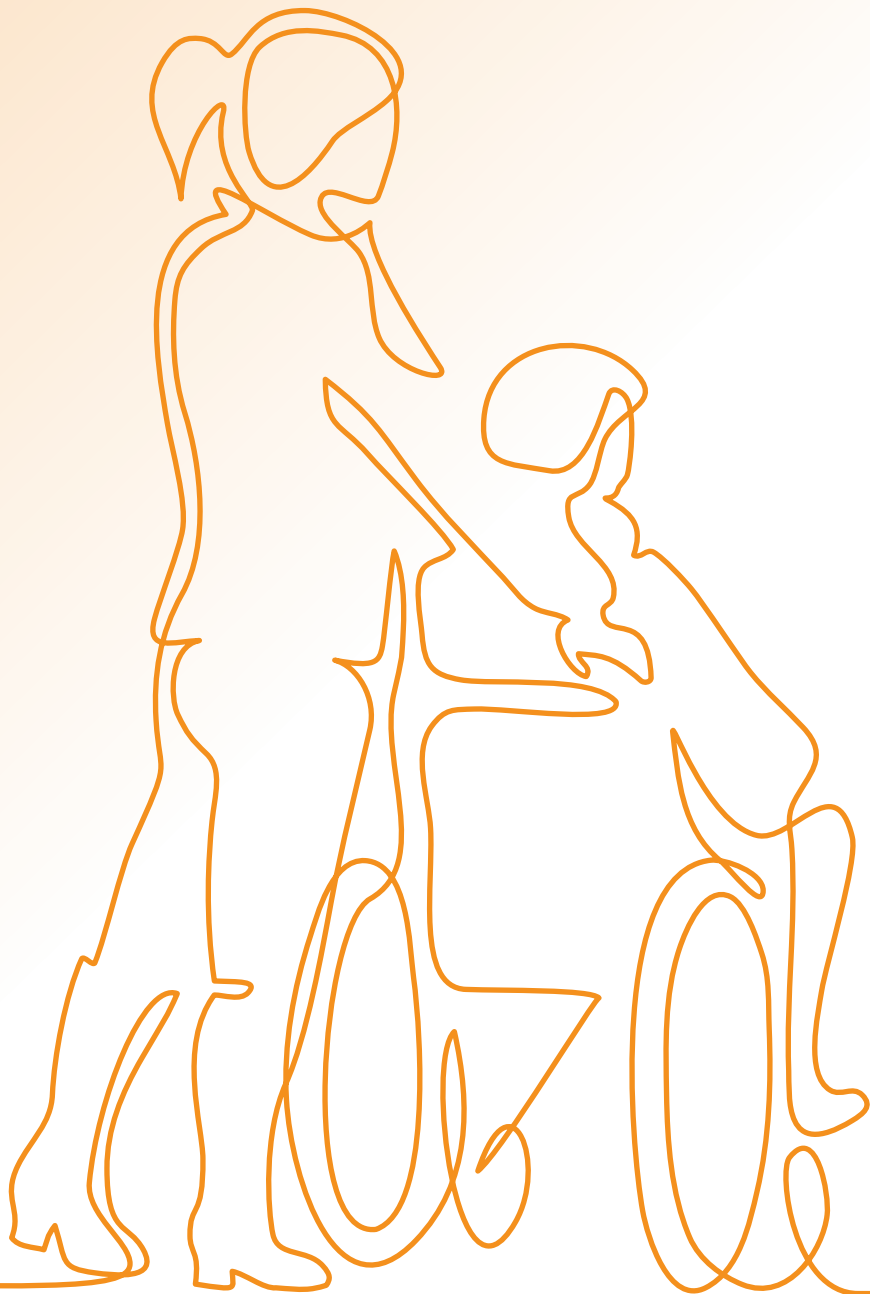


The lives we want to lead

Findings, implications and recommendations
on the LGA green paper for adult social care
and wellbeing

LGA consultation response





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Foreword



When the Government announced on 18 June 2018 that there would be a further delay to its green paper on the future of social care it created an unwelcome void. A little over a month later, we filled it with our own green paper, 'The lives we want to lead'.

We undertook this consultation process because we could not wait any longer for a nationwide debate about how best 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.

The response has exceeded our expectations. We have received more than 500 submissions to our consultation questions from across the general public, people who use services, councils and other interested and significant organisations and sectors. These, alongside other work we have undertaken as part of this process, provide an invaluable and rich source of views and insights and we are extremely grateful to everyone who has given their time to respond so thoroughly.

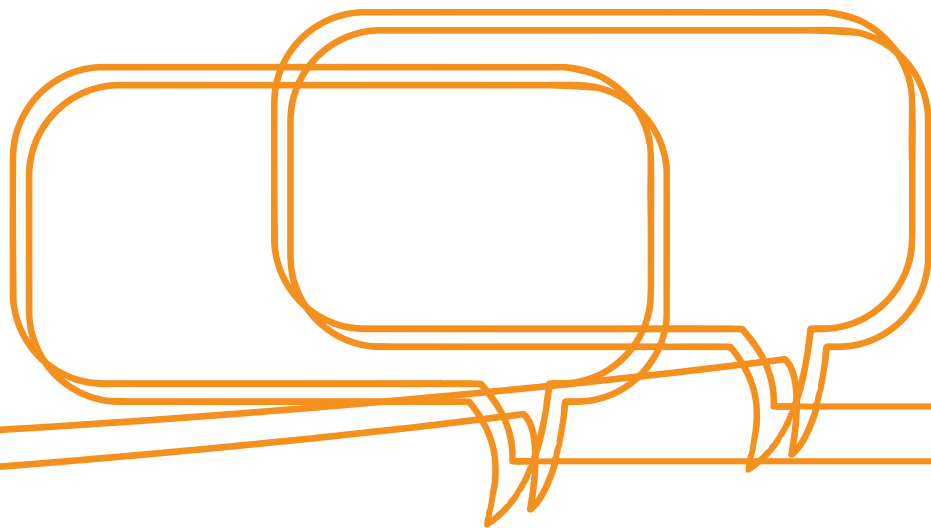
What shines through most in the full range of responses is the level of passion for supporting and improving people's wellbeing and the role social care and other linked services can, and should, play in enabling people to live the lives they want to lead. Twenty years of failed or aborted attempts at reforming social care funding may have frustrated people, but it has quite evidently not dulled their enthusiasm for bringing about change.

Exactly what that change might look like from the Government's perspective will be in its forthcoming green paper. We believe our own provides a strong blueprint. And we insist that the views of the more than 500 respondents to our green paper must be reflected in the Government's green paper.

This is not to say that the Government's task is suddenly an easy one – the weight of previous failed attempts to reform social care funding by governments of all colours will no doubt sit heavily. But there are two key lessons that the Government can take away from the work we have done over the last four and half months and which, at the very least, should focus its thinking.

First, there is clear consensus on key elements of the debate. Most importantly, there is universal agreement that the current situation is unsustainable and, in turn, is failing people on a daily basis, with people not living their life to the full. For those of us without care and support needs, we would not countenance any impediment to living the lives we want to lead; for people with care and support needs, this is the situation they face.

This might perhaps explain another point of clear consensus: that adult social care matters. It is a service that supports, fulfils and enables all aspects of a person's life. In this way, it must not be considered within Whitehall, or anywhere else, as a service that primarily helps keep pressure off the NHS or one that can simply be propped up through piecemeal handouts. It is of course true that a sustainable NHS relies on



a sustainable social care system, but its value is far deeper, and goes far beyond, the impact it has on other public services. If, as a society, we are committed to the ideals of equality of opportunity and self-determination, then we must get serious about adult social care.

Second, in addition to clear elements of consensus, there is an equally important element of willingness running through the debate. Willingness to engage with the questions that need to be posed and, most crucially, willingness to support – or, just as important, accept – the type of solutions that are needed to secure social care, but which may hitherto have been considered politically unpalatable or inexpedient. Willingness is a powerful force in this sense and one that the Government must, at the very least, explore further. As the sector and the public begin to coalesce around an understanding that fundamental solutions are needed – such as national tax rises or a comprehensive social insurance solution – they will simply not accept a roadmap for change that dodges the difficult questions, let alone the difficult decisions.

Consensus and willingness are key foundations for change. But they can only go so far in shaping a more detailed picture of what the problems are and how they can be overcome. Responses to our green paper consultation, and other associated work we have conducted as part of the process, help provide this detail. In this respect, we believe this publication should be required reading for the highest parts of Government.

But we have not wanted to settle for simply reporting back what others have said, as hugely valuable as that is. Instead, we have carefully reflected on that vital input to draw up a set of recommendations. In some cases, we are revisiting previous positions, albeit with a new and compelling body of evidence behind us. In other cases, we are setting out new positions – driven, in part, by a strong desire to try and move the debate along by backing particular solutions to the more thorny issues. This represents an important step change in the Local Government Association (LGA) position and one we hope the Government will mirror.

The recommendations we have made are aimed at achieving two broad objectives: stabilising and sustaining the here and now; and moving towards a system that we know could be better. ‘Better’ in this sense, is not about doing more of what we are doing now, but moving toward the real purpose and intent of the Care Act. This is not a perfect piece of legislation – no legislation is. But its principles are fundamentally sound: a genuine focus on people and their wellbeing being at the heart of care and support; a real commitment to prevention and doing everything possible to keeping people fit and well at home; meeting all needs with quality services, delivered by a thriving provider market and skilled and motivated workforce; and effective partnership working – not just with the NHS, but with housing, and the voluntary and community sector, for instance. This is about being better, not aspiring to be better, and we know councils can deliver.

There is therefore no interest in Government simply rearticulating the problem; we – and many countless others – have done that. Now is the time for answers. And every day that is spent further defining the problem and consulting on changes that only really tinker at the edges of the debate, is another day in which people’s lives are not being lived to the full.

Governments are remembered for the big things they do which improve our society. But sometimes such improvements require wider political buy-in from across all parties, as well as engagement from society at large. This is one such issue and it requires us to fully embrace it in order to resolve it. The current Government and its ministers have a unique opportunity to start that process, but politicians on all sides are just as responsible for bringing about the change we need. The LGA works on such a basis of cross-party cooperation, now our national politicians must do the same.

