024/25 (where others' work uses a different timescale) to ensure consistency between the figures used in the tables on page 54 and 58-59.

57 https://www.kingsfund.org.uk/publications/how-nhs-performing-june-2018

58 http://www.nhsconfed.org/news/2018/06/british-public-backs-increase-in-social-care-spending

59 https://www.ipsos.com/ipsos-mori/en-uk/majority-support-income-tax-rises-increase-funding-available-adult-social-care

60 http://nhsproviders.org/public-attitudes-to-health-and-care-new-nhs-providers-polling

61 ComRes surveyed 155 MPs (56 Conservative, 75 Labour, 12 SNP and 12 Other) and 103 Peers (30 Conservative, 40 Labour, 15 Liberal Democrat and 18 Crossbench/other) using a combination of paper and online surveys between 23 October 2017 and 11 December 2017. The key aims of this research were to track advocacy and efficacy against a comparator set of organisations; and measure attitudes towards local government funding and powers.

62 https://www.local.gov.uk/about/news/nine-ten-councils-say-national-taxation-key-solving-adult-social-care-funding-crisis

There are, of course, other broad options. For instance, during the 2017 General Election, the Conservative Party proposed aligning the means-test for domiciliary care with that for residential care[63] so that the value of a person's home would be taken account of along with other assets and income. Linked, they proposed extending deferred payments[64] to domiciliary care.

Some organisations have suggested that Attendance Allowance[65] and other benefits that support the same group of people could be reformed. For instance, the Barker Commission proposed repurposing Attendance Allowance as part of a new 'care and support allowance' to help meet lower levels of need. It could also be means tested. Roughly £5.5 billion a year is spent on Attendance Allowance, although some people spend their allocation on their care needs and others are charged against it so the full amount would not be in scope. More broadly, some people may argue that reprioritising Government expenditure is called for and it is of course in the national interest that we root out tax avoidance to ensure the Exchequer has the full extent of revenue it is owed by individuals and organisations. HMRC estimate that more than £30 billion of tax goes uncollected each year[66]. The default position, if additional funding is not raised by the above options or others, would be continued cuts to other local council services to protect adult social care, as we have described above.

CONSULTATION QUESTIONS:

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

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

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

The LGA is not suggesting a preferred option. However, we are clear that a mix of solutions is likely to be required, both to reflect the scale of the funding challenge we face, which will continue to grow over time, and to reflect different individuals' and different generations' particular circumstances.

63 https://s3.eu-west-2.amazonaws.com/conservative-party-manifestos/Forward+Together+-+Our+Plan+for+a+Stronger+Britain+and+a+More+Prosperous....pdf

64 A deferred payment is an arrangement in which a council will (subject to eligibility criteria) pay for an individual's care home costs and recover those costs at a later point once the person's home is sold.

65 Attendance Allowance helps with personal support costs if you have a physical or mental disability and are aged 65 and over. It is paid at two rates, depending on the level of care you need (£57.30 or £85.60 a week). Unlike social care, it is not currently means-tested.

66 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715742/HMRC-measuring-tax-gaps-2018.pdf

OPTION	FURTHER DETAIL	AMOUNT RAISED (based on other organisations' reports	AMOUNT RAISED 2024/25 (estimate)
Means-testing universal benefits (2017 Conservative Manifesto)	Means testing and/or better targeting of winter fuel payments and free TV licenses (ie limiting these benefits to people on pension credit)	Means testing winter fuel payments would raise £1.8 billion (2020/21)[9]	£1.9 billion[10]
Social Care Premium (Health and Social Care and Housing, Communities and Local Government joint select committee report)[11]	An earmarked contribution to which individuals and employers should contribute (such as an addition to National Insurance or another mechanism). Under 40s to be exempt and those beyond the age of 65 should contribute. Consideration to be given to a minimum earnings threshold to protect those on lowest incomes. This could be similar to a social insurance model. This could be voluntary or compulsory with different options for paying in – ie weekly, monthly, on retirement, deferred and paid from a person's estate. It could be private or state backed.		If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25 This is a purely illustrative figure and would not be the cost to individuals if the premium was attached to National Insurance given that a person's employment status and/or how much they earn determines the amount they contribute to National Insurance. in 2024/25[12]
1 per cent on Income Tax (Health Foundationand King's Fund and reproduced in joint select committee report)[13]	Basic	£3.8 billion (2020/21) £5.1 billion (2030/31)	£4.4 billion[14]

OPTION	FURTHER DETAIL	AMOUNT RAISED (based on other organisations' reports	AMOUNT RAISED 2024/25 (estimate)
	Higher	£1.3 billion (2020/21) £1.8 billion (2030/31)	£1.5 billion
	Top rate	£400 million (2020/21) £900 million (2030/31)	£450 million
1 per cent on National Insurance (Health Foundation and King's Fund and reproduced in joint select committee report)[15]	All rates	£9.1 billion (2020/21) £12 billion (2030/31)	£10.4 billion[16]
	Extend beyond retirement age given the increase in the number of people working beyond retirement age	£1 billion (2020/21) £1 billion (2030/31)	£1.1 billion
	Extend to some elements of pension income (Resolution Foundation – note this was presented as an option for funding an NHS spending increase)[17]	£2.5 billion (2022/23)	£2.6 billion[18]
1 per cent increase in council tax			£285 million[19]
Charging for accommodation costs in Continuing Health Care (Barker Commission)[20]	Means testing accommodation costs for people who receive continuing health care in a residential setting.	£200m estimate at the time the Barker review was published	£200 million

Please see page 86 for table footnote references

Beyond this, there are other tests we may wish to apply to judge the relative merits of any solution/s the Government puts forward in its green paper. These might include, for instance:

- **Wellbeing:** do the solution/s help advance the core aims of improving and supporting people's wellbeing, putting the individual at the centre of their care and support, and investing in the social and economic outcomes of our communities?
- **Fairness:** to what extent, and in what ways, do the solution/s help achieve a greater level of fairness for people? Do we understand the overall impact of the whole package of changes on different groups?
- **Sufficiency:** how much does the proposed solution/s raise in the short, medium and long-term? How does this compare to the costs of the type of options for change set out above?
- **Sustainability:** can we be confident that the funding is sufficient over time? If it is sufficient on day 1, will it be sufficient on day 2, day 100, day 1,000, and so on?
- **Clarity and transparency:** are the solution/s easy enough to understand and will they allow for clear lines of accountability on spending decisions?
- **Subsidiarity:** can national-level reforms be led as close as possible to the individual they are designed for?

CONSULTATION QUESTIONS:

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

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

Cross-party political co-operation

> "Whatever colour your rosette, I urge all politicians to come together and unite around the common aim that got us into politics in the first place: to improve our communities and the lives of the people who live within them."
>
> **Baroness Margaret Eaton DBE DL**
> LGA think piece series, 2018

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

Creating a constructive space in which the real issues and the full range of possible solutions can be debated could pave the way for a shared and concerted effort to raise awareness of social care with the public. This might include, for instance, an agreed cross-party narrative on why adult social care matters, how the system works, the challenges it faces, the level of funding required in the sort, medium- and long-term, and the types of options that are most likely and realistic to raise that level of funding.

This is not an impossible task. The recent joint report on long-term funding for adult social care by the Health and Social Care and Housing, Communities and Local Government select committees was a coming together of 22 MPs across four political parties. They reached consensus – not just in terms of articulating the problem but also in identifying, and crucially backing, a set of solutions for a way forward. Through this process, the LGA is seeking to develop a similar position, with similar cross-party support.

5. Adult social care and wider wellbeing

"Doctors and nurses can treat illness, but they cannot deliver health. Only healthy local communities can do that – and that is the role of local government."

Rt Hon Stephen Dorrell, Chairman, NHS Confederation
LGA think piece series, 2018

Key points:

- Tackling the full extent of future demand requires a shift in focus and a far greater emphasis on prevention and early intervention
- Public health has a fundamental role to play in this – investing in public health helps to deliver the wider prevention agenda that is critical to our health and care system overall
- Council services – including those provided by district councils – support people's wellbeing, as do those of councils' many local partners

As we have set out, adequately funding social care is a key part of the solution for a more secure long-term future for health and wellbeing. But if we are to really tackle the full extent of future demand with quality services we need to refocus our efforts on intervening earlier and preventing needs developing in the first place (or slowing their escalation). This is better for people and better for the public purse. Promoting healthy choices, protecting health, preventing sickness, intervening early to minimise the need for costly hospital treatment, supporting people to manage their own conditions or 'self-care', or providing support to unpaid carers requires the input of many council services and many of councils' local partners.

"We need to recognise that good support now will prevent more expensive hospital stays down the line" Lucy's story

The role of public health

The public health challenge in numbers…

Two thirds of adults and a quarter of two to 10 year olds are overweight or obese. Treating the consequences of obesity costs £5.5 billion to the health and social care system and has significant impacts on the quality of lives of people.

The proportion of adults who are overweight or obese is predicted to reach 70 per cent by 2034.

Alcohol-related crime accounts for about 920,000 violent incidents each year – accounting for 47 per cent of violent offences committed. The total annual cost to society of alcohol-related harm is estimated to be £21 billion. The NHS incurs £3.5 billion a year in costs related to alcohol.

Trips and falls cost the NHS more than £2 billion each year, with a 35 per cent increase in acute care costs in the year following a fall.

Loneliness and social isolation are as damaging to our health as smoking 15 cigarettes a day.

Local government is unanimous in its support for taking leadership of public health and working with local partners to achieve shared priorities. Councils are committed to making a difference to the lives of people in local communities by helping them live longer, healthier and more fulfilling lives. But this can only be achieved if we do things differently and resource public health services appropriately as part of wider investment across the system to help embed community-based prevention at all key points, including social care, the NHS and the voluntary sector.

In the 21st century, a huge part of the burden of ill health is avoidable. About a third of all deaths are classed as premature – that is they could have been prevented by lifestyle changes undertaken at an earlier time of life. The World Health Organization (WHO) estimateS that almost one third of the disease burden in industrialised countries can be attributed to four main behaviours: smoking, alcohol intake, poor diet, and lack of physical activity.

Without investment in prevention and early intervention, we will only ever see a continuation of the current vicious circle in which inadequate investment in these areas puts increasing pressure on hospitals, which then attract scarce resources. To put it another way, we need to tackle the cause of the pressures on hospitals and their budgets, not just keep treating the symptoms. Adequately resourcing public health is a sound investment precisely because it helps deliver the wider prevention agenda that is critical to the stability of our care and health services.

But when considering the cost of that illness it is not just the bill for treatment and care that should be taken into account. The economic consequences of premature death and

preventable illness are considerable, too. These can include loss of productivity in the workplace and the cost of crime and antisocial behaviour.

This is not a new argument. In 2002, the Wanless Report[67] put forward a strong case for investing more in public health, estimating that effective public health policy could save the NHS £30 billion a year by 2022/23. The report warned that, without investment in preventing ill health and changing our model of care services, the NHS would be financially unsustainable by 2014. This has come to pass. Spending on NHS care has more than doubled from £61 billion in 1994/95 to over £140 billion in 2016/17 (at 2016/17 prices)[68]. And even this has not been enough. Latest performance information from NHS Improvement shows that, for the year ending 31 March 2018, providers reported an aggregate deficit of £985 million. This was worse than both the forecast deficit at 2018/18 quarter three (£931 million) and the deficit in the previous financial year (£791 million)[69].

> "If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness"
>
> **NHS Five Year Forward View, 2014**

Councils are thinking creatively about their public health responsibilities and asking the central question: how do we use all of our resources for council-commissioned or provided services (and not just the modest ring fenced budget) to improve the health of our residents? This discussion is leading councils to think differently about how they affect the wider determinants of health and challenge established ways of working. Where services are not delivering value or significant outcomes they are being decommissioned and replaced by services that can deliver on local government's huge ambitions for local people.

The LGA has consistently highlighted that the potential contribution of public health is being undermined by funding constraints. Services and interventions that are vital for improving population health are not being implemented, or are being cut back, risking the future sustainability of the NHS. Council leaders have expressed particular concern that recent budget reductions will result in public health services that are inadequate for meeting the needs of the local populations they serve. And they have long warned that planned cuts by Government of £600 million between 2015 and 2020 are counterproductive and will only exacerbate the problems facing the NHS and social care.

CONSULTATION QUESTION:

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

67 http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publichealth/Healthinequalities/Healthinequalitiesguidancepublications/DH_066213

68 HM Treasury Public Expenditure Statistical Analyses 2017

69 https://improvement.nhs.uk/documents/2852/Quarter_4_2017-18_performance_report.pdf

The role of other council services and those of local partners

As we have outlined already, council services make an important contribution to supporting people's wellbeing in the broadest sense. Within councils' highways and transport services for instance, close on £2.2 billion is spent on road maintenance, street lighting, traffic management and road safety, parking and concessionary fares, which all help create environments that are accessible and safe. Further spending totally nearly £2.1 billion is spent on councils' culture and related services, such as culture and heritage, recreation and sport, open spaces and library services. Such services help provide opportunities that get people out and about in their local communities. £332 million is spent on regulatory services that ensure high standards in trading, water safety, food safety and noise and nuisance protection. £266 million is spent on community safety measures and nearly £4.3 billion is spent on street cleaning, recycling and waste collection and disposal, creating communities that are safe, clean and accessible.

As the Association for Public Service Excellence has said:

> "The provision of high quality local neighbourhood services has a positive impact on the perception of an area, encourages physical activity in a community setting and fosters a sense of wellbeing with citizens. High quality neighbourhood services are complementary to social care, health services, police and fire services, education and housing. All other services thrive better in neighbourhoods that are deemed to be well managed, clean and safe.[70]"

It is precisely these sort of universal services that have been cut deeper to protect adult social care. To reiterate an earlier point, sorting out the long-term funding of social care therefore goes hand-in-hand with sorting out the long-term funding of services that play an essential role in creating communities we want to live in and which support our wider wellbeing. This includes the many vital frontline services commissioned and delivered by district councils that significantly impact the wider determinants of health and mitigate pressure on primary and social care. Of particular note are housing adaptations which help keep people out of hospital and allow them to return home safely in cases where time in hospital is required.

70 http://www.apse.org.uk/apse/assets/File/Neighbourhood%20Services%20(web).pdf

CONSULTATION QUESTIONS:

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

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

District councils are an equally important part of the equation when it comes to designing a system-wide focus on community-based prevention.

Housing more generally is a key component of health and care and the foundation upon which people, including those in vulnerable circumstances, can achieve a positive quality of life. The impact of poor housing on health is similar to that of smoking or alcohol and costs the NHS at least £1.4 billion a year, as well as creating housing worries that can end in homelessness for too many families[71].

The lack of available and appropriate general needs, social and private housing is putting pressure on supported housing provision, which provides a vital bridge between housing, support, care and health. Supported housing reduces cost pressures on public services by keeping people out of more costly health and care settings and providing the necessary support to address issues that might otherwise prevent independent living. Around £2.05 billion is spent on support and care services for people living in supported housing[72].

This comes from a variety of sources, including council adult social care and housing and homelessness funding.

It is not just councils that help support people's wellbeing. There are an estimated 36,000 voluntary, community and social enterprise (VCSE) organisations that support and provide health and social care services. The vast majority (nearly 90 per cent) are small, community-based organisations supported by an estimated three million volunteers[73]. This is an essential sector but one which faces its own pressures as demand for its services rises but state funding is constrained. This pressure is felt all the more by organisations that have relied, in part, on grants and contracts for their local councils, further reducing the impact of the local voluntary sector[74]. A sustainable voluntary sector is therefore a key component of wellbeing. As the Richmond Group of charities notes:

> "Funding for interventions and services that provide vital support for people with long-term conditions or that tackle our serious public health challenges needs to be more sustainable – moving away from the current situation in which as soon as public finances get tight, effective voluntary and community sector approaches get cut[75]"

71 https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

72 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655990/Funding_supported_housing_-_policy_statement_and_consultation.pdf

73 https://www.kingsfund.org.uk/sites/default/files/2018-02/Commissioner_perspectives_on_working_with_the_voluntary_community_and_social_enterprise_sector_1.pdf

74 https://www.thinknpc.org/publications/boldness-in-times-of-change/

75 https://richmondgroupofcharities.org.uk/sites/default/files/final_aw_5902_the_richmond_group_a4_10pp_report.pdf

6. Adult social care and the NHS

Key points:

- Our care model must change so that people experience it as a seamless package of care and support to address their specific needs and aspirations, helping them to live independent and fulfilling lives.
- Integration is not an end in itself but a means of improving health and wellbeing outcomes for individuals and communities, improving the planning and delivery of services and making the best possible use of resources
- The Better Care Fund has been a driver for joined-up planning but it should be locally-led by health and wellbeing boards
- Local government provides vital local leadership and democratic accountability. This must be harnessed, particularly through strengthened health and wellbeing boards, to address the democratic deficit in the NHS
- Council and health leaders are also best placed to drive improvement at the local level. The LGA, working with national partners, is committed to supporting local areas to improve and spread good practice.
- Extracting maximum value from the new NHS funding requires priorities to be set at the local level, with minimum top-down influence from government and the NHS nationally

Adult social care and health working together

'Integration' is not an end in itself but a means of achieving the triple aims of: improving health and wellbeing outcomes for individuals and communities; improving the planning and delivery of services; and making the best possible use of health and council resources. Neither is integration a panacea for the financial challenges of the health service and local government. Joining up care and support and intervening and offering early support to keep people well is a more efficient use of resources but efficiency alone is not enough to ensure the long-term sustainability of the health and care system.

The primary role of central government and national bodies in integration is to support and enable local leaders by removing the financial, cultural and structural barriers which prevent them acting for the good of their population, rather than the good of their own organisations. However, there has been increasing pressure from central government and the NHS at national level to direct integration and narrow its focus to reducing pressure on acute hospitals. In particular, the Better Care Fund (BCF)[76], originally intended as a spur to local leaders to create their own shared plans for joined up community based services, has been used as a tool of performance management.

The introduction of a new requirement in October 2017 for local BCF plans to comply with national targets for delayed transfers of care, or risk national direction or a review of their allocations, was a step too far in central influence. Developments such as these have,

76 The Better Care Fund was announced by the Government in the June 2013 Spending Round. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people. For further information, visit: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund

in many areas, undermined local partnerships rather than supported them.

The LGA continues to support the original intentions of the BCF[77]. Local leaders should have freedom to develop their own plans to promote integrated services, with national government playing a supportive and enabling role. But a number of factors, including financial challenges facing health and social care and the increase in national direction of local BCF plans, are identified as major barriers to greater joined up working. A recent LGA survey of council leaders and cabinet members for adult social care asked them to select the single biggest barrier to integration out of a list of ten possible choices. The top four barriers were identified as:

- Financial challenges (33 per cent)
- National direction and pressure to meet national targets (15 per cent)
- Workforce challenges (11 per cent)
- Lack of agreement between health and care leadership (10 per cent)

While local leaders can do their best to use the resources they have to support local joined-up working, there is a clear demand for national government to provide sufficient funding to support integration and give local leaders the space to develop and deliver their own plans.

If this cannot be achieved, the BCF should be reformed with resources going directly to councils and deployed according to locally agreed plans overseen and assured by health and wellbeing boards.

CONSULTATION QUESTION:

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

Joining up support around the person

The primary purpose of integration is to provide better and more effective care and support to people, enabling them to live more fulfilling and independent lives. Professionals across health and care working together to join up or coordinate services undoubtedly improves people's experience of services. But on its own it is not sufficient to deliver personalised care. To make real progress on this ambition, we need to put the person at the centre of our planning and for professionals to work with them to identify what they most value in their lives and how we can enable them to achieve it.

Personalisation is not a new concept in social care. For well over a decade, adult social care has worked with people who use services to design and recommission services to ensure that they have more choice and control. Through the Think Local Act Personal (TLAP) partnership initiative, local government and partners have committed to transforming health and social care through personalisation and community-based support.

77 The Better Care Fund was announced by the Government in the June 2013 Spending Round. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people. For further information, visit: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund

The 'Making it Real' (MiR)[78], framework developed by TLAP in partnership with people who use services and carers, describes the outcomes that genuinely personalised care and support should achieve in delivering more choice and control.

The MiR approach uses first person 'I' statements or 'progress markers' to express what service users and carers would expect to find, if personalisation is working and supporting them to be active, healthy citizens. A review by TLAP of the MiR approach demonstrated that those councils who have signed up and completed their MiR action plans:

- have a greater increase in the numbers of people who use direct payments
- have higher satisfaction levels of people who feel they have control over their life
- have provided more support to carers.

Local government has shown that personalised care at scale is possible. For example, over 500,000 people have a personal budget of whom 154,000 people have a direct payment or part-direct payment[79] in order to purchase the support they need.

Though it originated in adult social care, personalisation is now a central principle of health care as demonstrated by The Five Year Forward View[80] which recognised that many people have the knowledge, skills and confidence to manage their mental and physical health and wellbeing and want to make choices and have control of the care and support they receive. The LGA has worked with NHS England to develop the Integrated Personal Commissioning programme to spread joined-up and personalised care across health and social care, focusing on shared decision making; personalised care and support planning; enabling choice, including legal rights to choice; social prescribing and community-based support; supported self-management and greater access to personal health budgets and integrated personal budgets.

We support the commitment to ensuring that whole-person integrated care is a founding pillar of a future care and support system[81]. A sustainable approach to health and social care must have personalisation at its heart. Not just because this is what people want, but also because it has the power to transform the way professionals work with people and the way the system works, and this can help to transform lives.

78 Making it Real website (which includes support materials, case studies, films and examples of Making it Real action plans): www.thinklocalactpersonal.org.uk/Browse/mir

79 NHS Digital (2016), Adult social care activity and finance report, England 2016-17 – table T27 Available online: https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/adult-social-care-activity-and-finance-report-england-2016-17 (accessed 7 June 2018)

80 NHS England (2014), Five Year Forward View. Available online: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf (accessed 3 June 2018)

81 https://www.gov.uk/government/speeches/we-need-to-do-better-on-social-care

All of this will necessitate identifying the new roles and skills which will be needed in the system and funding for sustainable skills development. For instance, it may be worth exploring ways in which the new apprenticeship levy can be used more flexibly to help here but other funding will be needed given the anticipated demand for carers.

Local government, local leadership

Local government leadership is highly effective in driving forward an inclusive, place-based approach to improving health and care services and outcomes. Though only two integrated care systems[82] are led by local council senior officers, they have demonstrated how local government can firmly embed plans to transform health and wellbeing into the wider local landscape. Local government is able to use its direct connections with communities through its democratic mandate to have honest and inclusive conversations about the rights and responsibilities of citizens with regard to their health and wellbeing. And it can also link community-based health and wellbeing services to existing community-based services, which are easily accessible to and trusted by people.

A good example of this is the Nottingham and Nottinghamshire Integrated Care System, which is led by David Pearson, Director of Adult Social Care, Health and Public Protection at Nottinghamshire County Council. It has worked closely and inclusively with its communities, workforce and partners to develop a plan that is very much grounded in the promotion of health and wellbeing, prevention, independence and self-care, through supporting community resilience and capacity building. It also recognises the vital need to strengthen primary, community, social care and carer services and the role of housing in supporting wellbeing. The fact that Nottinghamshire was selected as one of the first 10 integrated care systems is evidence that local government leadership is effective in developing a strongly inclusive place-based approach.

Accountability in the NHS

Public polling shows that people trust local councillors more than national politicians to make the right decision for their area. However, the NHS is accountable upwards to the Government, through NHS England, rather than outwards to its communities, through local councillors. The 2012 Health and Social Care Act went some way to addressing the democratic deficit in the NHS by creating health and wellbeing boards (HWBs). The boards are an equal partnership of political, clinical, professional and community leaders, with powers and duties to develop their own place-based strategy for improving the health and wellbeing outcomes of the population. HWBs are variable in their impact and influence. The front runners have undoubtedly driven local plans to develop a new approach to health and wellbeing, which invests in promoting wellbeing, early help and support delivered through joined-up community-based services and advice and information to help people manage their own health. However, not all HWBs have been effective in leading the transformation of health and care services. The LGA continues to support HWBs to ensure that they have an impact on the health and wellbeing of their communities and lead the transformation agenda.

82 Integrated care systems are a new type of even closer collaboration in which NHS organisations, local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Yet the democratic deficit in the NHS continues, in part due to the disconnect between HWBs and Sustainability and Transformation Partnerships (STPs), set up in 2015 to deliver the NHS Five Year Forward View. Though the LGA supports the intentions of STPs, the way in which they have been implemented in many areas has largely excluded existing democratic processes and has failed to engage councillors or communities in developing plans to transform services. In a recent LGA survey of council leaders and cabinet members for health and social care were asked about the extent to which they were making progress with various partners on integration in their local area. The responses are summarised below:

TO WHAT EXTENT ARE YOU MAKING GOOD OR MODERATE PROGRESS ON INTEGRATION WITH YOUR PARTNERS?

- Council – 87 per cent
- Health and wellbeing board – 84 per cent
- Clinical commissioning group – 81 per cent
- NHS providers – 72 per cent
- Integrated care system – 54 per cent
- Sustainability and transformation partnership – 48 per cent
- NHS England – 26 per cent

It is clear that council leaders and lead members feel strongly that local councillors working with their health commissioning and provider partners are best placed to lead integration, with only 48 per cent reporting good or moderate progress in working with STPs. This is a serious cause for concern as STPs have been given the leadership of place-based integration within the NHS. Unless HWBs are given additional powers they will continue to be bypassed by STPs and people will remain unclear about how decisions are taken within the NHS at the local level. Strengthening the role of HWBs could take various forms:

- STPs could be required to engage with HWBs in the development of STP plans
- HWBs could be given a statutory duty and powers to lead the integration agenda at the local level
- HWBs could assume responsibility for commissioning primary and community care

CONSULTATION QUESTIONS:

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

26. Do you think the role of health and wellbeing boards should be strengthened or not?

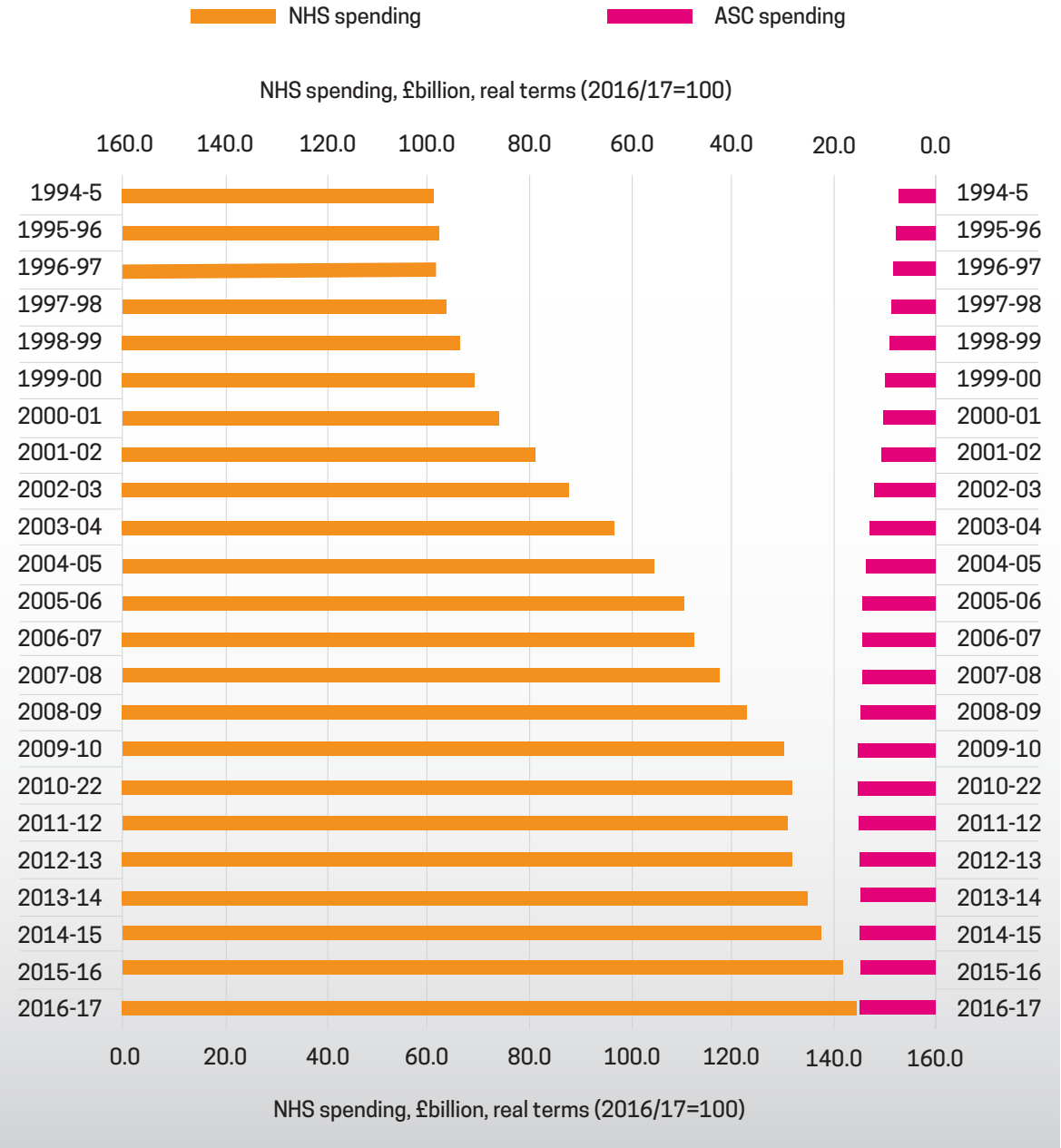
27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?