Lord Porter of Spalding CBE

LGA Chairman

Cllr Nick Forbes

Labour Group Leader and LGA Senior Vice Chair

Cllr James Jamieson

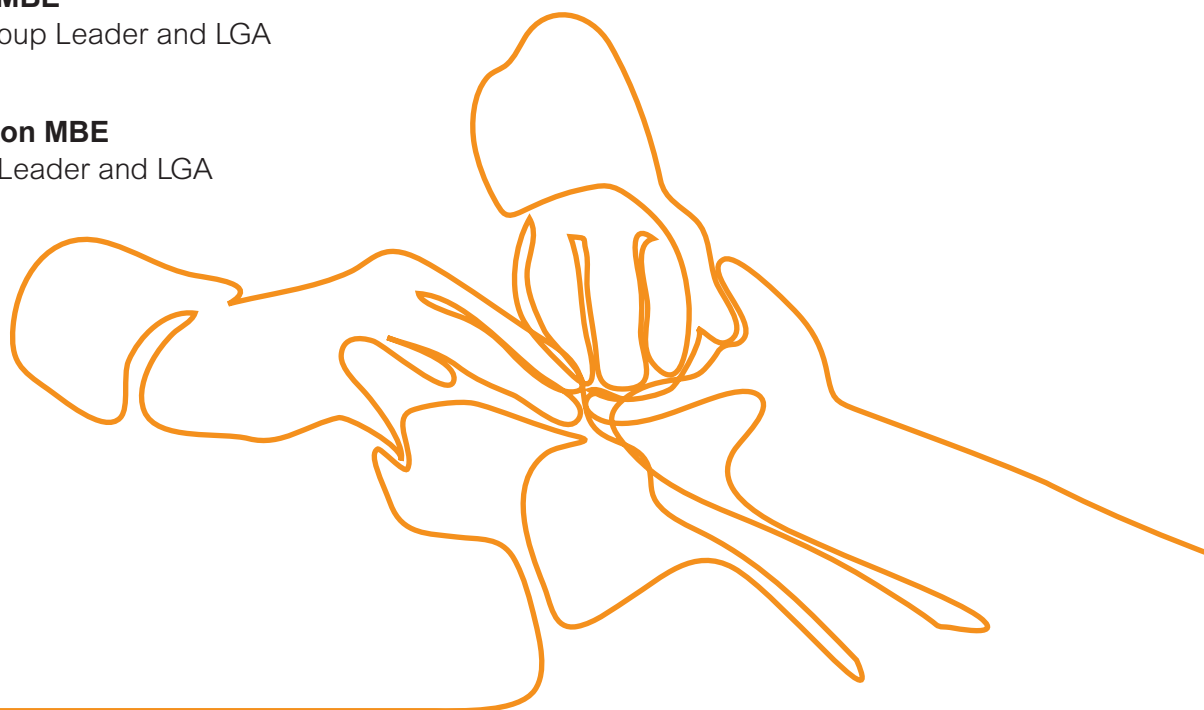
Conservative Group Leader and LGA Vice Chairman

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: findings and implications

Why does adult social care matter?

Findings

Responses to the consultation demonstrate an unequivocal view of the importance of adult social care and support. That importance is defined in different ways. Some frame social care as a moral responsibility, a hallmark of a civilised society and as an issue of human rights. Others note the role it plays in enabling people to maintain or regain their independence, with a clear linked emphasis on the ability of social care to help prevent, reduce or delay the onset of needs. A clear proportion of respondents define the importance of social care in terms of helping people enjoy the best possible quality of life, including their participation in, and contribution to, society. Some respondents noted that social care acts as a 'universal safety net' and others acknowledged its importance in supporting unpaid family carers. Finally, a significant number of respondents spoke of social care's wider contribution to society, such as in economic terms and in linking to other public, private and voluntary services.

The majority of respondents also believe it is important that decisions about social care are made at the local level, recognising that a 'one size fits all' approach cannot work given the differences between local areas. Furthermore, respondents acknowledged the importance of democratic accountability and locally held knowledge. However, the consultation also revealed a degree of concern about a 'postcode lottery' of social care, with some respondents believing a local approach to social care within a framework set nationally is best.

Implications

There are as many answers to this question as there are people involved in any aspect of the social care and support and wellbeing sphere. But they all point in the same direction: adult social care and support matters because people's lives matter.

The problem, not discovered by our consultation but certainly reinforced by it, is that the value of social care is not recognised beyond that sphere. It is not part of the national psyche in the same way that the NHS is, or other fundamental institutions in our society that we instinctively appreciate despite any shortcomings, such as schools and education.

The first step to bringing about any change is building an awareness of what it is that needs changing and why. That helps raise appreciation, and in turn, builds momentum for a commitment to change.

Our consultation also underlines a well-known tension within the care and support system: recognition, and support for, the local dimension of social care on the one hand, but concern about variability on the other. One is not more important than the other, but the presentation of the issue sometimes implies that is the case. This must change.

The funding challenge and its consequences

Findings

Individuals and organisations with a commitment to social care and support have, for some time, outlined the pressures facing the system and their implications. In one sense, our consultation therefore reveals nothing inherently 'new'. However, the findings from our consultation underline this fundamental truth and bring it into the sharpest possible focus across several hundred responses that powerfully capture the human cost of our struggling care and support system.

All respondents – individuals, councils, providers, workforce and voluntary sector organisations – have described a system that is now failing across the board as a clear consequence of underfunding: the situation is “disastrous” and “catastrophic”. People’s needs are not being met, services are being withdrawn, quality is deteriorating, improvement is stalling and in some cases is in reverse, the ability to prevent the need for social care in the first place is rapidly being lost, providers are unable to stay afloat and unpaid carers and the care workforce are being put under impossible and unbearable pressure.

At the most important level, the implications are being felt most acutely by people. People who are “sad”, “lonely” and living “undignified” lives. People whose lives have now, in the view of one respondent to our consultation, “been put at risk”.

Implications

The breadth and depth of the historic and current funding challenge, and its consequences, is enormous. Short-term pressures must be addressed properly to stabilise social care and support now and as a down payment on longer-term reforms. A failure to act properly now will exacerbate the consequences of under-funding we have seen to date. Lives will not be lived to the full, quality and improvement will stall or reverse, unmet and under met need will rise, businesses will be at risk, demand on the NHS will increase, pressure on the workforce and unpaid carers will rise,

investment in prevention will decrease, and local communities will be fundamentally weakened. Not acting now will only increase costs over the longer-term, whether that be for councils or other parts of the public sector.

The options for change: changing the system for the better

Findings

There is a clear message from across respondents that more funding is needed, both for the immediate-term and beyond. Where respondents selected specific issues to address as immediate priorities, the most common selections were paying providers a fair price for care and covering the cost of inflation and the additional people needing care and support. There were linked issues around quality and the care workforce. Implementing a ‘cap and floor’ and free personal care for all were only selected by a small proportion of respondents as being most urgent to address now.

Looking to the medium-term and 2024/25, the most commonly chosen priorities were free personal care and providing care for those who need it, although these were only selected by one in 10 of respondents. For the future (ie beyond 2024/25), free personal care and a ‘cap and floor’ were the most commonly selected priorities, but again chosen by just over one in 10 respondents and just under one in 10 respondents respectively. Within the public polling, ‘making sure everyone who needs care is able to access it’ was the clear priority for the future.

Implications

The findings for this section of our consultation are largely reflected in the commentary above on the funding challenge and its consequences. This is particularly true in terms of immediate priorities, which were identified as stabilising the provider market and covering the cost of inflation and demography. What this section does reveal however, and looking to the medium-and long-term, is that there is no clear and widespread support for implementing a cap on care costs and a floor for asset protection.

Free personal care had slightly greater support for the medium-and long-term, but it was still not selected by a large proportion of respondents (just over one in 10 of those who answered). This is not to say that these ideas are not without merit and, indeed, people's understanding of that merit would likely be increased if there was a more general and better understanding of social care and its value, as identified above.

When considering exactly how to raise awareness, it will be important to consider the finding from our focus groups and public polling that, whilst people think it is right to contribute to one's care costs, only 22 per cent believe that the £23,250 threshold (above which people are expected to contribute the full cost of their care) is set at the right level. Fifty-eight per cent believe only those with assets and income over £100,000 should contribute to social care costs.

Similarly, in explaining options to the wider public, it will be important to be clear that while a cap on care costs would help to pool risk, it would still cost a significant amount of money. Equally, free personal care could be seen as a zero cap on care costs so, in this sense, they could be presented as a spectrum of options.

The options for change: how to pay for these changes

Findings

In many ways, this is the most important part of our consultation as the answer to how we pay for social care for the long-term is what has eluded many previous attempts to reform social care funding.

The consultation revealed that the most popular potential solution is increases to National Insurance (NI). Respondents favoured this for a number of reasons including the progressive nature of NI, the fact it would provide a national solution to a national problem, the relative ease with which the solution could be administered and the fact that it would raise a significant amount of money.

Increases to Income Tax was the next most popular option for broadly similar reasons to the appeal of NI.

Means testing benefits was the third most popular option but there were more concerns attached to this solution, such as the likely high costs of implementation and administration and the fact it would not raise sufficient funding for the size of the problem.

The consultation revealed no clear consensus on bringing wider welfare benefits together with other funding to meet lower level needs.

The additional material was similarly illuminating. The findings from the focus groups point to a wider set of issues which, in many ways, contextualise the discussion about how to change the system for the better and then pay for those changes. These also relate to people's understanding of social care; what it is and how it is funded, for instance.

The focus groups showed that learning more about how the system works provokes a very emotional response – in particular a considerable resistance to means testing and the perceived unfairness that people who have 'done the right thing' might have to sell their homes to pay for care.

This links to a tension that was also brought out in the focus groups: recognition that the system needs more money on the one hand, but a reluctance to contribute on the other based on a number of concerns including notions of 'fairness', the squeeze on households budgets and consequent feeling that people would not be able to pay an additional cost, and a lack of trust in government and subsequent concern that funding would not get through to social care.

Our public polling reinforces others' surveys in respect of people's lack of planning for future care costs. However, a clear majority (67 per cent) recognised it is fair for people to pay for some of their care costs if they can afford to do so, and a significant proportion (45 per cent) went further, agreeing that it is fair for people to pay for all of their care costs, if they are able to.

In terms of solutions for the long-term, the public polling mirrors our consultation in that the most favoured option is increases to NI (56 per cent of respondents). Increases to Income Tax were favoured by just under half of those polled (49 per cent).

On the idea of social insurance, our public polling showed that 56 per cent of people would support paying extra for social insurance. Compulsory payments were the preferred way for payments to be made, with 65 per cent believing such payments should apply to everyone of working age, compared with 21 per cent believing payments should only be made by those over the age of 40. Fifty-five per cent believe payments should be taken straight from one's salary, 8 per cent believe there should be a one-off payment upon retirement and 17 per cent believe a one-off payment should be made from an individual's estate upon death.

Our polling of council leaders and cabinet members for social care shows that an overwhelming majority (82 per cent) believe that the risk, and therefore cost, of social care should be pooled. Of the options provided in terms of solutions, councillors clearly favoured increases to Income Tax. Increases to NI was the lowest of the five most popular options, but it still had the support of 63 per cent of councillors.

Implications

If one of the most significant findings of our consultation is that people are prepared (either instinctively or after learning more about how the system operates) to support national tax rises, then one of the most significant implications is that, at the very least, this option must not be ruled out in the Government's green paper.

This is not to say that this would represent an 'easy' funding solution (or solutions). Any government would face similar difficulties in explaining how the system works now, building a case for the public to pay more, and then implementing tax (or other) changes to raise that funding. This may partly explain why previous attempts at reform have ultimately failed.

What is potentially different now – as is evident from our consultation and others' work – is that the difficulty could be at least partially offset by the public's willingness to proceed with the bolder option of tax rises.

Of course, the other implication from this part of our consultation is that building such willingness amongst more members of the public will require a careful and concerted campaign to explain the issues and the need for, and merits in, more radical solutions. Key to this will be exploring people's strong feeling that one's home should be able to be passed down to one's children. In this sense, national tax rises may be considered the best of different, potentially unpalatable, options.

Adult social care and wider wellbeing

Findings

Responses paint a clear picture of the significant inter-relationships between a range of services that all have a role to play in promoting health and wellbeing. An equally clear picture is painted of the pressures facing these services.

Public health was recognised as having an important role to play in improving health and wellbeing, both in terms of its broad preventative function but also the evidence base it provides and which helps with service planning and commissioning.