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

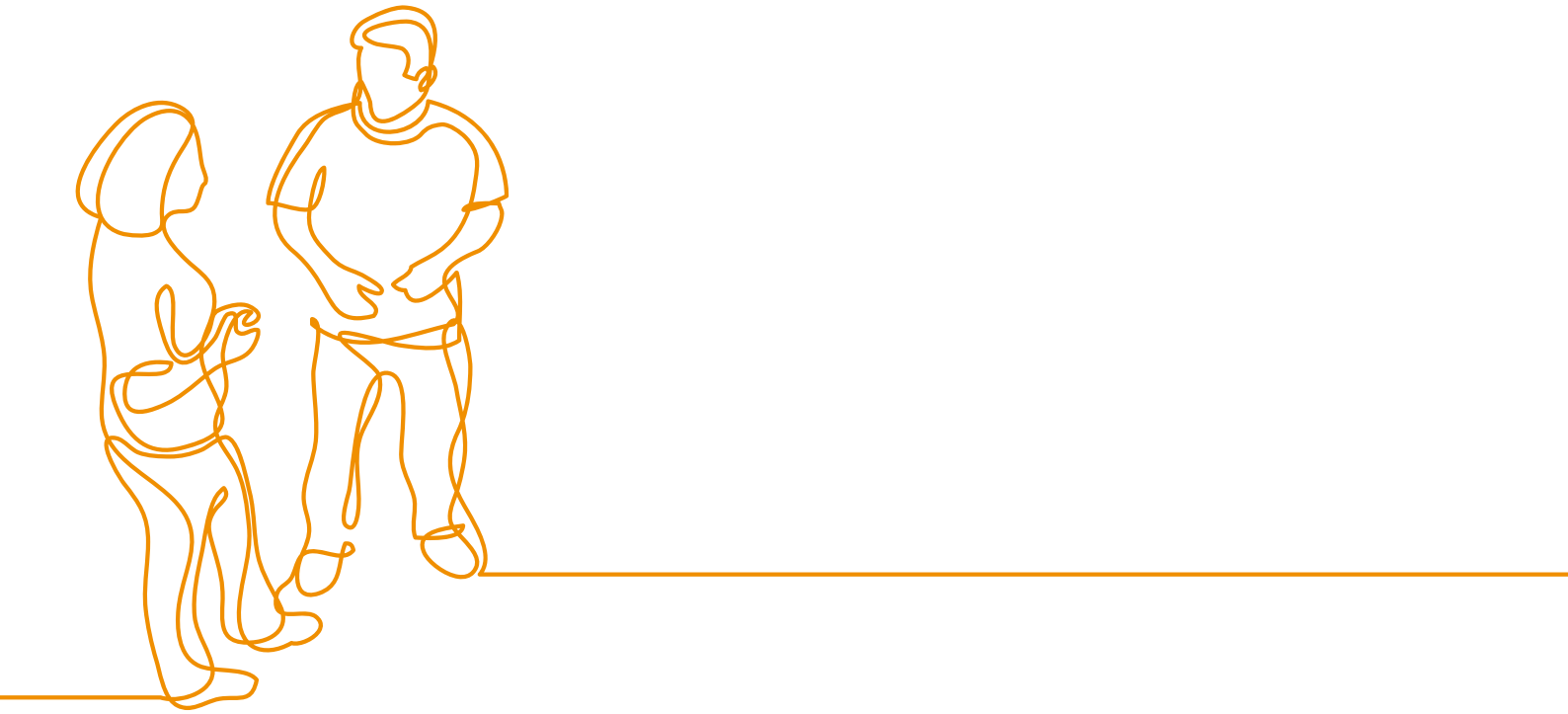
New NHS funding – how it can benefit the system

Historically as a nation we have spent far more on the NHS than on adult social care, as the following chart shows.

NHS AND ADULT SOCIAL CARE SPENDING 1993-2017



Source: HM Treasury Public Expenditure Statistical Analyses 2017 and NHS digital data on adult social care spending, multiple years



Bringing about the shift from treating conditions to maximising wellbeing requires rethinking how additional resources are used to best effect. The NHS has been promised significant additional new funding, rising to £20.5 billion by 2023/24, an average of 3.4 per cent growth over the next five years. The linked NHS ten year plan is an opportunity to set out how our health service will develop over the next decade as part of efforts to ensure a world-class NHS. That aspiration can only be achieved if the NHS plan, and the new NHS funding, is used to best effect. But that assumes that the new NHS funding is sufficient and many commentators have already questioned this. For example, the Institute of Fiscal Studies and Health Foundation suggest that "spending on healthcare will have to rise by an average 3.3 per cent a year over the next 15 years just to maintain NHS provision at current levels, and by at least 4 per cent a year if services are to be improved"[83].

Similarly, NHS Providers have warned that "filling the gaps that have opened up in the health service after almost a decade of austerity will account for much if not most of the new money"[84]. If such commentators are right, we run the risk of yet again using scarce new resources to manage demand pressures on our hospitals. This would be a missed opportunity to bring about more fundamental change and ensure maximum value is extracted from the £20 billion. Maximum value of the new funding should be defined at the local level, with minimal top-down initiatives from government and NHS England and maximum input from communities, workforce, service users and patients.

83 https://www.ifs.org.uk/uploads/R143.pdf#page=6

84 http://nhsproviders.org/news-blogs/news/recovering-nhs-performance-risks-swallowing-up-new-funding

With sufficient local flexibility, the funding could be used to:

- Invest in prevention, primary care and community health services, with multiagency teams working closely alongside the voluntary sector to put in place early help and support
- Reinvigorate investment in intermediate care
- Reverse the cuts to district nursing, particularly so that district nurses can support care homes and extra care facilities
- Fund GP support in nursing homes and care homes to keep people out of hospital
- Fund care navigators in GP surgeries
- Invest in joined-up infrastructure, such as joint commissioning, joint assessment and shared information to track people through the health and care system and joint workforce planning
- Invest in skills development with councils taking more responsibility
- Take personalisation further with a single assessment and care planning process, which is centred on the individual and what matters to them
- Ensure that what digital activity gets delivered through the NHS Plan recognises – and funds – the critical interface with councils and the care sector, with support being given to the sharing of information through local shared records

CONSULTATION QUESTIONS:

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

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

7. Summary of key points

Delivering and improving wellbeing

- We are best able to live the life we want to live if we are independent, well and live in communities that support and encourage the many aspects that make us unique.
- This is true for everyone but the support we may need is unique to us as individuals and must therefore be personalised.
- Local government exists for this very purpose, affecting multiple dimensions of our communities and lives, throughout our lives.
- Supporting and improving people's mental and physical wellbeing is at the heart of local government's work and that of many other local public, private and voluntary sector organisations, it can only be delivered with communities.

Setting the scene – the case for change

- Social care and support matters to individuals, our communities, our NHS and our economy.
- The local dimension of social care matters because it ensures the service is accountable to local people.
- Despite a challenging financial environment, social care has delivered – it has improved and innovated.
- While diversity of local care and support is the positive result of a health and care system that is responsive to the diversity of the community it serves, unwarranted variation in quality, access and outcome is not acceptable. Local government is committed to addressing this and is best equipped to lead improvement.
- Significant reductions to councils' funding from national government is now jeopardising the impact local government can have in communities across the country.
- In particular, the scale of funding pressures within adult social care threatens progress made to date and now risks people's wellbeing and outcomes and the stability of the wider system.
- There are continuing recruitment and retention challenges in the adult social care workforce.
- The Care Act remains the right legal basis for social care but funding pressures are threatening the spirit and letter of the law.

The options for change

- Social care is becoming a greater public priority.
- The public and politicians (local and national) support greater funding for social care.
- People find the social care system complex and confusing, it is hard to understand, particularly for those facing the immediate pressures of requiring care and having to engage with a system they have never encountered before.
- People worry about the costs of social care but are not making preparation for them and the rules are not clear.
- Although it is hard to define, people want a greater sense of fairness within social care.
- There are a number of options for making social care better.

- Making these changes will require more funding. There are different ways of raising this.
- Cross-party consensus or co-operation must be sought to secure a workable long-term solution.

Adult social care and wider wellbeing

- Tackling the full extent of future demand requires a shift in focus and a far greater emphasis on prevention and early intervention.
- Public health has a fundamental role to play in this – investing in public health helps to deliver the wider prevention agenda that is critical to our health and care system overall.
- Council services – including those provided by district councils – support people's wellbeing, as do those of councils' many local partners.

Adult social care and the NHS

- Our care model must change so that people experience it as a seamless package of care and support to address their specific needs and aspirations, helping them to live independent and fulfilling lives.
- Integration is not an end in itself but a means of improving health and wellbeing outcomes for individuals and communities, improving the planning and delivery of services and making the best possible use of resources.
- The Better Care Fund has been a driver for joined-up planning but it should be locally-led by health and wellbeing boards.
- Local government provides vital local leadership and democratic accountability. This must be harnessed, particularly through strengthened health and wellbeing boards, to address the democratic deficit in the NHS.
- Council and health leaders are also best placed to drive improvement at the local level. The LGA, working with national partners, is committed to supporting local areas to improve and spread good practice.
- Extracting maximum value from the new NHS funding requires priorities to be set at the local level, with minimum top-down influence from government and the NHS nationally.

8. Have your say

Your views matter. Our green paper is only a starting point and we want to build momentum for a debate across the country about how to fund the care we want to see in all our communities for adults of all ages and how our wider care and health system can be better geared towards supporting and improving people's wellbeing.

Throughout our green paper we have posed a series of consultation questions (set out below) and we would welcome your views on all those that are important to you. The consultation will run from 31 July to 26 September. Once the consultation closes we will analyse all responses and publish a response in the autumn.

To complete the consultation you can either visit **www.futureofadultsocialcare.co.uk** and complete the online survey under the section titled 'The Green Paper', alternatively you can submit your answers to the questions below to: **socialcareconversation@local.gov.uk**.

If you are responding as an individual there is also an option to answer the questions in the 'Summary Green Paper' section which are primarily focussed on gathering experience-based evidence and opinions. Again, this can be done online or via the **socialcareconversation@local.gov.uk** inbox.

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

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

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

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

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

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

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

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

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

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

11. Of the above options for changing the system for the better, which if any, do you think are the most urgent to implement now?

12. Of the above options for changing the system for the better, which if any, do you think are the most important to implement now?

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

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

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

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

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

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

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

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

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

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

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

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

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

26. Do you think the role of health and wellbeing boards should be strengthened or not?

27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?

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

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

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

Annex A:
Case studies of innovation, delivery and performance

Prioritising care and support: Between 2010 and 2017, adult social care has had to make savings and reductions worth £6 billion as part of wider council efforts to balance the books. But the service continues to be protected relative to other services. The latest ADASS budget survey shows that adult social care accounts for a growing total of councils' overall budgets, up from 36.9 per cent in 2017/18 to 37.8 per cent in 2018/19[85]. As a result, by 2019/20, 38p of every £1 of council tax will go towards funding adult social care.

Innovating: Councils are committed to innovation to help reduce costs while maintaining or improving services to the public. This has included changing the way that demand is managed, more effectively using the capacity in communities to help find new care solutions, and working more closely with partners in the NHS to reduce pressures in the care and health system. Innovative approaches can be found in all parts of the country.

- Kent County Council is driven, like many councils, by the daily challenge of ensuring people have what they need to enable them to leave hospital safely. Daily multi-disciplinary meetings help to identify and reduce delayed transfers of care and weekly improvement cycle meetings address the reasons for the delays. Staff training and good performance management have helped to embed the ethos, resulting in a 59 per cent reduction of people being discharged into residential care and a 54 per cent reduction in people being discharged into short-term beds. This equates to 350 additional people going to live back at home each year. In 2017 Kent saw 911 fewer residential and nursing care placements compared to 2013.
- Kirklees Metropolitan District Council's 'Gateway to care', co-located with community health, is a multidisciplinary 'front door' which provides simple care packages for a rapid response, care navigation, assistive technology provision and safeguarding support. Care navigators, located in four community hubs, help to embed a strengths-based approach by building community capacity and supporting people to find solutions in those communities. The front door deals with the majority of contacts first time, with just 6 per cent going on to a full assessment. In 2017/18 almost half of those with eligible care needs achieved good outcomes through community support, saving the council over £1.9 million.
- Bristol City Council is changing the conversation it has with residents when they first make contact with adult social care, focusing on finding help and support from communities rather than from formal care services. This has resulted in 75 per cent of first contacts being referred to community support, with two thirds of those making contact saying that they felt positive about how they had been treated. In the first year, this approach has saved £6 million[86].
- In Swindon Borough Council, a review of patient cases showed that when someone was discharged to a residential care setting, 45 per cent of the time they would have achieved

85 https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf
86 https://www.local.gov.uk/sites/default/files/documents/25.43%20Chip%20Efficiency%20Project_03_1.pdf

a better outcome had they been supported to return home (either with domiciliary reablement, or via intermediate residential reablement). However, neither of these services had the capacity or capability to take the additional volume of patients. Swindon's health and social care teams designed and led a change programme which has achieved a 163 per cent increase in patients receiving reablement services, daily internal coordination meetings and a reduction in social care delayed transfers of care from 450 days in May 2017 to 30 days in March 2018. It has also resulted in an annual saving of over £1.9 million to the health and social care economy.

- Somerset County Council has worked with the social enterprise Community Catalysts to stimulate micro-providers to develop care and support services in rural areas. This enables people to get support from community enterprises in ways, times and places that suit them and their families, rather than from formal support services. This initiative has led to the development of a flourishing social enterprise sector with 178 providers offering low cost, flexible care and support to older and disabled people and their families. In the first year, care has been offered to over 700 people, collectively delivering 3,600 hours of care a week. The council estimates that this approach has saved over £800,000 a year while offering people a far more flexible and accessible service[87].

- Bristol City Council, North Somerset Council and Bath and North East Somerset Council jointly commission sector-leading care and repair services across all three council areas from a single organisation, West of England Care & Repair (WEC&R). The councils have pooled their resources to secure economies of scale in the delivery of a range of services to support older and disabled people to live well in their existing homes, for example through providing home improvements, handyperson services, adaptions and support with hospital discharge. The scale of the contract has enabled WEC&R to 'lever in' additional funding from grants, and to secure additional private funding to complement the funding from councils. More older and disabled people are receiving a service in addition to what can be delivered from the core funding and for WEC&R it provides a viable and sustainable business.[88]

- Patients in Mendip seeing a doctor can be referred to Health Connections Mendip, a team employed by the 11 Mendip general practices. Patients can discuss what is important to them and the team can help them access the support they might want. The End Loneliness Campaign in Mendip signposts people to clubs and activities, such as Talking Cafes, line dancing classes, community transport, men's sheds and befriending services. Health Connections Mendip have a team of more than 600 Community Connectors – such as café owners, drivers, supermarket staff – who on average talk to about 20 people a year which means more than 12,000 signposting conversations a year. Health Connections

87 https://www.local.gov.uk/sites/default/files/documents/25.43%20Chip%20Efficiency%20Project_03_1.pdf
88 https://www.local.gov.uk/sites/default/files/documents/5.17%20-%20Housing%20our%20ageing%20population_07_0.pdf

Mendip works as part of a team which includes primary care, secondary care, adult social care, voluntary sector, town and district councils and the wider community. This partnership working has led to a 20 per cent reduction in local hospital admissions which is saving £2 million on the public purse. Every £1 spent on the scheme saves the NHS £6.[89]

- Central Bedfordshire Council has addressed the housing needs of its older population by using a detailed qualitative and quantitative evidence base to produce an 'investment prospectus' that sets out its vision and development opportunities. It is a more attractive and engaging approach to stimulating the market than a traditional 'market shaping' document. The prospectus specifically identifies the range of opportunities that will, collectively, address the identified demographic, housing and care/support needs, as well as the aspirations and requirements of older people. Delivery outcomes from this innovative way of engaging providers and promoting investment in housing solutions for older people include:
    - A council-developed extra care housing scheme of 83 units in Dunstable.
    - A private sector 'rightsizer' housing scheme of 32 units in Dunstable.
    - Two new care homes with 141 beds in Dunstable enabling the council to close some of its in-house outdated care home provision.
    - A housing association extra care housing scheme of 81 units in Leighton Buzzard.[90]
- Councils are at the forefront of promoting choice and control through personal budgets. For example, in Harrow the council is working with the CCG to extend the My Community e-Purse system, which supports purchasing social care services and equipment via personal budgets to people with a personal health budget. This project will benefit people, their carers and their families by giving them more control and choice over their carer and support choices. It will also enable closer working between health and social care and find ways of releasing funding tied up in secondary care that could be more effectively used in social care. The council will manage 259 personal health budgets on behalf of the CCG and it is estimated that the savings – to be realised in 2018/19 – will be £147,000 based on the estimated 7 per cent savings that the council's e-Purse system has already achieved.[91]
- Shared Lives is a vital and highly praised approach which matches young people or adults who need support with an approved Shared Lives carer, who provides personal care and either a home or a place to visit regularly. Of the 14,000 people using Shared Lives, half live with their Shared Lives carer and half visit for day support or overnight breaks. My Shared Life[92] is an online platform that enables people to give their experience of the service. Responses from over 200 people in Shared Lives shows that:

89 https://www.local.gov.uk/about/news/loneliness-initiatives-cutting-emergency-hospital-admissions-20-cent

90 https://www.local.gov.uk/sites/default/files/documents/5.17%20-%20Housing%20our%20ageing%20population_07_0.pdf

91 London Borough of Harrow Case Study, Care and Health Improvement Programme, April 2018, https://www.local.gov.uk/sites/default/files/documents/London%20Borough%20of%20Harrow%20LIP%20Case%20Study.pdf

92 https://sharedlivesplus.org.uk/short-breaks/item/484-my-shared-life

- 92 per cent of people felt that their Shared Lives carer's support improved their social life.
- 81 per cent of people felt that their Shared Lives carer's support made it easier for them to have friends.
- 73 per cent of people felt involved with their community but 93 per cent felt their Shared Lives carer's support helped them feel more involved.
- 85 per cent of people felt their Shared Lives carer's support helped them have more choice in their daily life.
- 84 per cent of people felt their Shared Lives carer's support improved their physical health.
- 88 per cent of people felt their Shared Lives carer's support made their emotional health better.

- Councils are supporting people with dementia. Sutton Council funds Admiral Nurses to give support to people living with dementia and their families. This has been supported by the local CCG, which recognises the value of providing extra support to these families. And Cumbria County Council is building three new council care homes to cater for residents with advanced frailty and dementia. This has been identified as an area where not enough private provision is available.
- Digital and technology can play a key role in wider service redesign. It can help make the shift from treatment to prevention and there is a growth in consumer-based technology that can be purchased on the high street to support people remain independent at home. It can also help providers deliver more effective person-centred care and we are seeing examples of providers (across care settings) using technology to help improve communication with friends, family and those receiving care.
- A number of councils including Hampshire, Barnet, Lancashire and Wolverhampton are using care technology to support people to remain independent at home for longer. In Hampshire, 8,600 people are being supported with 94 per cent of people saying that these approaches increase their feelings of safety and security. Ninety-eight per cent of people would recommend the service to others. It is a similar picture in Lancashire where 8,400 people are being helped to maintain independence and safety.
- Areas such as Leeds, Stockport, Bristol, Dorset and Bracknell Forest are bringing information together from the council and health providers which is reducing the need for service users to have to tell their story multiple times. In Luton and Central Bedfordshire, care homes are being supported to improve sharing of information through access to NHS Mail and shared care records. The project with the ultimate goal of fully shared records is now being expanded to all care homes in the region.
- There are a number of new social care technology-based start-ups emerging, which are using technology to improve the delivery of person-centred care. These providers are using technology to better match care workers to clients and digitising the care records so that carers can log on to information about their clients using their smartphone. Other care providers are using technology to store notes about

clients, read up on those they are visiting and using it as a way to raise the alert if anything is wrong. Families and friends can receive notifications and log in to see how care for their family member is proceeding. These forms of technology are enabling care providers to improve the delivery of person-centred care whilst improving business efficiency of care providers. In Liverpool the council has worked to bring the home care provider sector together with technology suppliers which has resulted in the digitisation of care records and introduction of a network that allows for improved monitoring of people requiring care and support at home.

Intervening early and preventing needs: Investing in prevention has clear benefits for people and reduces costs to the wider care and health system.

- Falls prevention programmes run by councils and their partners reduce the number of falls requiring hospital admission by 29 per cent. This represents a return on investment of more than £3 for every £1 spent.[93]
- Research on Disabled Facilities Grant (a council grant to help disabled people make changes to their home) shows that every £1 spent on housing adaptations is worth more than £2 in care savings and quality of life gains.[94]
- Evaluation of the Handyperson Programme has shown that handyperson services support large numbers of older and disabled people to live independently at home for longer and with greater comfort and security. Services include small repairs and minor adaptations that reduce the risk of falls, home security measures to help maintain independent living, and energy efficiency checks to help reduce excess winter deaths[95].
- Partners in Leicester are improving hospital discharge and avoiding unnecessary admissions through, for instance, an 'integrated lifestyle hub' tackling the wider determinants of health, GP-led care planning for patients identified via a risk stratification system, wrap-around rapid access to services such as assistive technology, falls assessment and equipment, and proactive discharge follow-up for at-risk groups. As a result, attendances in A&E in quarter one of 2017/18 were down by 2.9 per cent from the same point in 2016/17.[96]
- The Kent Pathway Service supports adults with a learning disability to achieve a more independent life. It supports people for between one and 12 weeks to learn or re-learn skills that help them become more independent and need less support. This has also led to an outcomes-focused practice project for people with a learning disability which aims to adopt a strength-based approach by setting goals and monitoring that providers are delivering and undertaking practice reflection sessions.[97]

93 https://www.local.gov.uk/about/news/hospital-admissions-due-falls-older-people-set-reach-nearly-1000-day
94 https://www.local.gov.uk/sites/default/files/documents/building-our-homes-commun-740.pdf
95 https://www.local.gov.uk/sites/default/files/documents/prevention-shared-commitm-4e7.pdf
96 For further information, visit: https://www.local.gov.uk/leicester-journey-improving-discharge-and-avoiding-admissions
97 https://www.local.gov.uk/sites/default/files/documents/lga-learning-disability-s-d9a.pdf

- Darlington Council adopted the progression model, making enablement a priority. High cost packages of care and in-house services in supported tenancies, day opportunities and short break stays were prioritised as areas of greatest opportunity. Following a strengths-based assessment, James, an individual with a learning disability, moved from residential care to his own tenancy and transferred to tenancy support, making an annual saving of £88,600 to adult social care.[98]

Performing: The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. Latest information from October 2017 (for 2016/17)[99] shows that, even in the deeply challenging financial environment social care has operated in over the last few years, performance has improved or been maintained in several key areas. The Personal Social Services Adult Social Care Survey (for 2016/17)[100] also provides encouraging findings:

- 64.7 per cent of service users are extremely or very satisfied with the care and support services they received.
- 67.6 per cent of service users in the community reported that they have enough choice over the care and support services they receive.
- The proportion of people who use services who have control over their daily life is currently at its highest level (77.7 per cent) in the reporting period (2014/15 to 2016/17).
- The proportion of adults with a learning disability who live in their own home or with their family is currently at its highest level (76.2 per cent) in the reporting period.
- The proportion of people aged 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation services is currently at its second highest level (82.5 per cent) in the reporting period.

The proportion of people who use services who say that those services have made them feel safe and secure is currently at its highest level (86.4 per cent) in the reporting period.

The City of Wolverhampton Council is improving outcomes whilst creating a financially sustainable service through the creation of a 'Promoting Independence Team' to undertake overdue reviews. To date, 700 cases have been reviewed, 22 per cent of which resulted in a decrease in the size of the care package, delivering a saving of £900,000 per annum. Use of the ASCOF tool to measure quality of life at start and end of intervention indicated that people felt more in control and were achieving better quality of life outcomes following the review.

98 https://www.local.gov.uk/sites/default/files/documents/lga-learning-disability-s-d9a.pdf
99 https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current
100 https://files.digital.nhs.uk/pdf/d/5/pss-ascs-eng-1617-report.pdf

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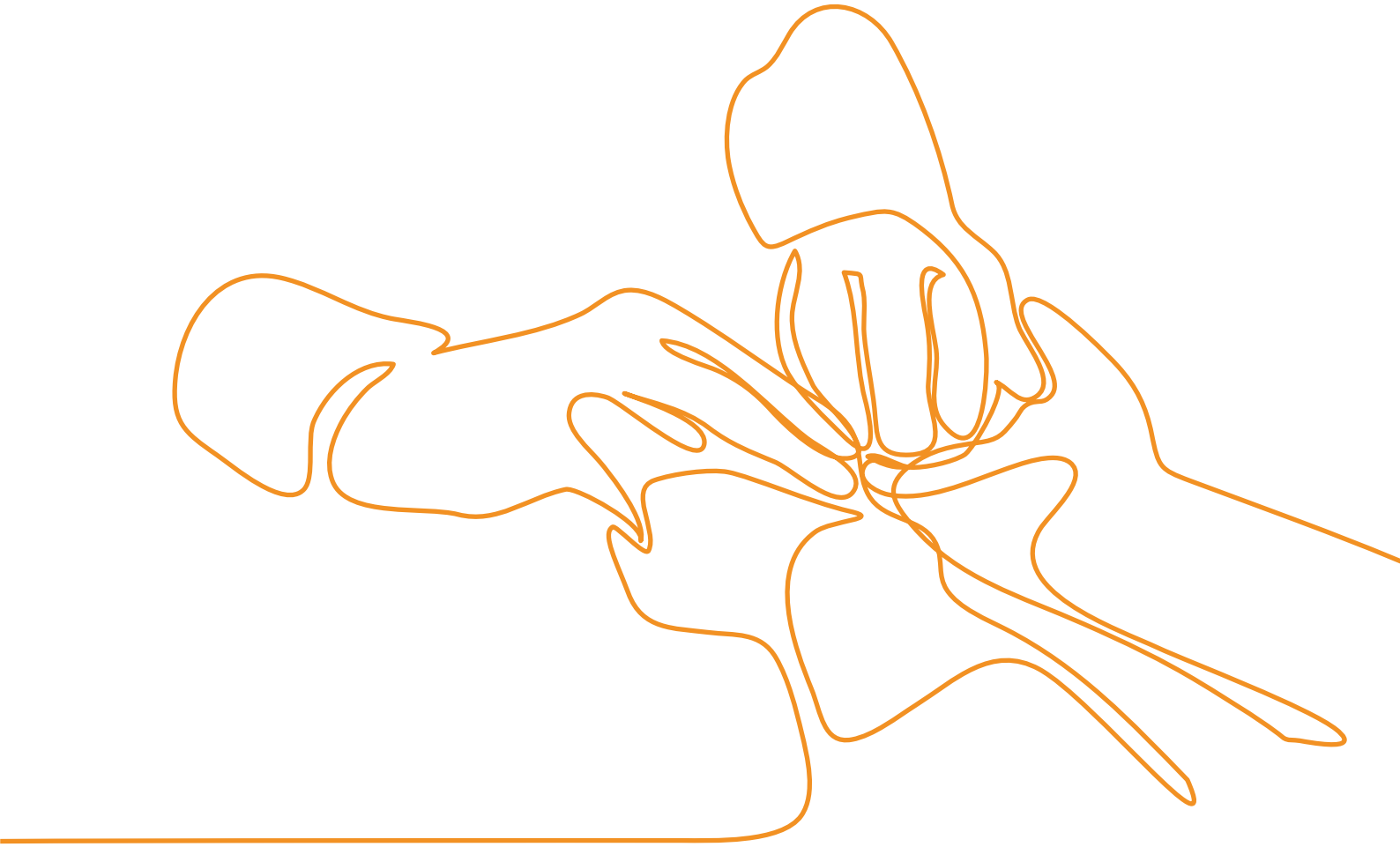
1. See here for further explanation: https://www.local.gov.uk/sites/default/files/documents/Technical%20Annex%20%281%29.pdf
2. See here for further explanation: https://www.local.gov.uk/sites/default/files/documents/Technical%20Annex%20%281%29.pdf
3. Our estimate of the cost uses Age UK figures as a starting point. We take their figure of 164,217 – the number of older people who receive no support with three or more essential daily activities – and assume support for those people based on the profile of existing support for older people in terms of home care and residential care. We then apply unit costs: for home care we cost 1 hour per day; for residential we cost a year of residential care.
4. We apply the same method used for estimating the cost of meeting unmet need amongst older people. However, as we do not have a starting number (equivalent to the Age UK figure of 164,217) we link to the number of working age adults currently receiving services. The number of working age adults supported is roughly 40 per cent of the number of older people supported so we apply that percentage to the Age UK figure and apply working age adult unit costs for home and residential care.
5. https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf
6. As per under-pinning analysis conducted by the Health Foundation and King's Fund: https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf
7. See for instance: https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf and https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf
8. As per underpinning analysis conducted by the Health Foundation and King's Fund: https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf

Page 58-59:

9. https://www.health.org.uk/sites/health/files/Social-care-funding-options-May-2018.pdf
10. We take the estimate as put forward by the Health Foundation and King's Fund (see 61) and uprate it by OBR forecasts for CPI inflation.
11. https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf
12. For illustrative purposes only, we take a figure of £1 billion and divide this by ONS projections for people aged 40+ in 2024/25. In practice there are many different ways to approach this option, and this cost illustration is intended to give an indication of likely average costs.
13. https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf / https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf
14. For Income Tax estimates, we take the 2020/21 estimate as put forward by the King's Fund and Health Foundation, and uprate it on the basis of OBR forecasts of income tax take (themselves extended using the long term average rate of growth to get to 2024/25). In effect this is a 1p increase in the rate, not a 1 per cent increase in income.
15. https://www.kingsfund.org.uk/publications/how-nhs-performing-june-2018
16. For National Insurance, we take the 2020/21 estimate as put forward by the King's Fund and Health Foundation, and uprate it on the basis of OBR NIC revenue forecasts (themselves extended to get to 2024/25 as above). In effect this is a 1p increase in the rate, not a 1 per cent increase in income.
17. https://www.resolutionfoundation.org/app/uploads/2018/06/Healthy-Finances.pdf
18. We assume pensions rise with inflation.
19. Councils with responsibility for adult social care are only raising around £23 billion in council tax this financial year. 1 per cent of this is £230m. We uprate this in line with expected growth in council tax income so that we apply the 1 per cent to the expected tax base in 2024-25.
20. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Commission%20Final%20%20interactive.pdf



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REF 29.2

FULFILLING LIVES
Newcastle Gateshead

Fulfilling Lives Newcastle Gateshead briefing to Gateshead Health and Wellbeing Board September 7th 2018

Purpose of briefing paper

To outline the new Fulfilling Lives Newcastle Gateshead (FLNG) model introduced in April 2018 and ask members of Gateshead's Health and Wellbeing Board to consider how the model can help improve the health and wellbeing of Gateshead's multiple needs population. The paper specifically responds to recommendations in the Homeless Health Needs Assessment (HNA) produced and then shared by Jill Harland (former Public Health Specialist Registrar with Gateshead Public Health) with the FLNG Strategic Group members in June 2017.

Introduction

FLNG is a part of a national, eight year funded Big Lottery programme and has been operational since August 2014. The Governance and overall responsibility for programme delivery sits with a Core Partnership of Changing Lives (Lead organisation), Oasis Aquila Housing, and Mental Health Concern. The programme will run until March 2022 and we are building an evidence base, along with the other Fulfilling Lives partnerships nationally, about what works for people with multiple needs who experience a combination of homelessness, addiction, poor mental health and a history of offending.

We have worked with 267 people (144 in Gateshead) since the programme began and have considered our findings, structure and remit as part of the mid-way review of the programme.* As a result we developed a new model focusing on 5 streams of activity:

- Direct client work: implementing a new way of working with our current clients until ceasing client work in 2020
- Experts by Experience Network: co-production & service user involvement
- Research and Evaluation
- Systems Change
- Workforce development

With a simplified structure, increased focus on system change and a new client offer, our model will help build workforce capacity and improve understanding of Multiple and Complex Needs (MCN) issues across Gateshead. We offer free or bespoke training packages, and we work to ensure the voice of people with multiple needs informs improvements via Co-production opportunities such as peer research and involvement in our Experts by Experience Network.

The overall aim of the programme is to improve the offer for people experiencing multiple and complex needs across Newcastle and Gateshead and achieve this through our initial system change priorities set out below.

Please see client journey report and learning report on our website for our findings.