A broad range of examples were given that illustrate the important interaction between services and sectors that are at the heart of building health and wellbeing. Social projects (such as those promoting physical health, education and employment), environmental projects (recognising the role of housing, transport, parks and green spaces), resilience projects (such as advocacy, navigating and signposting services) and behavioural projects (tackling, for instance, smoking, obesity and substance misuse) highlight the complex inter-play of services that strengthen community wellbeing and independence.

Respondents clearly believe that these wider wellbeing services are under pressure, with the majority of comments indicating that local areas are seeing a significant reduction in these services overall. Of particular note, several respondents spoke of the reduction in funding available for voluntary and community sector projects (at a time when that sector is also facing increasing demand).

Implications

There is clear recognition of the role and value of public health, housing and other local services in contributing to people's health and wellbeing. It is also clear that there is an important interplay between these services and the outcomes they achieve. Effective and integrated transport systems help people remain independent, allowing them to access services such as libraries, that help tackle loneliness, parks, which can improve physical wellbeing, and advice, advocacy and sign-posting services, that may assist with housing or employment issues.

But it is also clear that cuts to such services have been part of the approach to protecting adult social care budgets. This is counter-productive. It reduces councils' ability to positively influence the wider determinants of health, which can then limit people's potential and their own contribution to building resilient communities.

Adult social care and the NHS

Findings

Respondents clearly felt it was important, very important, or extremely important that decisions made by the local NHS are understood by local people and that decision-makers are answerable to local people. Linked points were made about the need for greater transparency in local NHS decision-making and the importance of involving local people in the decision-making process.

Slightly more than half of the respondents who commented on the role of health and wellbeing boards (HWBs) said the structures should be strengthened.

Of the suggestions given in the green paper for strengthening health and wellbeing boards, the two most popular options were requiring sustainability and transformation partnerships (STPs) to engage with HWBs in developing STP plans, and giving HWBs statutory duties and powers to lead the integration agenda locally.

On the use of the new funding for the NHS, and amongst those who responded to the question in relation to the suggested uses set out in the green paper, the most popular suggestion was to invest in prevention, primary care and community health services, with multi-agency teams working closely alongside the voluntary sector to put in place early help and support.

Implications

There is a strong and consistent message that the NHS needs to be more open and accountable to local communities, by directly involving local people in meaningful discussions about local health services and also through existing local democratic structures. In particular, health and wellbeing boards – the only statutory body where political, clinical and community leadership comes together to agree shared priorities for improving health and wellbeing – are identified as the best forum for ensuring that health services are accountable to local people.

Many respondents want stronger powers for HWBs, especially in leading local integration of health, wellbeing and care services and in ensuring that sustainability and transformation partnerships and integrated care systems build on, rather than cut across or side-line, existing plans for joining health and care services.

Regarding additional funding for the NHS, there is a preference for investment in prevention at primary and community level in order to enable people to stay healthy and independent.

Prioritised recommendations

The recommendations set out in the main body of this report follow the themes, in order, that formed the basis of our green paper. Every recommendation is important but they must also be considered in terms of their priority: both in respect of their timings, and in respect of their overall objective. Here we draw the recommendations from the report and prioritise them within two main objectives that span the period between now, and 2025 and beyond.

The immediate priority must be to sustain the here and now and counter some of the serious immediate consequences of underfunding that are apparent across the system. Starting at the same time, but running for a longer period, we must lay the groundwork for delivering a social care and support system that we know could be better. Across both objectives, there are priorities to do with funding and priorities to do with changing the way we all think about care and wellbeing.

Realising a better system, such as we have outlined in our green paper, will require considerable input from Government. This will enable a significant expansion of what councils do in line with the very best of the 2014 Care Act.

We deliberately do not couch this as an 'ambition' or 'aspiration' because we know it is something councils, working with their local partners, can deliver. Therefore, this is a blueprint for **realising the known potential of councils**, and all parts of the wellbeing sector, so that we can all live the lives we want to lead.

Objective one: protecting the known potential of councils – stabilising and sustaining the short-term (2018-2019)

Funding

The Government must urgently inject genuinely new national investment to close the core social care funding gap that builds to £3.56 billion by 2024/25. This must include additional investment to that announced in the 2018 Budget to help address serious provider market stability concerns in 2019/20.

(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019)

Recommendation three, p.34

The above funding would help to stabilise the system as it currently delivers, but the Government's ambition should go beyond this. Any new settlement must provide the resources to deliver the aspirations of the Care Act with a focus on prevention, wellbeing, personalisation and integration. This means ending a focus on an eligibility driven approach to needs to one focused on prevention and picking up unmet need early to prevent escalation. We estimate that providing care and support for all older and working age people who need it will require an estimated further £5 billion by 2024/25. The Government must take urgent steps to tackle this by working with the sector to agree a clear figure for the cost of unmet and under-met need in time to feed into 2019 Spending Review discussions.

(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019 and ongoing)

Recommendation four, p.34

The Government should prioritise investment in prevention, community and primary health services for the £20.5 billion additional expenditure for the NHS.

(Timescale: NHS Long Term Plan, Dec 2018)

Recommendation 12, p.67

A new approach to care and wellbeing

The Government should implement a new 'duty to cooperate', requiring the NHS, in particular sustainability and transformation partnerships, to engage with health and wellbeing boards as part of developing local plans to reshape and integrate health and care services that are genuinely locally agreed.

(Timescale: NHS Mandate, Dec 2018)

Recommendation 13, p.67

Through its Mandate to NHS England, the Government should ensure the NHS takes decisions based on (i) the needs of local communities as a whole and (ii) public spending as a whole.

(Timescale: NHS Mandate, Dec 2018)

Recommendation 14, p.67

Objective two: harnessing the known potential of councils – toward a better future (2019-2025)

Funding

The Government should invest significant new funding to: close the funding gap facing adult social care that builds to £3.56 billion by 2024/25; and ensure that all older and working age people who need care and support are able to access it.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation five, p.45

Where additional funding is invested in adult social care, this should be made available with as few a set of conditions as possible so local areas have discretion to prioritise the most pressing local issues.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation six, p.45

The Government should reverse the cuts of £600 million to the public health budget between 2015 and 2020.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation 10, p.61

As part of its Spending Review, the Government should consider wellbeing in the round, recognising the contribution that different council services, and those coordinated by other public sector and voluntary sector organisations that councils commission, make to wellbeing.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation 11, p.61

A new approach to care and wellbeing

The Government should convene a core working group from across the sector, with people with lived experience at its heart, to develop a national campaign that seeks to raise awareness of what adult social care and support is, why it matters in its own right and what it could and should be with the right funding and investment. This should be genuinely co-produced, with Government acting as a convenor.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation one, p.22

The campaign should be clear about the local dimension of social care and support. It should strike the right balance between embracing the value of this local dimension whilst also being clear about the national framework in which social care and support sits.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation two, p.22

The Government should only implement its care cost cap and asset protection floor proposals if they are part of a wider set of reforms that secure the long-term sustainability of adult social care and support as a whole.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation seven, p.45

In consulting on the shape of, and sustainable funding for, social care through its green paper, the Government should make the case for increases in Income Tax and/or National Insurance and/or a social care premium.

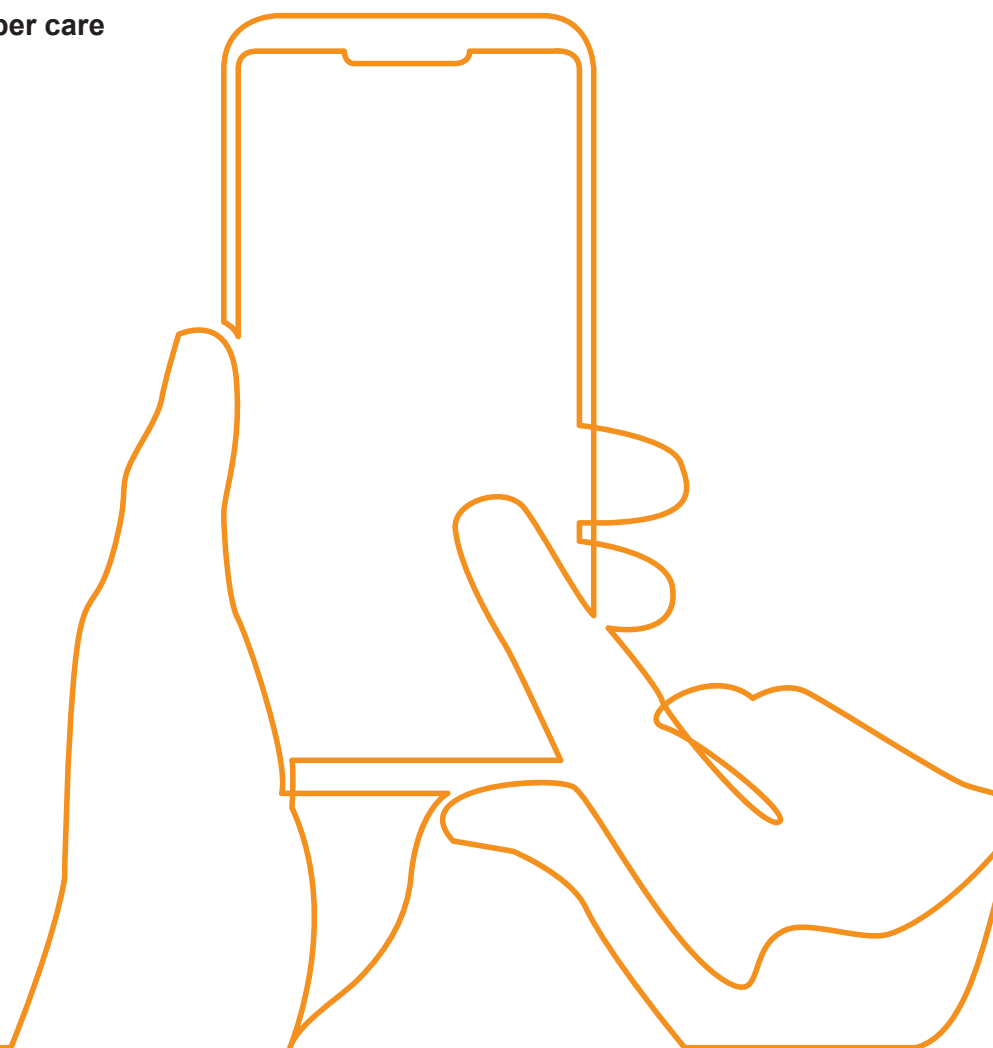
(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation eight, p.54

Building on the campaign to raise awareness of social care and its value (recommendations one and two), the Government should make the case for national tax rises or other sustainable, long-term solutions and consult on clear propositions which explain the various options for how sufficient funding for social care and support could be raised nationally. The Government must set out how such increases would relate to the wider social care and local government funding system. The Government should also be clear about how nationally-raised increases for social care would relate to nationally-raised increases for the NHS.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation nine, p.54



The LGA green paper consultation: an overview

Our main green paper consultation launched on 31 July. It posed a series of 30 questions across five main themes:

- Delivering and improving wellbeing (question 1)
- Setting the scene – the case for change (questions 2 to 9)
- The options for change (questions 10 to 20)
- Adult social care and wider wellbeing (questions 21 to 23)
- Adult social care and the NHS (questions 24 to 30)

In addition, summary and easy read versions of the main consultation posed 12 questions across the themes. The questions asked across all three documents are set out in Annex A. The online forms captured responses to each question in an Excel spreadsheet. A qualitative analysis was undertaken for each question, with responses reviewed for emerging themes and then systematically coded in Excel according to those themes.

The final number of responses received from the various feedback channels was as follows:

| Table 1: Number of consultation respondents | |
|---------------------------------------------|------------|
| | Number |
| Main form | 357 |
| Summary form | 142 |
| Email | 43 |
| Easy read form | 6 |
| Total | 548 |

The final number of responses received from the various types of respondents was as follows:

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

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

Additional material

To complement and supplement our consultation, we also bring into this report other work directly linked to our green paper as well as other recent work that we have undertaken as part of our ongoing activity on adult social care funding and reform. This comprises:

Directly linked work

- **Sounding Board:** as part of engaging with key sector partners, we established a Sounding Board of more than 30 partners to help inform our thinking on some, but not all, of the consultation questions. The Board met once in August and once in September. Details of the Board's membership and a summary of their key messages are provided at Annex A.
- **Public polling and focus groups:** we commissioned Britain Thinks¹ to carry out public polling with 1,741 members of the public completing the survey, and five focus groups conducted across the country:
 - Liverpool (general public)
 - Hull (general public)
 - London (general public)
 - Taunton (general public)
 - Coventry (direct experience of social care)

Indirectly linked work

- **Councillor polling:** in July we surveyed 290 council leaders and portfolio holders for adult social care in councils with adult social care responsibilities. The survey sought views on a range of issues on social care funding and integration with health.
- **Desktop research:** in July we looked at the findings from a range of different public polling surveys on social care funding and perceptions of social care, conducted by a number of other organisations.

Scale and reach

At the time of writing, there have been more than 16,700 web page views of our green paper, the easy read version has been downloaded more than 440 times and our facilitators and communications packs have been downloaded more than 370 and 440 times respectively. Videos we produced to accompany the green paper have been watched more than 83,500 times. The Twitter debate, through #FutureofASC, has reached more than four million people.

In the following chapter, we set out the main findings from key consultation questions that we have prioritised for this report in the time available. Where relevant, we supplement this with findings from the additional material outlined above.

A full research report, covering all material gathered through our consultation and wider engagement will be made available shortly.

¹ <http://britainthinks.com/>

The LGA green paper consultation: the findings

Why does adult social care matter? (Questions 2-3)

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

This question appeared in the main consultation document, and the short and easy read forms. It was answered by about nine out of 10 respondents of the main form, and almost all of those responding to the summary and easy read versions.

Consultation findings

Moral responsibility

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

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

“Adult social care should be about enabling people to have really good lives, not just reducing demand on NHS services.”

Sounding Board member

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

Individual

“If we did not have adult social care, as a country we would be unable to meet our moral, ethical and legal obligations to safeguard people who have care and support needs.”

Charity/community/voluntary sector

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

Independent lives

About four out of 10 respondents said social care is important because it enables people to maintain or regain independence. This argument was twofold: early intervention and prevention helps people stay well; and targeted care prolongs independent living through the provision of care, equipment and adaptations. The ability to care for oneself enhances health and wellbeing, enabling people to live life within their local communities, while also reducing the burden on other welfare and support systems, as outlined below.

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

Individual

“We need to re-brand social care so that it’s not just about a deficit model but putting in place a whole range of services and support to help people live well and to carry on contributing to society.”

Sounding Board member

Preventing the escalation of need

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

“Adult social care support is important because it plays a vital role in reducing and delaying the need for formal care services by offering low level support to individuals that enables them to remain independent and well. It also supports the most vulnerable people in society including frail older people and those with multiple mental and physically complex long-term conditions who are unable to live independently without formal support.

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

Council

“You devalue every pound you put into the NHS if you don’t also invest in adult social care and local government as well.”

Sounding Board member

Quality of life

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

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

Other

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

“Good practice in adult social care empowers those people who need support: to make choices about how and where they live; to enjoy full and meaningful lives; to feel safe and comfortable; to be able to access their local community and to be recognised as part of it.

"This includes people with lifelong disabilities, those with acquired disabilities resulting from illness or injury, those experiencing functional and organic mental illness including dementia, those with drug or alcohol addiction and frail older people together with their unpaid family carers."

Charity/community/voluntary sector

Universal safety net

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

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

Individual

Unpaid carers

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

"Families, friends and communities do have responsibilities but you need the community and voluntary sector to give carers the information and advice. With people living longer, with complex conditions and expected to live at home, we need to decide what it is fair and reasonable to expect carers to do. Often carers themselves have care needs and are often looking after more than one person."

Sounding Board member

Wider society

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

"It is as important as our NHS. They are often regarded as sister services but in reality treated very differently. Social care enables us to carry on living our lives with the people we love in our local communities."

"It is more than a safety net. It is an entitlement to be treated with dignity, respect and understanding of our shared humanity. Social care is not only about the individual but about the wider family and social network. Allowing family members to go to work and to not have endless worry about today and what the future brings. It is about us living well, together - looking after each other."

Charity

"Research shows there is concern about vulnerable people being forced to rely on friends and family and the economic cost of carers having to give up their jobs. The NHS has been given £20.5 billion but this cash injection will have less value and impact if adult social care continues to be underfunded."

Sounding Board member

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

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

This question appeared in all of the different response forms and was answered by nine in 10 respondents.

Consultation findings

Over half of those who responded to this question felt it is important that decisions about adult social care and support are made at a local level. Many of these respondents felt that a 'one size fits all approach' was not viable, primarily due to the varying characteristics of local authorities and their residents:

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

Council

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

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

Council

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

“Democratic accountability of local councils can play an important role in ensuring that the right decisions are made about adult social care and support services. It allows for the local communities to get more involved in and influence the direction of care services in their area.”

Other public sector body

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

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

Other public sector

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

Individual

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

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

Individual

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

Additional material

Desktop research

- In a 2017 Ipsos MORI poll, 69 per cent of respondents felt that local public bodies should deliver adult social care rather than central government.

Why does adult social care matter?

Key findings, implications and recommendations

Key findings

Responses to the consultation demonstrate an unequivocal view of the importance of adult social care and support. That importance is defined in different ways. Some frame social care as a moral responsibility, a hallmark of a civilised society and as an issue of human rights. Others note the role it plays in enabling people to maintain or regain their independence, with a clear linked emphasis on the ability of social care to help prevent reduce or delay the onset of needs. A clear proportion of respondents define the importance of social care in terms of helping people enjoy the best possible quality of life, including their participation in, and contribution to, society. Some respondents noted that social care acts as a 'universal safety net' and others acknowledged its importance in supporting unpaid family carers. Finally, a significant number of respondents spoke of social care's wider contribution to society, such as in economic terms and in linking to other public, private and voluntary services.

The majority of respondents also believe it is important that decisions about social care are made at the local level, recognising that a 'one size fits all' approach cannot work given the differences between local areas. Furthermore, respondents acknowledged the importance of democratic accountability and locally held knowledge. However, the consultation also revealed a degree of concern about a 'postcode lottery' of social care, with some respondents believing a local approach to social care within a framework set nationally is best.

Implications

There are as many answers to this question as there are people involved in any aspect of the social care and support and wellbeing

sphere. But they all point in the same direction: adult social care and support matters because people's lives matter.

The problem, not discovered by our consultation but certainly reinforced by it, is that the value of social care is not recognised beyond that sphere. It is not part of the national psyche in the same way that the NHS is, or other fundamental institutions in our society that we instinctively appreciate despite any shortcomings, such as schools and education.

The first step to bringing about any change is building an awareness of what it is that needs changing and why. That helps raise appreciation, and in turn, builds momentum for a commitment to change.

Our consultation also underlines a well-known tension within the care and support system: recognition, and support for, the local dimension of social care on the one hand, but concern about variability on the other. One is not more important than the other, but the presentation of the issue sometimes implies that is the case. This must change

Recommendations

RECOMMENDATION ONE: The Government should convene a core working group from across the sector, with people with lived experience at its heart, to develop a national campaign that seeks to raise awareness of what adult social care and support is, why it matters in its own right and what it could and should be with the right funding and investment. This should be genuinely co-produced, with Government acting as a convenor.

(Timescale: Government green paper care and support, Dec 2018 onward)

RECOMMENDATION TWO: The campaign should be clear about the local dimension of social care and support. It should strike the right balance between embracing the value of this local dimension whilst also being clear about the national framework in which social care and support sits.

(Timescale: Government green paper care and support, Dec 2018 onward)

The funding challenge and its consequences (Questions 5-7)

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

This question appeared in the main consultation document only and was answered by three quarters of respondents overall and most of the council respondents.

Consultation findings

Budget pressures

Six out of the 10 responding councils referenced their own budget gaps and were unambiguous about the year-on-year financial challenges they faced, providing detailed facts and figures from their financial reporting, as summarised in the ADASS Budget Survey (2018)². For example, one council said:

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

Council

Councils spoke about re-prioritising budgets, cutting back services, dealing with increased bureaucracy arising from short-term funding, the pressures of supporting people with complex needs and the problems of long-term planning in an uncertain landscape.

While some councils were satisfied with their efforts to innovate and transform to save money, there was a general feeling that this way of working was unsustainable, as one council noted:

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

Council

Demand

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

“It will be increasingly challenging to both protect adult social care and meet increasing demands for funding. Our specific observations include: continued demographic pressure, an ageing population, increasing numbers of people with more complex needs, challenges arising from delayed transfers of care, market sustainability and the lack of certainty around continuation of the Better Care Fund/improved Better Care Fund funding. We are increasingly getting closer to the point where we will need to consider areas of provision that will either cease or no longer be funded.”

Council

² www.adass.org.uk/adass-budget-survey-2018

Prevention and lower level support

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

Reduction or withdrawal of services and support

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

Examples of such reductions and withdrawals included:

- Care packages, which many respondents felt no longer supported their care needs (or those of a family member or client)
- Assessments of care needs
- Care services, such as day and respite services, rehabilitation, and care transportation
- Person-centred care, such as a reliance on electronic communication and lack of direct contact with professionals
- Specialist services, such as employment or benefits/welfare rights services for vulnerable groups
- Support in navigating the social care system, for instance a lack of resources to help clients and difficulties contacting services

- Educational, occupational, leisure and activity-based services that help people with care needs, such as libraries, parks, careers services
- Increased waiting times for services such as home adaptations and equipment, and hospital discharges.

Quality

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

Workforce

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

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

Provider market

Individuals mainly spoke about the cost of residential homes for self-funders (with some individuals saying costs were too high or the system was unjust) and the closure of residential homes due to a lack of funds (and the resulting lack of choice). Half of responding councils referenced the social care market in their replies.

They were concerned about fragility and fragmentation in the market, with providers exiting or ceasing to provide the most difficult services, an increase in fees and weaknesses in quality standards. One council said:

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

Council

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

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

The question linked closely to Question 5 and was a further opportunity for respondents to set out the consequences of historic and current funding challenges for improving care and support.

Consultation findings

Improvement

There was strong agreement that funding challenges had stalled – and in some cases even reversed – local government’s efforts to improve adult social care. Some individuals went as far as to say that funding challenges rendered local government powerless to improve. Others described councils’ financial challenges as ‘disastrous’ and ‘catastrophic’, adding that the

supply of social care nowhere near meets the demand.