FULFILLING LIVES
Newcastle Gateshead

Current System Change Priorities 2018-20

To improve access to mental health services for people experiencing MCN

- Adult Social Care (ASC): FLNG to further establish current case load needs and access issues, build relationships with both area's safeguarding and ASC teams to help people experiencing MCN to better access ASC.
- Delivering Together: continue to work with CCG representatives - e.g. High Intensity Service Users meeting - to ensure MCN issues are considered in the development of services.
- NTWNHS: continue to build relationships to develop improved and co-produced responses to MCN

To ensure people in transition do not fall through gaps in service

- Prison Release Task and Finish group; work through and identify ideas/actions to resolve Universal Credit and accommodation issues in prison, diversion from custody for short term sentences and capturing voice of lived experience in prison/post release
- Universal Credit: continue to build evidence base from our caseload to establish gaps and best practice and work with DWP partners to influence national policy

Cross Sector Workforce Development so that frontline staff and managers can better meet the needs of people with MCN and engage in wider system change

- New Workforce Development Lead role will be responsible for developing a work plan to build capacity across Newcastle and Gateshead's MCN sector over the remaining four years embedding these skills:
    - Co-Production
    - MCN Awareness
    - Peer Research
    - Psychologically Informed Environments (PIE)
    - Systems Thinking
- In addition to this training, we will be testing and evaluating our new direct client work model 'Critical Time Intervention' (a proven model from the USA) over the next 2 years to establish if this is an effective way of working with people experiencing multiple and complex needs.

To embed the voice of Experts by Experience (EBE) across FLNG and the wider system

- The EBE Network will be a key part of our strategy and each priority area will be informed by the EBE voice.
- New Co-Production (female engagement) worker will increase voice of women with MCN in the Network
- Peer Research training and the establishment of a peer research network across Newcastle and Gateshead

To assist commissioners across the 4 key areas and health to develop commissioning that better meets the needs of people experiencing MCN

- Develop a Commissioning offer using the allocated £50k resource with support of the Strategic Group, Programme Manager and Systems Change lead
- Identify peer research opportunities to inform new commissioning contracts relating to MCN services e.g. treatment access

To develop systems thinking/change theory and practice across services supporting people with MCN

- New Systems Change Lead Post will develop and deliver our systems change plan over the remaining four years; delivering systems theory training and facilitating a quarterly cross sector Systems group.

How can the FLNG offer help Gateshead's Health and Wellbeing Board meet the recommendations in the Homeless Health Needs Assessment?

The FLNG Programme Manager and Chair of the Strategic Group (Sir Paul Ennals) identified specific components of the new FLNG delivery model and set those against relevant recommendations in the HNA to highlight how the FLNG model could directly support Gateshead's HWBB achieve those aims.

All the HNA content is of interest to our programme so we targeted areas we could support over the next 6-12 months. These actions are outlined below under the relevant key finding area or areas within the Gateshead HNA executive summary.

Priority areas

Recommendation 1: System leadership
"Visible/genuine involvement of those with lived experience of homelessness and multiple and complex needs within the governance system and policy making process."

- We are developing 6 part time, 1 year long, FLNG Co-Production apprenticeship posts over the next 4 years. We seek endorsement from the Board to firstly support the development of these apprenticeships and secondly to provide move on opportunities for these roles within the commissioning teams of statutory organisations.

Recommendation 2: Tackle the root causes of homelessness within all policy areas.

- We have a robust and accredited peer research programme that will help Gateshead to establish root causes and target resources where they are needed. This is also available to professionals to ensure we continue to strive towards continuous improvement and build a comprehensive research network.

Recommendation 3: **Establish a system wide identification of those who are homeless or at risk of homelessness *and***
Recommendation 6*: Ensure the workforce are equipped and supported to effectively understand & support multiplicity of need'

- FLNG Workforce development offer can support this via ongoing quarterly and free training in the following areas: Psychologically Informed Environments (PIE), MCN Awareness, Co-Production, Systems Thinking and Peer Research Training for multi agencies across Gateshead and Newcastle working with MCN Clients.

*Recommendation 7 can also be supported via workforce development offer. It is not included as an action as Exec summary already names FLNG as practice to learn from.

- MCN skills Competency framework developed and can be used to establish workforce skills and gaps
- System change group – quarterly community of practice to explore need, gaps and best practice within the field.

Recommendation 4: Establish good quality & useful data on homelessness and multiple & complex needs *and*
Recommendation 9: Demonstrate a reduction in health inequalities experienced by homeless people with multiple and complex needs.

- Utilise, support and build on FLNG robust client and workforce data collection including cost benefit analysis data
- Further develop Collaborative Case study approach (such as our current joint work with DWP) across multiple agencies involved in client support across Gateshead to fully establish client journey and gaps
- Currently establishing framework to measure system change and progression using Lankelly Chase system behaviours

Recommendation 5: Join up commissioning processes to address homelessness & multiplicity of need

- FLNG £50k Commissioning offer: current exploration with Second Street Surgery, NTWNHS and Newcastle LA.
- Use PIE self-assessment as a framework within the commissioning process.

Recommendation 8: Meet specific needs within the homeless population personalisation and equalities.

- Co-production worker (female engagement) can assist in establishing specific needs of female MCN population across all services in Gateshead
- FLNG use of personalisation is reported 6 monthly and can establish spend on specific gaps in provision and/or individual MCN client needs.

Lindsay Henderson
Programme Manager Fulfilling Lives Newcastle Gateshead
August 2018

Gateshead Council

HEALTH AND WELLBEING BOARD
September 2018

TITLE OF REPORT: **Refresh of the Health and Well-being Strategy**

Purpose of the report

The purpose of this report is to propose an inclusive approach to refresh the Gateshead Health and Wellbeing Strategy.

Background

1. The existing strategy, *'Active, Healthy and Well Gateshead'*, was written in 2013 and covered the period up till 2016. Since it was written much has changed.

2. There have been five years of cuts in Government funding which means that organisations can no longer operate in the same way as they did in the past.

3. During 2017 / 18 partners of the Health and Well-being Board signed up to the pledge to ***'make Gateshead a place where everyone thrives'***.

4. The Thrive pledge provides a central policy position by which decisions, across the partnership, will be considered and made. Specifically, the board pledged to:

    a. Put people and families at the heart of everything we do
    b. Tackle inequality so people have a fair chance
    c. Support our communities to support themselves and each other
    d. Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
    e. Work together and fight for a better future for Gateshead.

5. In addition to the Thrive pledge, the DPH annual report for 2016/17 set out a range of challenges to address the issue of inequalities in Gateshead. Key strategic recommendations included;
    - 'The Health and Wellbeing Strategy should be renewed, adopting a much longer-term approach, with a strengthened vision to address inequalities. This needs to include measures to address the social determinants of health alongside prevention and early intervention at every level.
    - Partners in Gateshead should shift the focus from managing the burden of ill-health to promoting actions that create the right conditions for good health through employment of a robust health in all policies approach.
    - The Council and its partners should target resources to those individuals and communities most in need. Robust evaluation of reach and impact should be undertaken regularly using a Health Equity approach.

Proposed Approach

6. The Health and Well-being Strategy is a fundamental document which sets out the boards aspiration to improve the health and well-being of the population in Gateshead.

7. It is therefore of critical importance that the strategy is developed and owned by the board whilst also offering the opportunity for other key strategic groups in Gateshead to contribute particularly in relation to action on the social determinants of health (e.g. Community Safety Board, Housing Company Board, LSCB and LSAB amongst others).

8. To ensure people are adequately involved in shaping the strategy two steps proposed:

i. Establish a steering group

a) To ensure it is developed in an inclusive way a task and finish steering group is proposed. The group needs to be representative of the board and so nominations from each partner is requested.

b) To ensure the strategy refresh achieves a strengthened focus on the wider determinants of health it is essential that representation is also identified to include:
   - Economic development
   - Housing strategy
   - Environment and development
   - Policy and Communication

ii. Host a conference (late Autumn)

9. Following the publication in 2010 of the Marmot review, '*Fair Society, Healthy Lives'*, Gateshead Council was identified as one of six areas in the Country to become a Marmot City. Changes in key personnel has meant that this approach hasn't been progressed.

10. Following some background research, Coventry City have been identified as the place in the Country that have made the most progress using this approach.

11. The purpose of the conference would be to engage in a wide group of stakeholders so people feel able to contribute to and shape the strategy.

12. The focus of the conference would be to explore what tacking this approach might mean for Gateshead in the context of the strategy refresh.

13. Initial approaches have been made to colleagues who may be able to input at a conference or though nothing has been confirmed at this stage.

Recommendations

14. The Health and Wellbeing Board is asked to consider and comment on the approach and identify partners for the steering group.

Contact: Alice Wiseman, Director of Public Health

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Gateshead Council

HEALTH AND WELLBEING BOARD
7th September 2018

TITLE OF REPORT: Safeguarding Adult Board (SAB) progress update

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Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the Safeguarding Adults Board Annual Report 2017/18 and the 2016/19 Strategic Plan (2018 update).

Background

2. The Safeguarding Adults Board continues to provide leadership, accountability and vision for safeguarding adults in Gateshead. The Boards has a strong commitment to working together, holding each other to account and seeking to learn and improve together.

3. It has been a year of change throughout many of the partner organisations that make up SAB and a number of changes to Board representatives. Despite this, along with ongoing public-sector austerity measures, the Annual Report illustrates that considerable progress has been made.

4. The Care Act 2014 enshrined in law the principles of Safeguarding Adults and the Safeguarding Adults Board became a statutory body in April 2015. The Care Act states that a Safeguarding Adults Board must:
   - publish a strategic plan for each financial year. This plan could cover 3 – 5 years in order to enable the Board to plan ahead as long as it is reviewed and updated annually
   - publish an annual report which details how the Board and its members achieved the objectives as identified within the strategic plan

Gateshead Safeguarding Adults Board Annual Report 2017/18

5. The SAB 2017/18 Annual Report highlights progress throughout the year. The report also articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults. The SAB has streamlined the way in which it operates, to seek to get the most out of the contributions of senior partners from all agencies. This includes the establishment of an Executive Group whose role is to monitor the effectiveness of the Board and its sub groups and to report directly to the Board on any emerging themes, risks areas of good practice and learning.

6. Key areas of work in 2017/18 include the development of a performance dashboard, the development of practice guidance for adult sexual exploitation, the implementation of a community and engagement strategy, improved links with the voluntary and community sector, maintaining compliance with Deprivation of Liberty Safeguards and a revised approach for responding to statutory Safeguarding Adult Reviews. During 2017/18 the Safeguarding Adults Board continued to explore opportunities for working collaboratively at a regional level.

Gateshead Safeguarding Adults Board Strategic Plan 2016/19 (2018 refresh)

7. The revised Strategic Plan 2016/19 sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:
   - Quality Assurance
   - Prevention
   - Community Engagement and Communication
   - Improved Operational Practice
   - Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

8. The Strategic Plan includes key challenges to be addressed over the three year period. 2018/19 is the final year of the three year Strategic Plan and is supported by a Business Plan for 2018/19, which helps to reprioritise the work of the Board to ensure that the Strategic Priorities are addressed.

9. The Safeguarding Adults Board will be implementing a programme of consultation and engagement over the coming months in preparation for the new three year strategy which will commence in April 2019.

Proposal

10. It is proposed that the Health and Wellbeing Board consider the content of the Annual Report and Strategic Plan and comment on how the Board can contribute towards the Safeguarding agenda.

Recommendations

11. The Health and Wellbeing Board is asked to continue to receive updates from the Safeguarding Adults Board.

Contact: Paul Ennals – Independent Chair
Carole Paz-Uceira - Safeguarding Adults Business Manager

Gateshead Safeguarding Adults Board

Gateshead Safeguarding Adults from Abuse

Safeguarding Adults Board

Annual Report

- 2017/18 -

August 2018

Gateshead Safeguarding Adults Board

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Introduction

It has been a pleasure and an honour to chair the Gateshead Safeguarding Adults Board (SAB) for the past year. The Board is strong – it adopts the principle of providing high support and high challenge to all partners. We can have robust discussions within the Board, within an environment where each agency supports each other and is committed to working together in order to keep the people of Gateshead safe.

Working together is always important. Keeping vulnerable adults safe requires creative working across traditional boundaries, encouraging staff and community members to think out of their normal lines, sharing information and ideas willingly. Austerity makes this even more important, when all agencies are having to cut back on what they can afford, and conjure up new and better ways of delivering services. Partners in Gateshead have shown their commitment to strengthening multi-agency working, and seeking to shift resource towards prevention and early intervention.

We have successfully delivered what we set out to do within our Strategic Plan. Our Executive Group closely monitors delivery, and intervenes if we encounter blockages to effective joint working. We can be proud of the way in which we have collectively responded at times of crisis – for example, when a residential care home closed at very short notice. We have evidence that our approach to trafficking is having a positive effect, and that we can respond rapidly if incidents occur.

In the coming year I hope that we will further improve our communications with members of the community. We have further to go to support community members in knowing how to respond to need in their neighbourhood. Cases of self-neglect are still too common, where elderly vulnerable people can gradually stop caring for themselves; we need to strengthen the belief of everyone within Gateshead that we all have a responsibility to look out for each other. And nobody should walk by if they suspect that a vulnerable person is being financially abused – the continued existence of scammers and loan sharks in Gateshead is a scar on the face of the community.

We can never say confidently that everyone is safe within Gateshead. The circumstances in which people live can change suddenly, and any one of us can face life events that move us from comfort into disorder. All agencies are facing the prospect of further cuts in the year ahead, which reduces their ability to provide all the services that they believe are needed. But our partnerships are strong, services in Gateshead are becoming ever more responsive to the challenges that people face, and we are determined to work together in the face of the challenges.

The board is in good shape, and ambitious for the future. Much of this can be attributed to the major contributions of partner agencies who chair subgroups, lead on the programmes of work, and ensure that most people in Gateshead remain safe. In particular, though, our thanks are due to the admirable work of Carole Paz-Uceira as Board Manager, and Gemma Crawley as Administrator.

Sir Paul Ennals
Independent Chair, Gateshead Safeguarding Adults Board

Policy Context

The Care Act 2014 enshrined in law the principles of Safeguarding Adults, which aim to ensure that the most vulnerable members of society are afforded appropriate support and protection, and help them to live as independently as possible, for as long as possible.

Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department for Health.

The Care Act identifies six key principles which underpin all adult safeguarding work and which apply equally to all sectors and settings:

- **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation to those in greatest need
- **Partnership** – local solutions through services working with their communities
- **Accountability** – accountability and transparency in safeguarding practice

The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners. It places a duty upon Local Authorities to establish Safeguarding Adults Boards and stipulates that SABs must produce a Strategic Plan and Annual Report. The Statutory Guidance encourages the SAB to link with other partnerships in the locality and share relevant information and work plans.

Safeguarding in Gateshead

Gateshead SAB

The Gateshead SAB became a statutory body in April 2015. The Board's vision for adult safeguarding in Gateshead is:

'Everybody in Gateshead has the right to lead a fulfilling life and should be able to live safely, free from abuse and neglect – and to contribute to their own and other people's health and wellbeing'

The Board is responsible for assuming the strategic lead and overseeing the work of Adult Safeguarding and Mental Capacity Act / Deprivation of Liberty Safeguards arrangements in Gateshead. Within Gateshead we have commissioned an Independent Chair to enhance scrutiny and challenge. The Board has a comprehensive Memorandum of Understanding which provides the framework for identifying roles and responsibilities and demonstrating accountability.

In law, the statutory members of a SAB are defined as the local authority, the local police force and the clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of July 2018):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group (CCG)
- Lay Member
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust;
- Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- The Gateshead Housing Company
- Tyne and Wear Fire and Rescue Service
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Aquila Housing and Mental Health Concern, on behalf of the voluntary sector

During 2017/18 the SAB reviewed governance arrangements. This resulted in a reduction in the number of Board meetings from six to four, along with the establishment of an Executive Group that meets quarterly. The Executive Group brings together the Independent Chair, the three statutory authorities and the Sub-Group Chairs. The role of the Executive is to monitor the effectiveness of the Board and its sub groups and to report directly to the Board on any emerging themes, risks, areas of good practice and learning. The Executive Group scrutinises the annual Business Plan to ensure that progress is on schedule.

The SAB and Executive Group are supported by five Sub-Groups:

- **Practice Delivery Group** (Chaired by an officer from The Gateshead Housing Company)

  The role of the Practice Delivery Group is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and supporting practice guidance continue to be fit for purpose. The Group has responsibility for keeping up to date with national policy changes that may impact upon the work of the Safeguarding Adults Board, and for the development and implementation of the Communication and Engagement strategy and implementation of the Dignity Strategy.

- **Safeguarding Adult Review Group** (Chaired by an officer from Newcastle Gateshead Clinical Commissioning Group)

  The Safeguarding Adults Review Group (SARG) was established in early 2017 as it was recognised that the volume of Safeguarding Adult Review referrals necessitated a dedicated Sub-Group with skilled and experienced officers from partner organisations. The SARG considers Safeguarding Adult Review referrals, commissions reviews and subsequently monitors their progress. The SARG may also oversee discretionary reviews into cases that do not meet the criteria for a Safeguarding Adult Review, where the group feel there are multi-agency lessons to be learned. It collates and reviews recommendations from Safeguarding Adult Reviews and other reviews, ensuring that achievable action plans are developed and that actions are delivered.

- **Quality and Assurance Group** (Chaired by an officer from Gateshead NHS Foundation Trust)

  The Quality and Assurance Group (QAG) has developed and implemented a Quality and Assurance Framework that provides a structure for scrutinising activity that is undertaken by Board member agencies and

relevant services or organisations. The group monitors and scrutinises the quality of activities to ensure that the interventions offered are person-centred, proportionate and appropriate. It is also responsible for the development of a performance dashboard and for considering lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review (SAR), Serious Case Review or any other review process relevant to the Safeguarding Adults agenda.

- **Training Group** (Chaired by an officer from the Local Authority)

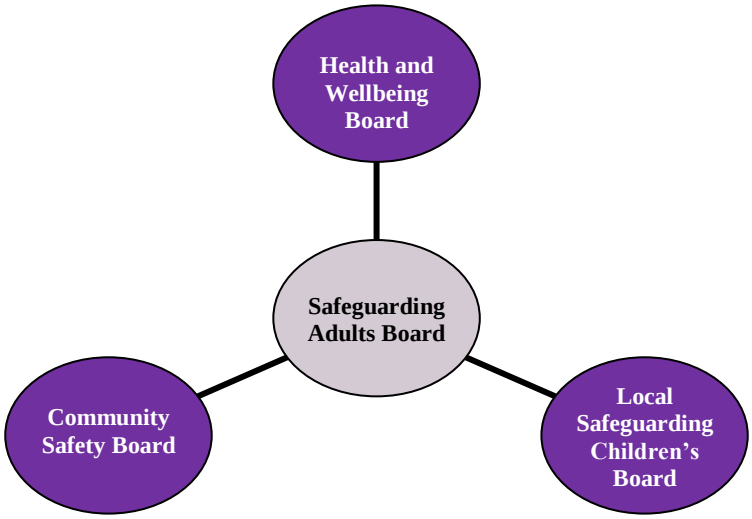
  The Training Group coordinates and develops Safeguarding Adults training and Mental Capacity Act / Deprivation of Liberty Safeguards training that is accessible for practitioners and managers in a multi-agency setting. For the purposes of quality assurance, data is monitored regarding attendance, cancellation and evaluation of training courses. The group develops and implements ad-hoc bespoke training courses to meet evidenced demand in addition to core training courses.

- **Strategic Exploitation Group** (Chaired by an officer from Northumbria Police)

  The Strategic Exploitation Group is a sub-group of both the SAB and the Local Safeguarding Children's Board (LSCB). The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery, trafficking and female genital mutilation in Gateshead.

The Board and the five sub-groups regularly commission time limited task and finish groups to undertake specific pieces of project work.

The SAB has developed strong links with other local multi-agency partnerships



For example, the Community Safety Board lead on the CONTEST and Prevent agenda but partners within the Safeguarding Adults Board are involved in the Prevent Strategy and Implementation Group.

Partner Governance Arrangements and Scrutiny

Board members are responsible for ensuring that governance arrangements for Safeguarding Adults are incorporated within the structure of their own organisations, and that there are mechanisms for disseminating and sharing information from the SAB. This information is included within partner Quality Assurance Frameworks that are presented to the Quality and Assurance Group. Details of inspection results for partner organisations are also shared at the Quality and Assurance Group and the SAB. Examples of governance and scrutiny arrangements:

- Gateshead Council – The Care, Health and Wellbeing Overview and Scrutiny Committee receive updates from the SAB. Key areas of work are also submitted to Care, Wellbeing and Learning Group Management Team and Cabinet for approval. The Gateshead Council Internal Audit service are responsible for ensuring that the Board, and Gateshead Council, are meeting their statutory duties.

- Newcastle Gateshead Clinical Commissioning Group (CCG) – An Executive Director holds the lead for the safeguarding portfolio. A Children and Adults Safeguarding Committee meets six times per year and a quarterly strategic safeguarding forum is held with providers. The CCG safeguarding committee reports to the CCG Quality Safety and Risk Committee which in turn reports to the CCG Governing Body.

- Northumbria Police – The force has undertaken a restructure to create a new Safeguarding Department illustrating significant investment in this

area of work. All learning from national and local serious case reviews are scrutinised during Critical Incident Boards which are attended by the Chief Officer Team and Senior Officers.

- Gateshead Health NHS Foundation Trust - The Trust Safeguarding Committee continues to meet on a bi-monthly basis and is chaired by the Director of Nursing, Midwifery and Quality. The named professional and Safeguarding Adult leads report to the Safeguarding Committee, the Quality Governance Committee and the Trust Board.

- Northumbria Community Rehabilitation Company (CRC) – There are clear lines of governance and accountability for Northumbria CRC via the Ministry of Justice and National Offender Management Service and the CRC are subject to a number of audits and inspections. The quality assurance team conduct monitoring exercises on a monthly basis which includes evaluating safeguarding work.

- National Probation Service – There is a designated senior manager within each National Probation Service Division, who acts as a strategic lead for safeguarding adults work, and a local Head of Cluster who attends the Safeguarding Adults Board or delegates to a suitable deputy.

- The Gateshead Housing Company – The Executive Director of Operations has overall strategic responsibility for Safeguarding Adults. The Customers and Communities Committee receive quarterly updates on all safeguarding activity and a detailed annual overview report.

- Oasis Aquila Housing – Ultimate safeguarding responsibility sits with the Board of Trustees. Overseeing safeguarding is one of their integral responsibilities and as such they have received updates from the executive. Under the Board there is a Safeguarding Sub-committee which is chaired by the trustee designated 'safeguarding champion'. Each of Oasis's services has an internal annual review for quality assurance purposes and this includes practice development to ensure safeguarding practice is consistent and in line with local and national policy.

- Gateshead College - The College operates a Safeguarding Steering Group which is attended by senior managers from across College to discuss and action safeguarding issues. In addition, a College Governor acts in the role of 'Safeguarding Governor' and attends a termly safeguarding group to act as a critical friend. An annual Safeguarding report is provided to the Executive team and the Board of Governors.

- Northumberland, Tyne and Wear NHS Foundation Trust (NTW) – NTW has a Safeguarding and Public Protection committee that meet six times a year. The trust board receive bi-monthly reports including updates from the SAB. During the Care Quality Commission (CQC) inspection of 2016 the

Trust were rated as Outstanding. An internal audit provided assurance that the Trust has robust arrangements in place to safeguard people's health, wellbeing and human rights in relation to its Domestic Abuse.

- Tyne and Wear Fire and Rescue Service – All staff have a responsibility for safeguarding and the designated safeguarding team are responsible for addressing concerns utilising the Safeguarding Adults Policy.

- South Tyneside Foundation Trust – Safeguarding is integral to patient care. There is strong leadership ensuring that safeguarding processes are understood, assured and improved.

Strategic Plan 2016/19 and Annual Business Plan 2017/18

The Gateshead Strategic Plan 2016/19 was approved by the SAB in March 2016 and was updated in March 2017. This was the first Strategic Plan for the now statutory SAB. The three-year plan incorporates five strategic priorities:

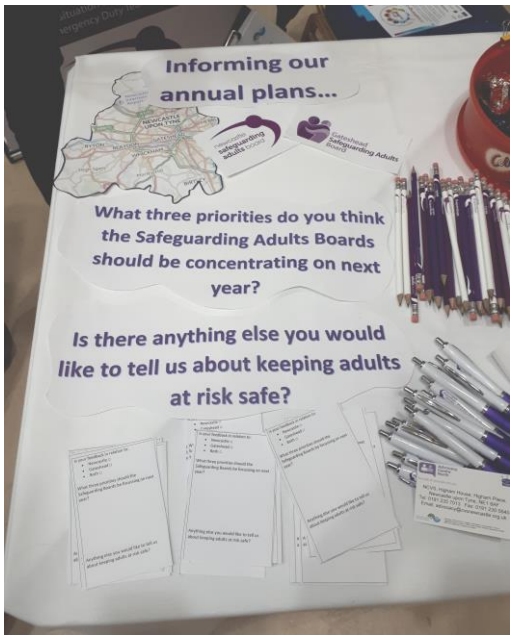
- **Quality Assurance**
- **Prevention**
- **Community Engagement and Communication**
- **Improved Operational Practice**
- **Implementing Mental Capacity Act / Deprivation of Liberty Safeguards**

The three-year Strategic Plan is supported by an Annual Business Plan 2017/18 to enable the Board to prioritise and focus activity over the three-year period. To enable the SAB to fulfil its statutory obligations and the key principles of partnership and accountability, an additional priority of 'Strategic Governance' has been included within the annual business plan.

Gateshead Safeguarding Adults Board

Annual Report 2017/18 Consultation

The Annual Report has been developed in consultation with a variety of stakeholders, and underpinned by performance information and feedback. The SAB held a development day in February 2018 to reflect upon progress during 2017/18 for the Annual Report and to ensure that the Annual Business Plan for 2018/19 would enable the Board to focus activity and assist in meeting the challenges identified within the Strategic Plan.



Stakeholder consultation included:

- Community and Voluntary Sector – February 2018 event organised by Newcastle CVS
- Practitioner feedback – via Sub-Groups, training courses and workshops
- Commissioned Providers – November 2017 provider event

Key Achievements 2017/18

The Annual Report must demonstrate what both the Safeguarding Adults Board (SAB) and its members have done to carry out and deliver the objectives of its strategic plan. The key achievements for 2017/18 are documented below and are aligned to the SAB Strategic Priorities.

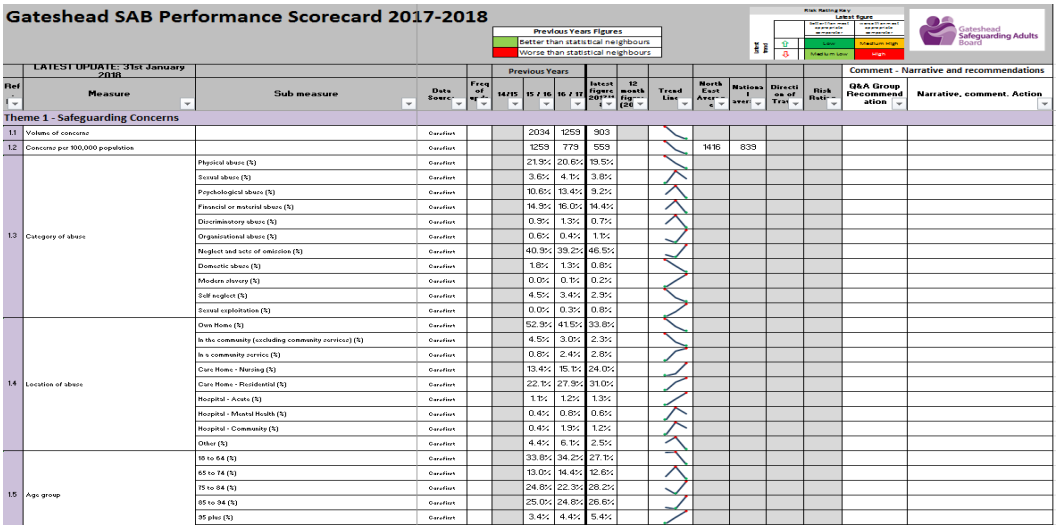
➢ Quality Assurance

- ### Implementation of Quality Assurance Framework

The Quality and Assurance Group developed a Quality Assurance Framework (QAF) for completion annually by all organisations on the SAB. Each partner organisation is expected to complete the comprehensive document and present at the Quality and Assurance Group to enable scrutiny and challenge. The Safeguarding QAF is a useful tool that enables partner organisations to reflect upon their progress within the Safeguarding Adults agenda and drive forward continuous improvement.

- ### Development of Performance Dashboard

The Quality and Assurance Group have developed a performance dashboard.



Gateshead SAB Performance Scorecard 2017-2018

Previous Years Figures
Better than statistical neighbours
Worse than statistical neighbours

LATEST UPDATE: 31st January 2018

Ref	Measure	Sub measure	Data Source	Freq of upd	Previous Years 14/15	Previous Years 15 / 16	Previous Years 16 / 17	latest figures 2017/18	12 month fig (Q2)	Trend Line	North East Average	National Average	Direction of Travel	Risk Rating	Comment - Narrative and recommendations: Q&A Group Recommendation	Comment - Narrative and recommendations: Narrative, comment, Action
Theme 1 - Safeguarding Concerns																
1.1	Volume of concerns		Corefirst			2034	1259	903								
1.2	Concerns per 100,000 population		Corefirst			1259	779	559			1416	839				
1.3	Category of abuse	Physical abuse (%)	Corefirst			21.9%	20.6%	19.5%								
		Sexual abuse (%)	Corefirst			3.6%	4.1%	3.8%								
		Psychological abuse (%)	Corefirst			10.6%	13.4%	9.2%								
		Financial or material abuse (%)	Corefirst			14.9%	16.0%	14.4%								
		Discriminatory abuse (%)	Corefirst			0.9%	1.3%	0.7%								
		Organisational abuse (%)	Corefirst			0.6%	0.4%	1.1%								
		Neglect and acts of omission (%)	Corefirst			40.9%	39.2%	46.5%								
		Domestic abuse (%)	Corefirst			1.8%	1.3%	0.8%								
		Modern slavery (%)	Corefirst			0.0%	0.1%	0.2%								
		Self neglect (%)	Corefirst			4.5%	3.4%	2.9%								
		Sexual exploitation (%)	Corefirst			0.0%	0.3%	0.8%								
1.4	Location of abuse	Own Home (%)	Corefirst			52.9%	41.5%	33.8%								
		In the community (excluding community services) (%)	Corefirst			4.5%	3.0%	2.3%								
		In a community service (%)	Corefirst			0.8%	2.4%	2.8%								
		Care Home - Nursing (%)	Corefirst			13.4%	15.1%	24.0%								
		Care Home - Residential (%)	Corefirst			22.1%	27.9%	31.0%								
		Hospital - Acute (%)	Corefirst			1.1%	1.2%	1.3%								
		Hospital - Mental Health (%)	Corefirst			0.4%	0.8%	0.6%								
		Hospital - Community (%)	Corefirst			0.4%	1.9%	1.2%								
		Other (%)	Corefirst			4.4%	6.1%	2.5%								
1.5	Age group	18 to 64 (%)	Corefirst			33.8%	34.2%	27.1%								
		65 to 74 (%)	Corefirst			13.0%	14.4%	12.6%								
		75 to 84 (%)	Corefirst			24.8%	22.3%	28.2%								
		85 to 94 (%)	Corefirst			25.0%	24.8%	26.6%								
		95 plus (%)	Corefirst			3.4%	4.4%	5.4%								

The dashboard contains standard Safeguarding Adult data with regards to Safeguarding Concerns and Section 42 Enquiries. It also incorporates information on Making Safeguarding Personal, Safeguarding Adult Referrals, Provider Concerns, Training and Deprivation of Liberty Safeguards. Where possible, comparisons are made with regional and national datasets. The Quality and Assurance Group analyse the dashboard information to determine future workstreams. For example, we know that Gateshead has a higher proportion of cases that are attributed to neglect, and we are investigating why this is the case.