One charity commented:

“Local government efforts to improve adult social care have been completely stymied in the past five years. Here in [council area]...we are lucky to be left with social care services at all. The impact is massive where we are already seeing overstretched budgets for social care teams where people’s social care assessments are being curtailed. Where individuals are having their care packages...reduced and their lives been put at risk.”

Charity

Standards and quality

Councils’ efforts were seen to be limited to attempting to maintain standards and quality, as highlighted by the following response:

“Adult social care services in general are still good quality, but the focus has been on maintaining this rather than trying to improve services. In the earlier years of austerity, there was certainly an ability for providers to ‘cut the cloth’ and maintain quality by reducing profit margins. However, the context today is that funding cuts are having a direct impact on providers’ ability to maintain a stable business, and providers who find themselves in this situation inevitably find it difficult to even maintain a quality service, let alone improve quality.”

Council

Given councils’ budget challenges, some respondents (individuals and those in the voluntary and community sector) took the view that councils can now at best provide the bare minimum, and at worst provision had declined in its range and quality. Comments were made about delays to support, ‘patchy’ services and the ‘erosion’ of quality and care ‘going backwards’ with some services resembling ‘post-war’ standards.

Many gave examples of where support had been reduced or withdrawn – and the consequences of this action:

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

Individual

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

Individual

Prevention and early intervention

By concentrating on maintaining standards and quality, councils’ efforts were seen by respondents as firmly focused on statutory services, leading to disinvestment in early intervention and preventative services:

“A reduction in social care funding has resulted in reduced ability to deliver preventative services. However, investing in prevention is critical to prolonging independence and quality of life and reducing the cost of expensive social care intervention. Spending on prevention is again set to reduce in 2018/19, it forms 8 per cent of budgets this year: this represents a decrease as a proportion of budget and a decrease in cash terms from the previous year. This is extremely worrying.”

Public body

The reductions in early help and preventative services necessitated by funding limitations were expected to be counter-productive in the long-run, with fewer opportunities for care professionals to intervene to prevent deterioration, dependence or crisis.

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

“There is a danger of adult social care swallowing up every other local council service. But wellbeing in later life is not just dependent on adult social care and health services but also housing, planning, community facilities, micro-providers that keep people in touch with their community.”

Sounding Board member

“The community and voluntary sector, which provides much of the early intervention support, is beginning to see the negative impacts of adult social care entrenching and pulling away from them because of funding shortages.”

Sounding board member

Innovation and risk-taking

A range of respondents, but most notable councils, said that focusing on maintaining quality and standards within statutory provision has meant local government has had limited opportunity to innovate and grow.

This was despite councils’ determination to use the funding challenges ‘as a catalyst for transformation’ – or even ‘a burning platform’ from which to make radical changes. Yet, while some councils had accelerated efforts to use strength-based practice or asset-based approaches, limited funding had slowed the pace of change.

One council said:

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

Council

An individual respondent added:

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

Individual

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

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

Council

A respondent from the voluntary and community sector said:

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

Voluntary and community sector organisation

An individual respondent said:

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

Individual

Workforce

Opportunities for improvement were seen as limited with an overworked and depleted workforce. Smaller teams are working with a higher number of service users and there is less time to improve quality, train staff or pilot innovation when staff are in a ‘firefighting mentality’.

Concerns were raised by several individual respondents that care professionals did not have enough time to spend with clients, with ‘15 minute’ home visits being a recurrent complaint. The social care workforce needed to be improved not only to enhance people’s experience of care, but to better reward and recognise the hard work done by care professionals.

On a related issue, mixed comments were received about technological changes with the sector.

Feedback from councils suggested that funding challenges have reduced their ability to invest in new technology and digital services, which limited modernisation. Whereas the following viewpoint was representative of some individual respondents:

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

Individual

Short-term funding, partnership working and reputation

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

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

Council

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

Councils and others reflected on how funding challenges had led to reductions in partnership working.

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

The following observation was made:

“[Name of organisation] firmly believes adult social care has not improved. It was not perfect before, but there was a greater collaboration and openness, which is increasingly being lost. As bodies are protecting their shrinking budgets, there is a resistance to working together and an increase in ‘cost shunting,’ for instance using rents to fund care.”

Other public sector

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

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

Council

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

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

The question linked closely to Questions 5 and 6 but looked to the future and the concerns people have should care and support remain underfunded. As expected, those concerns were largely about a continuation and/or escalation of the concerns people have with the current system.

Consultation findings

Need and demand

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

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

Individual

Linked, some respondents were worried about councils' ability to manage increased demand resulting from an aging population and an increase in people living with long-term conditions and complex needs, with some noting that these numbers varied geographically. One public body referred to research by Age UK³:

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

Public body

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

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

Charity

On a similar point, about a fifth of respondents were concerned about the potential 'neglect' and 'abandonment' of vulnerable people. They spoke about underfunding leading to inadequate care and safeguarding, a decrease in life quality and increased vulnerability and people ultimately 'falling through cracks' and 'having nowhere to turn'.

3 Age UK, Health and Care of Older People in England 2017 (2017)

For instance:

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

Council

Wider impact

Concerns about problems escalating were not limited to people’s needs, but stretched further to the social care system more broadly, such as increased pressures and costs on the NHS and the emergency services (eg increased hospital admissions, readmissions and prolonged stays; pressure on A&E departments and longer waiting times), to a total breakdown of the care and support system. One council said:

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

Council

One individual said:

“It is difficult for the businesses that supply carers to employ staff on the sort of wages that they can pay with council funding. It is going to be increasingly difficult to provide even a minimum level of support with more people in genuine need falling through the

cracks of an over stretched system. More crisis situations will inevitably lead to more hospital admissions and contribute to the NHS failing to provide an adequate level of service as well.”

Individual

“If we don’t invest in adult social care we undervalue the money we’ve put into the NHS.”

Sounding Board member

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

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

Council

Statutory duties

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

“The feedback that we have received over the past few years has shown that whilst there is still some evidence of good quality care, more and more people are reporting negative experiences and low quality of care.

"There are growing concerns about the lack of access to social workers and consequently care assessments. There have been closures of day services and various other services key to people's health and wellbeing. Others have expressed concern that assessments are being carried out from the point of view of what can be offered rather than from the needs of the person. This defeats the idea of person centred care, independence and in the long-term could potentially lead to health inequality."

Other public sector

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

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

Council

Provider market

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

"The concern is that care providers will not be able to afford to stay in business and therefore there will not be enough care

provision for domiciliary or residential care in our borough. We have already seen a number of care companies go out of business due to lack of financial sustainability. With an ageing population, the pressure on the system is going to get greater each year."

Other public sector

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

Charity/community/voluntary sector

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

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

Individual

Workforce

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

Brexit

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

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

Council

Prevention

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

“We have witnessed a return to crisis care – whereby the lack of social care and preventative services have piled pressure on the NHS - which in turn is a much more expensive service to operate. It's obvious that the provision of more cost effective

(cheaper) preventative social care lessens the impact on expensive crisis services, yet these are the ones that have been cut due to the need to meet statutory obligations.”

Individual

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

Charity/community/voluntary sector

Unpaid carers

Just under a fifth of respondents expressed concerns about the impact of underfunding on unpaid carers, with several giving examples from their own lives, for instance:

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

Individual

“As someone who cares for three people with severe disabilities, we need to remember that people are in crisis every day. It is not just about social care but community resources such as libraries, community centres etc. which are a lifeline for families and carers.”

Sounding Board member

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

The funding challenge and its consequences

Findings from supporting material

Focus groups

Participants in the focus groups highlighted a number of similar, or linked, concerns about adult social care and support to those set out above:

- **Quality of care:** with questions about how qualified carers are and the time available for them to deliver good quality care
- **Inconsistent care:** appointments being delivered at different times, by different and unfamiliar carers and on different days week-to-week
- **Pressures on other services:** as a result of failings in the social care system

- **Poor sign-posting within the system:** meaning people do not always get the care they need or want
- **Private providers ceasing trading:** including care home providers

Councillor polling

More than eight out of 10 respondents (83 per cent) said there is a major problem in their own area in terms of the funding of sustainable adult social care. Almost all respondents (96 per cent) think there is a major problem nationally.

Desktop research

Other polling of the public and national politicians by the LGA and other organisations reinforces many of the findings above.

- 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
- 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.⁵
- 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 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.

⁴ www.nhsconfed.org/news/2018/06/british-public-backs-increase-in-social-care-spending

⁵ <http://nhsproviders.org/public-attitudes-to-health-and-care-new-nhs-providers-polling>

The funding challenge and its consequences

Key findings, implications and recommendations

Key findings

Individuals and organisations with a commitment to social care and support have, for some time, outlined the pressures facing the system and their implications. In one sense, our consultation therefore reveals nothing inherently ‘new’. However, the findings from our consultation underline this fundamental truth and bring it into the sharpest possible focus across several hundred responses that powerfully capture the human cost of our struggling care and support system.

All respondents – individuals, councils, providers, workforce and voluntary sector organisations – have described a system that is now failing across the board as a clear consequence of underfunding: the situation is “disastrous” and “catastrophic”. People’s needs are not being met, services are being withdrawn, quality is deteriorating, improvement is stalling and in some cases is in reverse, the ability to prevent needs is rapidly being lost, providers are unable to stay afloat and unpaid carers and the care workforce are being put under impossible and unbearable pressure.

At the most important level, the implications are being felt most acutely by people. People who are “sad”, “lonely” and living “undignified” lives. People whose lives have now, in the view of one respondent to our consultation, “been put at risk”.

Implications

The breadth and depth of the historic and current funding challenge, and its consequences, is enormous. Short-term pressures must be addressed properly to stabilise social care and support now and as

a down payment on longer-term reforms. A failure to act properly now will exacerbate the consequences of under-funding we have seen to date. Lives will not be lived to the full, quality and improvement will stall or reverse, unmet and under met need will rise, businesses will be at risk, demand on the NHS will increase, pressure on the workforce and unpaid carers will rise, investment in prevention will decrease, and local communities will be fundamentally weakened. Not acting now will only increase costs over the longer-term, whether that be for councils or other parts of the public sector.

Recommendations

RECOMMENDATION THREE: The Government must urgently inject genuinely new national investment to close the core social care funding gap that builds to £3.56 billion by 2024/25. This must include additional investment to that announced in the 2018 Budget to help address serious provider market stability concerns in 2019/20.

(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019)

RECOMMENDATION FOUR: The above funding would help to stabilise the system as it currently delivers, but the Government’s ambition should go beyond this. Any new settlement must provide the resources to deliver the aspirations of the Care Act with a focus on prevention, wellbeing, personalisation and integration. This means ending a focus on an eligibility driven approach to needs to one focused on prevention and picking up unmet need early to prevent escalation. We estimate that providing care and support for all older and working age people who need it will require an estimated further £5 billion by 2024/25. The Government must take urgent steps to tackle this by working with the sector to agree a clear figure for the cost of unmet and under met need in time to feed into 2019 Spending Review discussions.

(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019 and ongoing)

The options for change: changing the system for the better (Questions 11-15)

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

The majority of respondents (about eight in 10) answered this question. It appeared in all three response forms.