- Learning from Regional and National Safeguarding Adult Reviews (SARs)
  The Quality and Assurance Group review recent regional and national SARs and relevant Domestic Homicide Reviews to consider if there is learning for Gateshead. For example, the group have scrutinised the Newcastle Joint Serious Case Review into Sexual Exploitation and a Domestic Homicide Review from Northumberland. Any lessons learned that are applicable to Gateshead are then actioned.

- Regional Approach
  The SAB Executive Group were keen to explore opportunities for working collaboratively at a regional level. The Business Manager actively engages with the Regional Association of Directors of Adult Social Services (ADASS) Safeguarding leads meeting and the national Business Managers network to share and learn from best practice.

  An example of developing a regional approach is the development of a regional procurement process for SAR Chairs. Whilst undertaking the first post Care Act statutory SAR in Gateshead we experienced delays in the process due to difficulties with procuring a suitable Report Writer and Chair. Subsequent conversations regionally and nationally identified that there is a dearth of good quality Report Writers and Chairs with significant variations in quality, cost and availability. Gateshead subsequently instigated discussions with the North-East Procurement Organisation (NEPO) about the possibility of establishing a regional SAR portal. Procurement and Safeguarding leads from several localities met in Gateshead in September 2017 and agreed to go ahead with the project with the inclusion of Report Writers and Chairs for Domestic Homicide Reviews and Child Serious Case Reviews. Assurances were provided that the portal would provide sufficient flexibility to enable SABs to commission Report Writers and Chairs with appropriate expertise in the type of review required. The Portal went live in 2018.

➢ Prevention

- Training
  The SAB Training Sub Group worked alongside the LSCB and Community Safety Board to produce a comprehensive training directory for 2017/18. Training courses advertised within the directory are free of charge to practitioners within Gateshead. To encourage greater attendance at training courses, the Board introduced a charging policy for non-attendance.

  The Training Sub Group organised a Learning Needs Analysis (LNA) to help future training across the SAB, LSCB and Community Safety Board. The LNA was helped to ensure that work on the development of bespoke training courses was evidence based.

A recruitment drive was held to encourage partner agencies to nominate officers to join the multi-agency Level 1 Raising Concerns trainer pool. A train the trainer session was subsequently held for all of our multi-agency trainers. Both the Level 1 and Level 2 training courses were updated to incorporate more recent case examples and learning.

	Number of courses	Number of delegates
Level One – Raising Concerns	14	594
Level Two – Policy and Procedure	4	91

Bespoke on-site training is offered by the Gateshead Council Safeguarding Adult operational team, for a fee, to providers who struggle to get staff to attend the multi-agency safeguarding training.

Partner agencies continue to develop bespoke in-house Safeguarding Adult courses. For example, the Gateshead NHS Foundation Trust incorporated community health services and ensured that bespoke training was developed and delivered to all staff.

- Adult Sexual Exploitation

The SAB tasked the Gateshead Joint Strategic Exploitation Group with improving our response to adult sexual exploitation in Gateshead. Partners within the Board continued throughout 2017/18 to contribute to Operation Sanctuary which is a Northumbria Police led initiative, which aims to tackle and investigate perpetrators who commit or attempt to commit sexual exploitation and to safeguard and support vulnerable adults and children who are victims of sexual exploitation and / or trafficking. During 2017/18 the Strategic Exploitation Group drafted guidance on Adult Sexual Exploitation for front line practitioners including referral pathways, screening tools and case management. The SAB was successful in obtaining funding from the Northumbria Police and Crime Commissioner Supporting Victims Fund to support training in sexual exploitation.

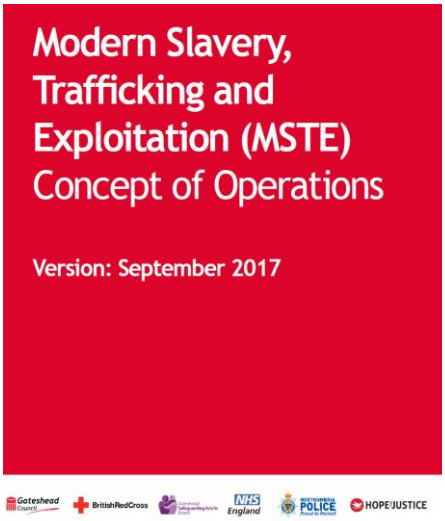
- Provider Concern Process

A new risk based serious provider concern process was introduced in January 2017 to provide a structured and standardised approach for gathering qualitative and quantitative data from service providers. This demonstrates an effective example of collaborative working between Gateshead Council and Newcastle Gateshead CCG. The information captured by the provider concern process is used to inform decisions on contact management actions related to contract compliance including any 'Serious Provider Concerns'. Information on provider concerns is shared via the SAB performance dashboard and culminates in an annual 'State of Care' report presented to the SAB. The introduction of the provider concern process has enabled non-safeguarding related contract based issues to be dealt with in a proportionate and effective manner, rather than

being escalated unnecessarily through the safeguarding process. The Provider Concern process is an important tool in a multi-agency drive to help facilitate market stability.

- Modern Slavery Concept of Operations

The Joint Strategic Exploitation Group has strategic oversight of the Modern Slavery agenda. The SAB approved the Gateshead Modern Slavery Concept of Operations in July 2017. The document supports a Multi-Agency response to Modern Slavery and focuses very much on what roles and responsibilities partner organisations may undertake within that response. Hope for Justice were commissioned by the Safeguarding Adults Board to deliver three training courses on Modern Slavery for front line practitioners.



- Fire Safety and Emergency Preparedness

Following on from the devastating Grenfell Tower disaster in London, the Gateshead SAB sought assurance from Tyne and Wear Fire and Rescue Service, The Gateshead Housing Company and the Gateshead Council Resilience Team regarding fire safety measures and our preparedness for such an emergency in Gateshead. The Board were satisfied that within Gateshead robust arrangements were in place.

- Housing

The SAB continues to recognise the importance of housing within the Safeguarding Adult agenda. The SAB held a workshop that explored the implications of the upcoming Homelessness Reduction Act and incorporated ensuing actions within the ongoing Safeguarding Adults Housing Improvement and Development Action Plan. The SAB recognises the excellent contribution colleagues in The Gateshead Housing Company make towards the Safeguarding Adults agenda, as demonstrated within their Safeguarding Adult Quality Assurance Framework. They are a member of Northumbria University's Hoarding Research Group, Chair the SAB Practice Delivery Group, have established a new officer role of Partnerships and Inclusion which will support safeguarding activity and were asked to share their best practice safeguarding adult work at the Northern Housing Consortium regional conference.

➢ Community Engagement and Communication

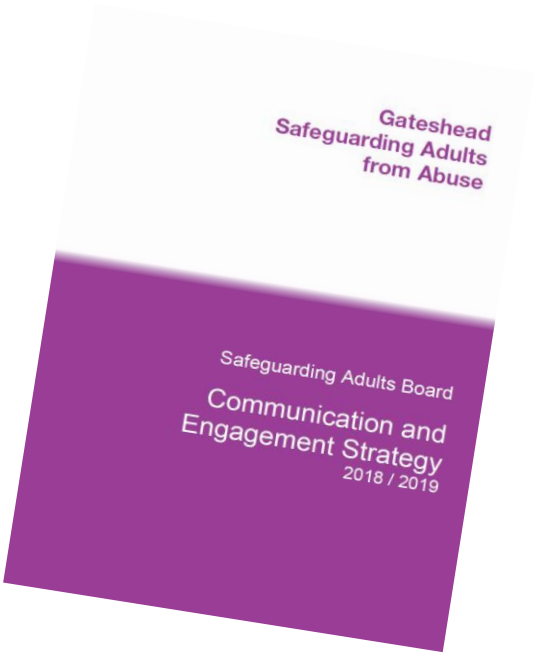
- Published Communication and Engagement strategy

The Practice Delivery Group focussed attention upon the development of a Safeguarding Adults Communication and Engagement Strategy.

The aims of the strategy are twofold:

1) We want to improve and strengthen how we communicate and engage with service users, staff, stakeholders and the wider public to raise awareness and promote key messages about safeguarding adults in Gateshead

2) We want to build community resilience so that our residents are better equipped to keep themselves safe from harm



The Strategy outlines the main target audiences for our Communication and Engagement activity and what our key messages are to maximise impact.

- Engagement with Community and Voluntary Sector

Throughout 2017/18 work was undertaken to improve our links with the Community and Voluntary Sector via Newcastle Council for Voluntary Services (NCVS) who currently co-ordinate activity for community and voluntary sector organisations in Gateshead. Regular updates from the Safeguarding Adult Board are included within the NCVS newsletter 'On the Hoof' – for example clarification was given that CVS members can access our training free of charge. A recruitment drive was undertaken to encourage CVS members to join our Practice Delivery Sub Group. The Gateshead Safeguarding Adults Business Manager, along with the equivalent officer in Newcastle, gave a presentation to CVS colleagues at a Wellbeing and Health Open Forum about Safeguarding Adults and consulted with organisations about their priorities for Safeguarding Adults.

- SAB newsletters

  The SAB continues to produce quarterly newsletters that are circulated widely to partner organisations, including our commissioned providers.

Gateshead Safeguarding Adults Board

Issue 4 | December 2017

Partnership Newsletter

Foreword

Writing at this time of year, with a cold wind in the air and snow only just left the streets, I am conscious of how vulnerable some people living in Gateshead can feel. It is not just the weather and the temperature – for many people, the Christmas period can be the most lonely time of year. It is, though, also the time when more of us make an extra effort to make contact with people we know living near us, who might benefit from a visit.

It is the time when we can also help to make a reality of our strapline, that "safeguarding is everyone's business." Visiting a neighbour or a relative gives the chance for us to think how life is for them; are they able to look after themselves? Is there some extra support that they may need, that somebody in the community might provide? Are they vulnerable to someone taking advantage of them?

This autumn the Safeguarding Adult Board looked into some of the risks of financial scams that are present in Gateshead – have a look at the piece later in this newsletter. People at the door of your neighbour might not always have their best interests at heart. We have all heard tell of people who have had much of their life savings scammed off them, or who have spent way over the odds on some non-existent roof repairs.

This year, too, the introduction of Universal Credit could result in many people going into debt, perhaps for the first time. Although there are credit unions are available in Gateshead who can help people with short-term debt, too many people still use local loan sharks – the interest payments sound not so much, but they can rise and rise very quickly until people can be sucked into unmanageable debt. The Council is making available advice leaflets for any of us, so that we can advise anyone we know who might be at risk of debt.

There is little enough money around nowadays anyhow. Let's try to make sure that none of it ends up in the hands of the loan sharks and the scammers.

Sir Paul Ennals
Independent Chair, Safeguarding Adults Board

In this issue:

- Spotlight on Mental Capacity
- Promoting Safeguarding Adult Key messages
- Safeguarding Adults Board training directory and charges
- DOLs returns
- Financial Abuse and Scams
- Consultations

Introduction

The Care Act 2014 enshrined in law the principles of Safeguarding Adults. This will ensure that the most vulnerable members of our community are given protection and support and will help them to live as independently as possible. The Care Act also places a duty on the local authority to establish a Safeguarding Adults Board. With the principle of partnership in mind we have produced this newsletter which we will circulate on a quarterly basis and will include content such as organisational updates, case studies, legal reforms, training opportunities and practice guidance.

➢ Improved Operational Practice

- Safeguarding Adult Reviews (SARs)

  The SAR Group revised their SAR practice guidance for front line staff within Gateshead during 2017/18 to facilitate a more flexible and robust approach to SARs. The SAR Group effectively co-ordinated and responded to 13 SAR referrals during 2017/18, the detail of which is included further in this report. Recommendations from the SAR referrals, and subsequent enquiries, have been subsequently actioned. For example, concerns were raised by Northumbria Police that partners were not immediately contacting the police if there were concerns about wilful neglect, which had impeded some investigations. As a result, awareness was raised with partners within the Board, Sub-Groups and via the Board newsletter.

- Making Safeguarding Personal

  A Making Safeguarding Personal health check was completed to feed into a regional Association of Directors of Adult Social Services (ADASS) review of Making Safeguarding Personal and the implementation of Care Act 2014 Safeguarding Adult statutory guidance. The health check was a useful exercise and recommendations from the health check will help to shape the 2018/19 revision of the Multi-Agency Policy and Procedures.

- Revised electronic recording
  Comprehensive revisions were made to the Carefirst forms, which capture all Safeguarding Adult activity in Gateshead. This has enabled Gateshead to capture all of the information required by NHS Digital for the statutory Safeguarding Adult Collection annual return, including discretionary information. This means that from 2018/19 our performance dashboard will contain a more comprehensive dataset. Partner agencies continue to improve their data recording, for example the Queen Elizabeth Hospital has ensured that their Datix system mirrors the revised Carefirst forms. Oasis Aquila Housing have implemented a new data recording system.

- Improved information sharing from Primary Care
  The Newcastle Gateshead Clinical Commissioning Group continue to improve engagement of GP's within the Safeguarding Adult process on both proactive and reactive levels. This includes awareness raising about the need to raise Safeguarding Adult Concerns across the ten categories of abuse and engagement with GP's in S42 Enquiries.

➢ Implementing Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS)

- Maintain compliance with Deprivation of Liberty Safeguards
  Gateshead Council, as DoLS Supervisory Body, continues to remain legally compliant with the judgement despite the national challenges and evidence to suggest there are significant backlogs locally and nationally.

  Gateshead Council has continued to invest in the DoLS staff team responsible for the processing and managing of all DoLS applications by increasing ability to meet most of our demands "in-house", thereby improving efficiency.

Our Performance 2017/18

Safeguarding Adults Headline Performance

A summary of the headline performance information is provided below.

The 2018/19 financial year will be the first year in which we have a complete year of data contributing towards the performance dashboard. This will provide a more comprehensive performance picture, including detailed information about provider concerns.

- Volume of Concerns and Enquiries

For a Concern to progress to a Section 42 Enquiry it must meet the statutory criteria. The Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support need is unable to protect themselves from either the risk of, or the experience of abuse or neglect

In 2017/18 there were 1097 Safeguarding Adult Concerns which led to 445 Section 42 Safeguarding Enquiries. In percentage terms, 40.6% of Concerns led to a Section 42 Enquiry. In comparison, in 2016/17 there were 1259 concerns which led to 462 enquiries thereby having a 36.7% conversion rate.

These figures illustrate a continued decline in the volume of both Concerns and Enquiries. This has resulted in comprehensive analysis and discussion at the Quality and Assurance Group, Executive Group and Board. Partners are satisfied that the decline can be attributed to:

- Improved partner awareness about safeguarding adults, resulting in less inappropriate Safeguarding Adult Concerns being raised
- Introduction of provider concern process – non-safeguarding contract compliance issues are managed via provider concern process
- Strengthened adult social care 'front door' arrangements, resulting in greater alignment with the Multi-Agency Safeguarding Hub (MASH) and adult social care, ensuring that cases are only progressed into safeguarding if they meet the criteria.

- Categories of Abuse

The following performance information relates to the primary category of abuse recorded for concerns. The most common category of abuse was

Neglect and Acts of Omission which represented 49.86% of all Safeguarding Concerns raised. This was followed by Physical Abuse (20.88%) and Financial and Material (14.95%). This followed a similar pattern to the previous year.

The new categories of abuse introduced by the Care Act represented relatively small volumes in 2017/18:

- Domestic Violence – 9 cases, 0.82%
- Modern Slavery – 0 case, 0.00%
- Self Neglect – 30 cases, 2.73%

- Age

71.74% of all Safeguarding Concerns were raised for Adults aged 65 and older, equating to 787 cases.