Consultation findings

Funding priorities

Many people responded to this question with general comments about the urgent need for more funding. Some respondents additionally referred to the need for more sustainable, stable and long-term funding arrangements. Other points made included the fact that funding should be based upon robust forecasts, and that adult social care budgets should be considered in the context of wider council allocations.

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

- pay providers a fair price for care
- make sure there is enough money to pay for inflation and the extra people who will need care (with many saying this is important for stabilising the 'here and now').

Neither of these were chosen by a large proportion (both were selected by just under a sixth of all respondents), however they were noticeably more popular amongst council and other local government responses, with each selected in just under four in 10 responses from this group.

Providers

Respondents who selected the 'pay providers a fair price for care' option spoke about the urgent need to stabilise the market and prevent further provider failure, and several stated that this was needed before any further changes could succeed. Others noted that this would lay the groundwork for longer-term improvement. Respondents noted that a poorly functioning provider market has many negative consequences, for example:

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

Council

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

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

Charity sector

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

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

Council

Workforce

Closely related to this issue, many respondents made additional comments about the care workforce, with one council saying:

“We need to address workforce issues (lack of a workforce), which are a huge barrier to quality care and good outcomes for people.”

Council

Respondents talked about the need for an appropriate level of pay for caring roles, the need for care roles to be valued, the need to invest in training and development, and the need to offer career paths, which would all have an impact on current problems with both attracting and retaining a high quality workforce. As one care agency put it:

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

Care provider

Sustainability vs transformation

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

“There is an urgent need for investment to meet the cost and provide the resources needed to simply maintain and then improve quality in our current system. In addition to this, if the Government is setting out plans for transformation and system reform then

this is an additional cost. We know long-term funding and reform solutions via legislation will take at least two years to process, so we suggest the LGA green paper stresses the urgency and necessity for short/medium-term solutions to be incorporated in the Government green paper, which are distinct from longer-term transformation and reform.”

Local government organisation

“We need to rethink adult social care so that it is focused on wellbeing, independence and maintenance of health and living life to the full rather than providing care and support to people who have additional needs in order to keep them out of hospital.”

Sounding Board member

Other options

Of the remaining options, around one in 10 respondents selected ‘provide care for all who need it’. Very few distinguished between older people and working age people. Respondents stated that, as well as this being a legal requirement, this would help maintain people’s independence and prevent their conditions worsening, as well as helping carers and other family members.

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

For example:

“Substantially increased financial assessment activity would be required by local authorities to assess and arrange accounts for people who currently fund their own care.”

Council

“We have very serious concerns about a care cap and the significant cost implications for [our area] given the high number of self-funders we have and will continue to have in future. The impact of a care cap, if introduced could have a catastrophic impact on our budget. For example a £100k care cap would potentially result in around 2,600 further clients at a cost of £148 million over three years.”

Council

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

- A range of comments falling broadly under the theme of organisational change, including respondents who highlighted the need for much better integration between health and social care, a few suggestions of bringing services back to local authorities and away from private providers, cutting ‘red tape’ and devolution of decision making to a more local level.
- Comments about the importance of ensuring a preventative/early intervention approach, including the importance of appropriate housing, availability of local support groups, measures to enable people to stay in their homes or return home, addressing loneliness and meeting low level needs to stop these escalating.
- A range of comments about wider service improvements that are needed. In particular, the need to focus on a person’s independence, and the assets and strengths they have to help achieve that, to help reduce dependency on more formal services. Alongside this, the importance of listening to the individual’s views and the provision of adequate information and signposting.

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

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

Around four in 10 respondents did not answer this question, or stated that they had already given their views in the previous question (which asked which of the options were most urgent).

Consultation findings

Amongst respondents, many took the opportunity to reiterate that more funding and improved systems for funding are needed.

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

Charity sector

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

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

Neither of these were chosen by a large proportion (both were selected by just over one in 10 of those who provided a response), however they were noticeably more popular amongst council and other local government responses with ‘providing care for those who need it (both older and working age people)’ selected by just under a quarter of those in this group who provided a response and ‘free personal care’ by slightly less than a fifth.

Free personal care

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

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

Public sector organisation

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

Council

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

Meeting need

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

For example:

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

Council

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

Other options

Amongst the remaining options (pay providers a fair amount, make sure there is enough money to pay for inflation and the extra people who will need care and cap and floor), each was selected by just under one in 10 of those who answered this question, with a slightly higher proportion from councils and other local government responses selecting each option. Points made by these respondents around these options echoed those seen in the analysis of question 11.

Some respondents made the point, closely related to the issue of paying providers a fair amount, about the need to address workforce issues over the period until 2024/25.

In particular, paying and valuing the workforce appropriately to address issues of recruitment and retention, as well as ensuring staff receive suitable training.

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

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

- The importance of increased integration between health and social care.
- That all of the options are important to address by 2024/25.
- That the options presented cannot wait until 2024/25 and need to be addressed earlier.
- The importance of moving further towards a preventative approach, including reablement and early intervention.
- The need to educate and inform the public about the role of adult social care and how it works, the challenges it faces, and the reasons for the need of an increase in funding.

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

Four in 10 respondents did not provide an answer to this question. Responses were varied with no one particular theme coming through strongly.

Consultation findings

Free personal care

Respondents did not tend to reference the six options in their responses to this question. Where they did, free personal care for all was the option most commonly selected (by just over one in 10 of those who answered). Several respondents commented that this would remove barriers to seamless care with the NHS and address issues of fairness, as well as having a preventative effect.

For example:

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

Charity

Cap and floor

This was followed by the cap and floor option (slightly less than one in 10 respondents). This quote from a council demonstrates the reasons given by many of those who selected this option:

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

Council

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

Other findings

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

“An agreed and sustainable funding framework with nationally supported principles is clearly central in the longer-term.”

Council

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

A number of other issues were mentioned by about one in 10 of those who responded. This included the need to invest in preventative approaches, including helping people to remain in their own homes. This was mentioned both as a way of helping to control costs (by reducing demand on acute services) and as a way of increasing wellbeing and quality of life for service users. Also mentioned under this theme was the importance of reablement, as well as giving choice to and empowering service users.

Respondents also flagged the need to educate the general public about current and proposed models for social care funding, for instance:

“Evidence demonstrates that the majority of the public assumes social care is ‘free at the point of need’ and only changes this view when they or a loved one requires support. Without this education piece, any proposal which seeks to raise taxes or require individuals to pay for insurance is likely to be seen unfavourably, thus risking the entire issue of social care being avoided for political popularity reasons.”

Other public sector

This, some respondents pointed out, would also have benefits for those who need to use services, and should include the provision of clearer advice and signposting, as well as helping people to plan for any potential future social care needs.

Workforce issues were also highlighted with respondents commenting on the need to ensure enough people and with the right qualifications (for example occupational therapists, nursing staff, physiotherapists), properly engaging with and empowering frontline staff, and raising the status of caring roles (including through pay and career pathways, and promoting care work as a career choice).

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

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

Around four in 10 respondents did not answer this question. Those who did, most commonly took the opportunity to make specific suggestions about particular improvements needed to adult social care and support services.

Consultation findings

Person centred care

Some respondents called for a greater focus on person centred care and personalisation, listening more to service users and carers, named points of contact and better information, more timely services (ie quicker housing adaptations) and ensuring high quality and appropriate support. For example:

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

Individual

“Clients should be assessed on their individual needs. Not give clients the same blanket amount of money and expect it to work. The fairer charging policy implemented in our area has been cruel and very detrimental to our clients and carers.”

Charity

Joint working

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

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

Individual

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

Council

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

“Make the system simpler and resolve and remove the grey area between health and social care needs. This would help to remove some of the conflict between organisations eg in the application of Continuing Health Care (CHC).”

Council

Prevention and wellbeing

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

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

Council

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

Individual

Other suggested areas of focus

Other suggestions covered a number of areas. For instance, there were comments about the care workforce, including the need to ensure the profession is properly paid and with a sufficient status to attract good quality recruits, addressing retention issues, ensuring career pathways are available, and addressing inequalities between the care workforce and the NHS workforce. Respondents also emphasised the importance of ensuring that the workforce is of a good quality and properly trained, as well as stating that more staff are needed.

There were also comments about making best use of and supporting the third sector and community, including encouraging volunteering (for example, to combat loneliness).

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

Finally, a number of respondents raised the need for better support for carers, with the points made summed up well by this quote from a council:

“There should be a clearer role given to families and friends in providing care and support – this would include giving them access to community based support; clear information and advice; flexible employment arrangements that allow for some caring responsibilities; better communication with [and] between health provision to support caring; more robust support to carers – financial, social and emotional.”

Council

The options for change: changing the system for the better

Findings from supporting material

Focus groups

Participants in the focus groups identified a number of broader priorities for adult social care and support for the short and long-term. For the short-term (and in order of importance):

- Address quality issues within the system so everyone is receiving the care they deserve
- Provide greater support and recognition for unpaid carers, especially child carers
- Make the industry more attractive for potential care workers to address issues with retention and quality
- Build public awareness of the social care system, as a first step to generating supporting for tackling the challenges facing the system
- Provide care that is tailored to individuals' needs

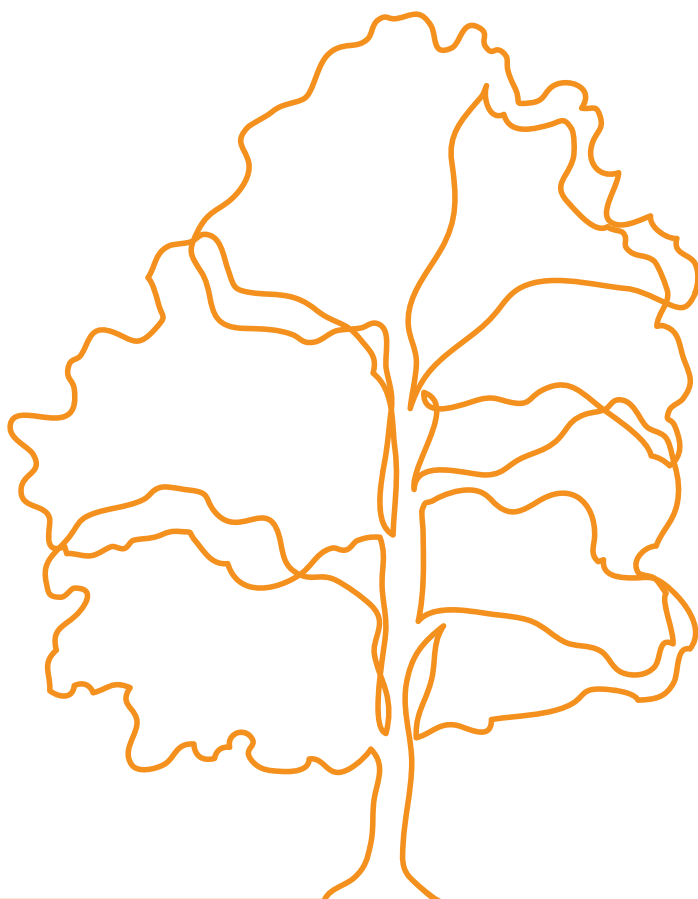
For the longer-term (and in order of importance):

- Ensure that no child is providing care that could be provided by an adult or professional
- Prioritise keeping people in their own home if they so wish, even if it is not the easier or cheaper option
- Raise awareness of personal social care costs and encourage saving for the future

Public polling

A clear majority of the public (71 per cent) chose 'making sure everyone who needs care is able to access it' as one of their top two most important priorities for improving social care in the future. However, the picture is less clear for other priorities. Forty per cent of the public select covering the costs of demand and inflation as one of their top two priorities, compared to 35 per cent who select capping an individual's costs and protecting a minimum amount of their assets. The least most important priority was providing free personal care, selected by 23 per cent of the public.

| In your opinion, how important or unimportant are the following actions for improving social care in the future? In your opinion, which of the following actions are most important to improve social care in the future? Select the two options you think are most important. | Important | Top 2 most important |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| Making sure everyone who needs care is able to access it. | 89% | 71% |
| Making sure there is enough money to meet rising demand for care and cover the cost of inflation | 86% | 40% |
| Putting a cap on the amount of money someone pays for their care, and a lower limit to protect a minimum amount of a person's assets | 79% | 35% |
| Paying care providers a fair price | 84% | 24% |
| Providing free personal care – this is help with daily tasks like bathing and dressing | 82% | 23% |



The public polling also reinforced the idea that adult social care is not well understood.