Deprivation of Liberty Safeguards (DoLS)

For the period April 2017 to March 2018 Gateshead Council received 2113 Deprivation of Liberty Safeguard applications. This was a slight decrease in activity from the previous financial year (2118) and hopefully represents a levelling out of the demands placed on local authorities in meeting statutory obligations.

The highest rate for DoLS applications remains with those over the age of 65. Within Gateshead this represents 1821 applications for those aged over 65 and 292 for those under 65.

There were 272 applications which have not been authorised, due to various standard reasons. Where a specific reason was stated the most significant was for 'Mental Capacity requirement', which took place in 64 cases.

Our demographics remain in accordance with previous data with predicted higher percentages of those 85+ being more likely to be subject to DoLS authorisations, (40%) and those more likely to be females (61%).

Safeguarding Adults Reviews (SARs)

The SAR Group is responsible, on behalf of the Gateshead SAB, for statutory SARs introduced by the Care Act 2014. The SAB has produced a SAR Practice Guidance note to provide a framework for SARs in Gateshead.

During 2017/18 the SARG received 13 Safeguarding Adult Referrals. Of those:

- 1 progressed to Joint SAR / Domestic Homicide Review. The Independent Chair was appointed in April 2018 and the full report and recommendations are scheduled to be published towards the end of 2018.

- 1 progressed to a discretionary multi-agency appreciative enquiry. This enquiry was put on hold due to the needs and wishes of the Adult at Risk but has re-commenced and will be published towards the end of the 2018/19 financial year

- 1 contributed towards a drug related death review. This referral instigated a constructive discussion with the Chair of the Drug Related Death Group in Gateshead. As a result, the Safeguarding Adults Business Manager is now a member of the Drug Related Death Group. Members of the Drug Related Death Group are also requested to consider the criteria for a SAR for all drug related deaths.

- 5 resulted in single agency reviews.

All reviews and enquiries are reported back to the SAR Group for scrutiny and challenge. Learning from reviews is fed into the Quality and Assurance Group and Training Group when there are specific actions or learning that needs to be taken forward.

The Executive Group discussed and agreed expectations from partner agencies with regards to internal scrutiny and challenge for single agency reviews. Should there be any outstanding actions or learning these are reported to the relevant Board Sub-Group for progress.

During the 2017/18 financial year the Gateshead SAB published a SAR for Adult A. The final Overview Report was presented and approved at the SAB in July 2017 and the recommendations have been monitored by the Quality and Assurance Group. Adult A was an 81 year old lady who lived alone and died on 17th February 2015 in Queen Elizabeth Hospital (QEH). The cause of death was identified as cardiac failure, sepsis and extensive pressure sores due to immobility. Adult A's health was declining over the period before her death, she refused Hospital admission on a number of occasions. At times, Adult A also refused care and treatment at home. There were a number of

agencies involved with Adult A and the SAB made the decision to refer Adult A for a SAR, despite the fact that she died prior to the Care Act statutory guidance introducing self-neglect as a category of abuse. Most of the recommendations were completed in advance of the production of the final report. Most importantly, self neglect cases are now incorporated within Safeguarding procedures and practice guidance was produced for front line practitioners. The complexity of self-neglect, and subsequent learning from single agency enquiries, has meant that this self-neglect guidance will be updated within 2018/19.

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Gateshead
Safeguarding Adults
Board

Gateshead Safeguarding Adults Board

Strategic Plan 2016-2019

2018 update

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Introduction

This is the first Strategic Plan for the now statutory Gateshead Safeguarding Adults Board post implementation of the Care Act (2014) on April 1st 2015. This three year Strategic Plan is supported by annual Business Plans to enable the Board to prioritise and focus activity over the three year period. Of course, the national and local policy landscape is constantly changing and it is important to review the Strategic Plan on an annual basis to ensure that the Strategic priorities remain right for Gateshead. **This plan has been reviewed and updated in April 2018**.

The Gateshead Safeguarding Adults Board is committed to make Safeguarding in Gateshead person-led and outcome focussed by adopting and implementing a preventative model. The Board have worked hard to ensure that within Gateshead we are Care Act compliant and have demonstrated via internal and independent scrutiny that we deliver quality services.

We face new challenges, however, ranging from the inclusion of new categories of abuse, the removal of thresholds, an important emphasis upon the empowerment of those Adults at risk of or experiencing abuse and neglect, and unprecedented organisational changes for many of our partner organisations as a result of continued austerity.

The Gateshead Safeguarding Adults Board also continues to provide strategic leadership for our approach to responding to statutory duties detailed within the Mental Capacity Act, including the Deprivation of Liberty Safeguards.

The Gateshead Safeguarding Adults Board has a strong commitment from its members to implement the Strategic Priorities identified within this plan. Some of these we can address and deliver quickly. Others will need commitment and further development throughout the three year period.

Policy Context

The Care Act 2014 has enshrined in law the principles of Safeguarding Adults, which will not only ensure that the most vulnerable members of society are afforded appropriate support and protection, but will also help them to live as independently as possible, for as long as possible. Chapter 14 of the Care and Support Statutory Guidance issued under the Care Act replaces the No Secrets document as the statutory basis for all safeguarding activity. This was updated in March 2016 by the Department of Health. The Care Act sets out the Safeguarding Adult responsibilities for Local Authorities and their partners. It places a duty upon Local Authorities to establish Safeguarding Adults Boards.

A corner stone of the Care Act is the general responsibility placed on all local authorities to promote wellbeing. Significantly, the Care Act emphasises the importance of beginning with the assumption that individuals are best placed to judge their own wellbeing. Under the definition of wellbeing, it is made clear that protection from abuse and neglect is fundamental.

The Care Act identifies six key principles which underpin all adult safeguarding work, and which apply equally to all sectors and settings:

- **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation to those in greatest need
- **Partnership** – local solutions through services working with their communities
- **Accountability** – accountability and transparency in safeguarding practice

Schedule 2 of the Care Act (2014) stipulates that Safeguarding Adults Boards must publish a Strategic Plan each financial year, identifying how the Boards and their members will protect adults in their respective areas from abuse and neglect.

Gateshead Safeguarding Adults Board

Our vision

Our vision for adult safeguarding in Gateshead is:

'Everybody in Gateshead has the right to lead a fulfilling life and should be able to live safely, free from abuse and neglect – and to contribute to their own and other people's health and wellbeing'

In Gateshead we believe that Safeguarding is everyone's business. This means - whoever you are, wherever you are and whatever position you have – you have a responsibility to take action to help protect our local residents when you hear about allegations of abuse or neglect.

We believe that our vision is shared and practiced by all our partner organisations. Safeguarding cannot be fully delivered by agencies acting in isolation – and can only be achieved by working together in partnership to help protect and support adults at risk of, or experiencing, abuse or neglect.

Governance arrangements

The Gateshead Safeguarding Adults Board became a statutory body in April 2015. The Board is responsible for assuming the strategic lead and overseeing the work of Adult Safeguarding and Mental Capacity Act / Deprivation of Liberty Safeguards arrangements in Gateshead. Within Gateshead we have commissioned an Independent Chair to enhance scrutiny and challenge. The Board has a comprehensive Memorandum of Understanding, which provides the framework for identifying roles and responsibilities and demonstrating accountability. The Safeguarding Adults Board has developed strong links with the Local Safeguarding Children's Board, Health and Wellbeing Board and the Community Safety Board.

In law, the statutory members of a Safeguarding Adults Board are defined as the local authority, the local police force and the relevant clinical commissioning group. However, in Gateshead, we recognise the importance of the contribution made by all of our partner agencies and this is reflected by the wider Board membership (correct as of April 2018):

- Gateshead Council
- Northumbria Police
- Newcastle Gateshead Clinical Commissioning Group (on behalf of NHS England, North East Ambulance Service and incorporating GP lead for Adult Safeguarding)
- Lay Members
- Gateshead NHS Foundation Trust
- South Tyneside Foundation Trust
- Northumberland Tyne and Wear NHS Foundation Trust
- Gateshead College
- The Gateshead Housing Company
- Tyne and Wear Fire and Rescue Service
- Northumbria Community Rehabilitation Company
- National Probation Service
- Oasis Aquila Housing
- Mental Health Concern
- National Probation Service

The Safeguarding Adults Board is supported by five sub-groups:

- **Practice Delivery Group** (Chaired by an officer from The Gateshead Housing Company)

The role of the Practice Delivery Group is to ensure that the Multi-Agency Safeguarding Adults policy and procedures and supporting practice guidance continue to be fit for purpose. The Group has responsibility for keeping up to date with national policy changes that may impact upon the work of the Safeguarding Adults Board. The Group also has responsibility for the development and implementation of the Communication and Engagement strategy and implementation of the Dignity Strategy.

- **Safeguarding Adult Review Group** (Chaired by an officer from Newcastle Gateshead Clinical Commissioning Group)

The Safeguarding Adults Review Group (SARG) will consider Safeguarding Adult Review referrals, commission reviews and subsequently monitor their progress. The SARG may also oversee discretionary reviews into cases that do not meet the criteria for a Safeguarding Adult Review, where the group feel there are multi-agency lessons to be learned. It will collate and review recommendations from Safeguarding Adult Reviews and other reviews, ensuring that achievable action plans are developed and that actions are delivered.

- **Quality and Assurance Group** (Chaired by an officer from Gateshead NHS Foundation Trust)

The Quality and Assurance Group have developed and implemented a Quality and Assurance Framework that provides a structure for scrutinising activity that is undertaken by Board member agencies and relevant services or organisations. The group monitors and scrutinises the quality of activities to ensure that the interventions offered are person-centred, proportionate and appropriate. The Quality and Assurance Group is also responsible for the development of a performance dashboard and for considering lessons learned that are identified nationally, regionally and locally from any cases requiring a Safeguarding Adults Review, Serious Case Review or any other review process relevant to the Safeguarding Adults agenda.

- **Training Group** (Chaired by an officer from the Local Authority)

The Training Group coordinates and develops Safeguarding Adults training and Mental Capacity Act / Deprivation of Liberty Safeguards training that is accessible for practitioners and managers in a multi-agency setting. For the purposes of quality assurance, data is monitored regarding attendance, cancellation as well as evaluation of training courses. The group develops and implements ad-hoc bespoke training courses to meet evidenced demand in addition to core training courses.

- **Strategic Exploitation Group** (Chaired by an officer from Northumbria Police)

The Strategic Exploitation Group is a sub-group of both the Safeguarding Adults Board and the Local Safeguarding Children's Board. The group is responsible for overseeing all work with respect to sexual exploitation, modern slavery, trafficking and female genital mutilation in Gateshead.

The Board and the five sub-groups regularly commission time limited task and finish groups to undertake specific pieces of project work.

Developing the Strategic Plan

The Gateshead Safeguarding Adults Strategic Plan has been developed in consultation with a variety of stakeholders, and underpinned by performance information and feedback from members of the general public, safeguarding adult service users, advocates and professionals from a range of service users.

Stakeholder consultation included:

- Safeguarding Adults Board partner organisations
- Practice Delivery Group
- Health Partners Network
- Healthwatch
- General public
- Commissioned Providers
- Practitioner feedback

The 2018 refresh involved learning from national best practice and Safeguarding Adult Review recommendations in conjunction with additional consultation with the following:

- Commissioned Providers (November 2017)
- Board Development Session (February 2018)
- Community and Voluntary Sector (February 2018)

Strategic Priorities and Key Challenges

The Gateshead Safeguarding Adults Board has established five Strategic Priorities for 2016/19:

- Quality Assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practice
- Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

Consultation for the 2018 refresh of the Strategy confirmed that the priorities should remain. The Safeguarding Adults Board are committing to embedding the Making Safeguarding Personal agenda throughout the five Strategic Priorities.

1. Quality Assurance

The Safeguarding Adults Board will continue to prioritise Quality Assurance in its widest sense. This will enable the Board to demonstrate quality and effectiveness at both strategic and operational levels. It aims to support a better understanding of how safe adults are locally and how well local services are carrying out their safeguarding responsibilities in accordance with the Care Act and the Gateshead Multi-Agency Policy and Procedures. In particular, the Board will seek to demonstrate effectiveness in implementation of the Making Safeguarding Personal agenda.

Key Challenges 2018/19 include:

- Develop and implement a self assessment process to monitor the effectiveness of the Board and partner organisations
- Implement a Safeguarding Adults Peer Review and act upon subsequent recommendations
- Revise the Safeguarding Adults Review Policy and Practice Guidance
- Demonstrate learning from best practice / inspections / audits and reviews
- Measure the quality of user engagement

2. Prevention

Prevention is one of the six Principles of Safeguarding. Within Gateshead we have prioritised preventative work and have produced a range of practice guidance notes and bespoke training courses to support our front line practitioners. Challenge has also been encouraged at Board level to develop services that are preventative and proactive rather than reactive. Nonetheless the Policy landscape is changing, along with operational practice, and it is important that the Safeguarding Adults Board continue to focus on the prevention agenda.

Key Challenges 2018/19 include:

- Revise the Self-Neglect Practice Guidance note and deliver updated practitioner training
- Work with Community Safety to enhance operational response to the Prevent agenda
- Revise the Financial Abuse Practice Guidance note, taking into account the issues arising from implementation of Universal Credit
- Develop and Implement Modern Day Slavery Strategy
- Continue to enhance and champion the links between safeguarding and housing
- Develop and Implement Level Two and Level Three Safeguarding Adult Training courses
- Continue to engage with providers to understand issues within the care and support sector and support through provider concern process
- Develop an understanding of the safeguarding implications for the integration of health and social care
- Explore opportunities for working in partnership to develop Early Help models
- Work with Community Safety to raise awareness of mate crime

3. Community Engagement and Communication

The Safeguarding Adults Board have prioritised empowerment, personalisation and Making Safeguarding Personal to ensure that those adults involved within the safeguarding process have their wellbeing promoted and, where appropriate, that regard is given to their views, wishes, feelings and beliefs in deciding on any action. Everyday practice however has demonstrated that there is a lack of understanding about Safeguarding Adults within the wider community, which can impact upon the effectiveness of Safeguarding Adults as a whole.

Key Challenges 2018/19 include:

- Deliver Communication and Engagement Strategy delivery plan including;
  - Develop a bespoke Safeguarding in Gateshead website
  - Develop and implement a Safeguarding Adults Champion Scheme
  - Develop a programme of Community Engagement activities
  - Host a Safeguarding conference
- Develop a programme of consultation for the next three year Strategic Plan

4. Improved Operational Practice

Whilst this is a Strategic Plan, the Safeguarding Adults Board must ensure that operational practice is fit for purpose and delivering person-centred outcomes. Following implementation of the Care Act on April 1st 2015 and the subsequent implementation of revised Multi-Agency Policy and Procedures in Gateshead feedback from Adults who have been through the Safeguarding process and from practitioners has identified a number of key challenges that the Board must ensure are addressed.

Key Challenges 2018/19 include:

- Revise the Safeguarding Adults Board Multi-Agency Policy and Procedures
- Further embed the principles of Making Safeguarding Personal
- Improve the implementation of the Mental Capacity Act within the safeguarding adult process
- Complex cases – understand interface between community safety, MASH, contract management and Safeguarding

5. Implementing Mental Capacity Act / Deprivation of Liberty Safeguards

The Mental Capacity Act, including Deprivation of Liberty Safeguards, has been subject to significant legislative changes resulting in an unprecedented increase in resource demands nationally and local. The agenda will continue to evolve as new ways of working and case law is embedded into practice. There is an increasing need to improve the knowledge base of the MCA and DoLS agenda and to further enhance engagement with partner agencies and service users in relation to the MCA to enable the successful incorporation into everyday assessment and care provision.

Key Challenges 2018/19 include:

- Focused awareness raising with professionals with respect to 16/17 year olds and the MCA
- Community engagement with respect to MCA and DoLS
- Develop a targeted approach to MCA and financial abuse
- Practitioner training on court processes

Gateshead Council

Produced by Gateshead Adults Safeguarding Board, April 2016

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