- Nearly half of the public (48 per cent) have little or no understanding of what the term 'social care' means, including 5 per cent who have never heard of the term at all
- When asked to answer a series of true/false statements about social care, the public broadly recognise the types of services it involves, the key exception being support for people with mental health conditions (where just under a third of the public were unsure whether this was part of the social care offer).

There is an even greater misunderstanding about who provides or pays for social care.

- 44 per cent of adults believe the NHS provides social care
- 28 per cent of adults believe social care is free for everyone who needs it

Polling also showed that, whilst people think it is right to contribute to one's care costs, only 22 per cent believe that the £23,250 threshold (above which people are expected to contribute the full cost of their care) is set at the right level. 58 per cent believe only those with assets and income over £100,000 should pay all social care costs.

Sounding Board

Drawing on recent evidence from research bodies and think tanks, the Sounding Board discussion on changing social care for the better gave a slight preference for providing free personal care. However, this was qualified with the view that the quality of provision should not suffer as a result.

Desktop research

A 2017 Ipsos MORI poll showed that 63 per cent believed the NHS provides social care for older people, and 47 per cent believed social care is free at the point of need.⁶

The options for change: changing the system for the better

Key findings, implications and recommendations

Key findings

There is a clear message from across respondents that more funding is needed, both for the immediate-term and beyond. Where respondents selected specific issues to address as immediate priorities, the most common selections were paying providers a fair price for care and covering the cost of inflation and the additional people needing care and support. There were linked issues around quality and the care workforce. Implementing a 'cap and floor' and free personal care for all were only selected by a small proportion of respondents as being most urgent to address now.

Looking to the medium-term and 2024/25, the most commonly chosen priorities were free personal care and providing care for those who need it, although these were only selected by one in 10 of respondents. For the future (ie beyond 2024/25), free personal care and a 'cap and floor' were the most commonly selected priorities, but again chosen by just over one in 10 respondents and just under one in 10 respondents respectively. Within the public polling, 'making sure everyone who needs care is able to access it' was the clear priority for the future.

⁶ www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018

Implications

The findings for this section of our consultation are largely reflected in the commentary above on the funding challenge and its consequences. This is particularly true in terms of immediate priorities, which were identified as stabilising the provider market and covering the cost of inflation and demography. What this section does reveal however, and looking to the medium and long-term, is that there is no clear and widespread support for implementing a cap on care costs and a floor for asset protection. Free personal care had slightly greater support for the medium and long-term, but it was still not selected by a large proportion of respondents (just over one in ten of those who answered). This is not to say that these ideas are not without merit and, indeed, people's understanding of that merit would likely be increased if there was a more general and better understanding of social care and its value, as identified above.

When considering exactly how to raise awareness, it will be important to consider the finding from our focus groups and public polling that, whilst people think it is right to contribute to one's care costs, only 22 per cent believe that the £23,250 threshold (above which people are expected to contribute the full cost of their care) is set at the right level. 58 per cent believe only those with assets and income over £100,000 should contribute to social care costs.

Similarly, in explaining options to the wider public, it will be important to be clear that while a cap on care costs would help to pool risk, it would still cost a significant amount of money. Equally, free personal care could be seen as a zero cap on care costs so, in this sense, they could be presented as a spectrum of options.

Recommendations

RECOMMENDATION FIVE: The Government should invest significant new funding to: close the funding gap facing adult social care that builds to £3.56 billion by 2024/25; and ensure that all older and working age people who need care and support are able to access it. **(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)**

RECOMMENDATION SIX: Where additional funding is invested in adult social care, this should be made available with as few a set of conditions as possible so local areas have discretion to prioritise the most pressing local issues. **(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)**

RECOMMENDATION SEVEN: The Government should only implement its care cost cap and asset protection floor proposals if they are part of a wider set of reforms that secure the long-term sustainability of adult social care and support as a whole. **(Timescale: Government green paper care and support, Dec 2018 onward)**

The options for change: how to pay for these changes (Questions 16-20)

Question 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?

Over four fifths of respondents provided an answer to this question. Some made general statements about the need for an increase in taxation. Many selected a combination of options or specifically stated that a mix of funding solutions will be needed. For example:

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

Other public sector

Consultation findings

National Insurance

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

“These [NI and income tax] are progressive options as higher earners would pay more. It would raise additional funding from those who are most able to pay, if the funding would be redistributed to those areas with the highest levels of need.

“They are on the right scale – they would raise more than sufficient funding to meet the national financial gap as calculated here.”

Council

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

Ring-fenced funding

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

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

Public and voluntary sector

Income Tax

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

However, one local government organisation stated:

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

Council

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

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

Council

“Tactically, it makes sense to go for the option which raises most funds as any change will be contentious and painful.”

Sounding Board member

Universal benefits

The third most popular option was means testing universal benefits, which was seen by some respondents as a fairer and better targeted approach than is currently the case. For example:

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

Charity sector

However, a number of criticisms were also levelled against this option. For example, respondents stated that it would not raise sufficient funds, would increase bureaucracy and the costs of administration, would be prejudiced against those who have worked all their lives, and that means testing may mean those who most need the benefits may not claim or find it difficult to claim, leading to hardship and stress. One council noted that removal of universal benefits may impact on people’s wellbeing who do not require social care, and potentially create demand downstream through reducing people’s independence, asset base and ability to self-care. For example:

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

Charity

Other options

None of the remaining options received significant support, with each chosen by less than one in 10 respondents. However, it is worth noting that whilst the idea of a social care premium was not often mentioned, many respondents did talk about the importance of ring fencing other options such as increased NI and income tax. However, one public sector response noted:

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

Public sector

A small number of respondents selected the council tax increase option, however this option attracted a number of criticisms, as reflected in the following quotes:

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

Council

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

Local government organisation

Those who mentioned charging for accommodation costs in Continuing Health Care (CHC) said that seemed to be an equitable solution. For example, one council said:

“Charging for accommodation costs in CHC would help to ensure a more level playing field and would make disputes about CHC less intractable.”

Council

However, several respondents made the point that people in CHC have many more costs, and may have relatives still living in the family home, so this would need to be dealt with carefully.

Outside of the specified options, several themes emerged.

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

Question 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?

Around half of respondents answered this question.

Consultation findings

The most common responses were suggestions of different taxes, charges or ways of raising money. Often these related to further taxation on ‘big businesses’ and increased taxation of the very wealthy. Other suggestions were varied but included:

- land value tax/tax on housing wealth
- private insurance products/introduction of social care savings schemes
- councils looking at opportunities to generate income in innovative ways
- entry/departure taxes for visitors
- local lotteries
- reforming inheritance tax

- fast food tax
- reforms to council tax, for example a 'mansion tax'.

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

“Devolution of funding to enable local decision making and local innovation to generate savings.”

Individual

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

Council

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

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

Council

Other comments tended to fall into the following themes:

- The importance of investing in prevention, including taking measures to enable independence and properly supporting informal carers.
- Comments about the general approach to funding that is needed in the future, and in particular the fact that any solution needs to be long-term and sustainable, taking in to account future pressures that may impact on increases in demand. Some respondents also

commented here that a mix of solutions will be needed.

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

Question 18: What, if any, are your views of 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?

Around four in 10 respondents did not answer this question. Amongst the remaining respondents, views were fairly varied with no clear consensus emerging. Many said that they supported the suggestion in principal, or that it warranted further investigation.

Consultation findings

Where respondents did comment on this question, they talked about the need to simplify the current system and to better direct support on the basis of need, as well as directing Attendance Allowance towards the type of support for which it is intended. For example:

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

Academic sector

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

Council

On a related point, some respondents were positive as long as any changes resulted in a simplified, streamlined and easier to use system. For example, one individual said:

“I think the whole system should be made simpler and easier for everyone to use, both providers and those in need. Currently no one is sure about how the system works.”

Individual

Another group of respondents felt that this idea could be a positive step in theory, but voiced concerns that it may be unachievable in practice (for example because of the complexity of the benefits system) and that it would carry with it significant risks to the system:

“Widening the group seeking care to those in receipt of welfare benefits would significantly increase activity and costs adding further pressure to the [adult social care] system”.

Council

Some respondents also made the point that any changes of this nature would need to be properly funded, in terms of the impact on councils. Others were very concerned about the potential impact on vulnerable people, both in terms of any reduction in support, and loss of control or other impacts on wellbeing.

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

“The experience of reform of benefits in recent years has been negative, with challenges gaining, and retaining benefits. For example, the number of people who were previously on DLA (Disability Living Allowance) losing out in the change-over to PIP is really significant. The experience of ILF, which was closed and transferred to

local authorities, has also been very poor. The ILF was ground-breaking in giving funds directly to Disabled people to purchase their own support, and it had very low overheads. Earlier this year a service user told us that social workers were describing the ILF as having been the “Rolls Royce of care”, in order to depress expectations of what support the council will offer. We found this so demeaning, and indicative of a culture which sees independent living as a cost rather than an investment in people’s wellbeing.”

Charity

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

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

Council

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

Charity

“The purpose of AA is to help compensate for the additional costs of disability. It is therefore non-means-tested and non-taxable, as these extra costs occur at any income level. To tax or means-test AA would, for the above reasons, lack logic in distributional terms. If it is considered that people on higher incomes should contribute more, this is a matter for general income tax rather than concentrate the cost specifically on disabled people themselves.

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

Other local government

The options for change: how to pay for these changes

Findings from supporting material

Focus groups

The focus groups revealed that there is a very poor understanding of what adult social care consists of and who funds it. For instance:

- The strongest and most immediate association is with the elderly and care homes
- Initial associations with care for working age adults is limited
- However, there is frequent conflation with other services and in particular those provided by the NHS
- There is limited awareness that social care is the responsibility of local authorities
- Only an informed minority knew that a financial assessment is made prior to accessing and that social care is means tested
- Occasionally, even those who have interacted with the social care system are not aware that they had done so.

The focus groups also revealed a dominant response of surprise and frustration upon learning that social care is means-tested. Participants raised immediate questions about ‘fairness’ and there were concerns that those people who ‘do the right thing’ will be penalised.

This links to a powerful tension amongst the public, which the focus groups also brought out: that most people struggle to reconcile a realisation that the system needs more funding on the one hand, with a deeply felt personal reluctance to pay more for it, on the other. This reluctance stems from, or is exacerbated by:

- Squeezed household budgets and the feeling that people simply do not have any more to give
- Widespread lack of trust in government and a concern about whether any money raised through taxation would actually be spent on social care
- Poor understanding of the system and a consequent lack of clarity about what people would be paying for
- Concerns about fairness to working people.

Public polling

Our public polling asked a range of questions about the future funding of social care. On plans for individuals’ futures, 50 per cent of the public have not thought about how they will pay for their care when they get older. Only 15 per cent are actively making plans to pay for their care when they are older. Linked to this, 48 per cent of the public are worried about how they will pay for their care when they get older.

There is some willingness to accept that people should contribute towards their own care:

- 67 per cent of the public agree that it is fair for individuals to pay for some of their care costs, with the remainder covered by their council, if they can afford to do so
- This figure drops to 45 per cent for a scenario in which the individual pays the total cost of their care, if they can afford to do so

- 64 per cent of the public believe people should be able to pass on their home in their will (ie without it being used to cover care costs).

After receiving information about the funding challenges facing social care, people's willingness to contribute to care costs was explored further through questions about options for raising additional funding. In order of support:

- 56 per cent of the public support a 1 per cent increase on National Insurance
- 51 per cent support a social insurance payment (a compulsory additional charge for social care that is made by all tax payers)
- 49 per cent support a 1 per cent increase on Income Tax
- 48 per cent support means testing universal benefits
- 34 per cent support a 1 per cent increase on Council Tax

Councillor polling

Our polling of council leaders and cabinet members for adult social care sought views on whether the risk (and therefore cost) of needing adult social care should be pooled amongst all adults, or whether it should be left to only those adults who develop a social care and support need to contribute financially according to their means.

- 82 per cent of leaders and cabinet members said they tended to agree, or agreed strongly, that the risk should be pooled amongst all adults.

Our survey also shows that 89 per cent of leaders and cabinet members believe taxation should be part of the solution for the funding of adult social care. In a scenario where taxation was part of the solution, our polling revealed the following:

- 74 per cent of leaders and cabinet members tended to agree or agreed strongly that the additional money raised should be ring-fenced

for adult social care

- 82 per cent tended to agree or agreed strongly that additional taxation should be raised from the adult population as a whole

Participants in the survey were asked to what extent they agreed or disagreed with various options for securing the long-term sustainability of adult social care. These options came under the headings of: taxation, charging, reprioritising existing funding for the same group of people, and reprioritising other areas of funding. The five most popular options were as follows:

- **Taxation:** 70 per cent of leaders and cabinet members tended to agree or agreed strongly with increases to Income Tax
- **Charging:** 66 per cent tended to agree or agreed strongly with separating accommodation costs from care costs and funding accommodation in the same way as housing
- **Reprioritising existing funding for the same group of people:** 66 per cent tended to agree or agreed strongly with means testing universal benefits
- **Reprioritising other areas of funding:** 65 per cent tended to agree or agreed strongly with reprioritising/reducing other areas of national government spending
- **Taxation:** 63 per cent tended to agree or agreed strongly with increases to National Insurance.

Desktop research

Other public polling demonstrates a key contradiction in people's preparations for potential future care needs. On the one hand, a clear majority of people are not making financial preparations for possible future care costs. Yet on the other hand, nearly half of the public are worried about such costs.

- In the 2017 Ipsos MORI poll, 65 per cent of respondents had not taken steps to prepare financially for their own adult social care, and 54 per cent had not even thought about doing this. Only 22 per cent of under-35s asked have

made any preparations for their own social care.⁷

- In the same 2017 Ipsos MORI poll, 65 per cent of respondents said that they do not feel confident that adult social care will be available to them when they need it.⁸
- The same 2017 poll also showed that 55 per cent of respondents agree that it is their responsibility to pay for their own adult social care.⁹

The options for change: how to pay for these changes

Key findings, implications and recommendations

Key findings

In many ways, this is the most important part of our consultation as the answer to how we pay for social care for the long-term is what has eluded many previous attempts to reform social care funding.

The consultation revealed that the most popular potential solution is increases to National Insurance (NI). Respondents favoured this for a number of reasons including the progressive nature of NI, the fact it would provide a national solution to a national problem, the relative ease with which the solution could be administered and the fact that it would raise a significant amount of money.

Increases to Income Tax was the next most popular option for broadly similar reasons to the appeal of NI.

Means testing benefits was the third most popular option but there were more concerns attached to this solution, such as the likely high costs of implementation and administration

and the fact it would not raise sufficient funding for the size of the problem.

The consultation revealed no clear consensus on bringing wider welfare benefits together with other funding to meet lower level needs.

The additional material was similarly illuminating. The findings from the focus groups point to a wider set of issues which, in many ways, contextualise the discussion about how to change the system for the better and then pay for those changes. These also relate to people's understanding of social care; what it is and how it is funded, for instance.

The focus groups showed that learning more about how the system works provokes a very emotional response – in particular a considerable resistance to means testing and the perceived unfairness that people who have 'done the right thing' might have to sell their homes to pay for care.

This links to a tension that was also brought out in the focus groups: recognition that the system needs more money on the one hand, but a reluctance to contribute on the other based on a number of concerns including notions of 'fairness', the squeeze on households budgets and consequent feeling that people would not be able to pay an additional cost, and a lack of trust in government and subsequent concern that funding would not get through to social care.

Our public polling reinforces others' surveys in respect of people's lack of planning for future care costs.

However, a clear majority (67 per cent) recognised it is fair for people to pay for some of their care costs if they can afford to do so, and a significant proportion (45 per cent) went further, agreeing that it is fair for people to pay for all of their care costs, if they are able to.

In terms of solutions for the long-term, the public polling mirrors our consultation in that the most favoured option is increases to NI (56 per cent of respondents).

⁷ www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018

⁸ www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018

⁹ www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018

Increases to Income Tax were favoured by just under half of those polled (49 per cent).

On the idea of social insurance, our public polling and focus groups showed that 56 per cent of people would support paying extra for social insurance. Compulsory payments were the preferred way for payments to be made, with 65 per cent believing such payments should apply to everyone of working age, compared with 21 per cent believing payments should only be made by those over the age of 40. Fifty-five per cent believe payments should be taken straight from one's salary, 8 per cent believe there should be a one-off payment upon retirement and 17 per cent believe a one-off payment should be made from an individual's estate upon death.

Our polling of council leaders and cabinet members for social care shows that an overwhelming majority (82 per cent) believe that the risk, and therefore cost, of social care should be pooled. Of the options provided in terms of solutions, councillors clearly favoured increases to Income Tax. Increases to NI was the lowest of the five most popular options, but it still had the support of 63 per cent of councillors.

Implications

If one of the most significant findings of our consultation is that people are prepared (either instinctively or after learning more about how the system operates) to support national tax rises, then one of the most significant implications is that, at the very least, this option must not be ruled out in the Government's green paper.

This is not to say that this would represent an 'easy' funding solution (or solutions).

Any government would face similar difficulties in explaining how the system works now, building a case for the public to pay more, and then implementing tax (or other) changes to raise that funding. This may partly explain why previous attempts at reform have ultimately failed.

What is potentially different now – as is evident from our consultation and others' work – is that the difficulty could be at least partially offset by the public's willingness to proceed with the bolder option of tax rises.

Of course, the other implication from this part of our consultation is that building such willingness amongst more members of the public will require a careful and concerted campaign to explain the issues and the need for, and merits in, more radical solutions. Key to this will be exploring people's strong feeling that one's home should be able to be passed down to one's children. In this sense, national tax rises may be considered the best of different, potentially unpalatable, options.

Recommendations

RECOMMENDATION EIGHT: In consulting on the shape of, and sustainable funding for, social care through its green paper, the Government should make the case for increases in Income Tax and/or National Insurance and/or a social care premium. **(Timescale: Government green paper care and support, Dec 2018 onward)**

RECOMMENDATION NINE: Building on the campaign to raise awareness of social care and its value (recommendations one and two), the Government should make the case for national tax rises or other sustainable, long-term solutions and consult on clear propositions which explain the various options for how sufficient funding for social care and support could be raised nationally. The Government must set out how such increases would relate to the wider social care and local government funding system. The Government should also be clear about how nationally-raised increases for social care would relate to nationally-raised increases for the NHS. **(Timescale: Government green paper care and support, Dec 2018 onward)**

Adult social care and wider wellbeing

(Questions 21-23)

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

This question appeared in the main consultation document only and was answered by three quarters of respondents overall and almost nine in 10 of council respondents. Almost all who answered felt that there was a role for public health services in helping to improve health and wellbeing in local areas, with only a small number saying it should have no role. All respondent councils felt public health has a role.

Consultation findings

The roles most commonly identified for public health services were:

- Preventative, mostly in the form of healthy lifestyle campaigns and education. This was particularly popular among councils with two-thirds citing this role as opposed to two in five of the overall response base. One council stated:

“[Public health has] a vital role in preventing the need for people to use health and social care services, and should be developing and tailoring responses which target problem issues in a local area to help manage future demand on services.”

Council

- Provision of local intelligence to understand the local population and to assess the effectiveness of services. Again this was mostly identified by council respondents with one respondent saying:

“Public health should provide a strong evidence base to direct measures to tackle health inequalities, prevention and to support health and wellbeing.”

Council

“Local government takes a whole population, place based approach. It’s about healthy life expectancy, focusing on health rather than illness or services or ‘needing care’.”

Sounding Board member

- Linked to this, using its evidence base to contribute to the service planning and commissioning process, as with the other two main themes a higher proportion of councils identified this role. The importance of this was mentioned by one council as follows:

“They can ensure a more robust evidence base to local interventions”.

Council

Almost all respondents also provided their opinion on the extent of the role for public health services in helping to improve health and wellbeing. Overall, a third felt that it should be significant or central while a small number felt it should be a leading role. Among councils over half felt that public health services should have a significant or central role and just over one in 10 felt it should be a leading role. A small number of respondents pointed out that public health services already have a role and some felt that this role should be expanded.

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

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

Consultation findings

Respondents gave a range of examples to demonstrate the impact of other local services (council-led or otherwise) on improving health and wellbeing.

Feedback mainly centred on four interventions: social; environmental; resilience building; and behaviour change.

Many respondents emphasised the importance of local agencies working together to achieve better health and wellbeing outcomes, and underlined the pivotal role played by the voluntary and community sector.

Social projects

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

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

Individual

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

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

Charity/community/voluntary sector

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

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

Other public sector

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

Environment projects

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

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

Council

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

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

Council

A small number of respondents mentioned support for homeless people or those without secure homes, with these issues said to have a profound effect on the wellbeing of individuals, in particular mental health. One council said:

“Those in a stable housing environment within preferred locations require less intense support with lower relapses in care needs.”

Council

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

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

strong public transport system in order to be effective.”

Council

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

The natural and built environment were mentioned by some respondents as a way to improve health and wellbeing. Parks and green spaces, some offering free exercise equipment and activities, were highlighted as a way to promote physical and emotional health. One council reported that local investment in parks and gardens had seen an increase in public usage. Considerations about human-built surroundings were also important, including ‘walkable neighbourhoods’:

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

Council

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

“The impact of joint working with Public Health services to improve awareness and the experience of people with dementia through Dementia Friendly communities work. This will ensure greater community support for

individuals with such conditions to reduce the isolating impact of a dementia diagnosis.”

Council

“It is not just a case of adapting people’s house but adapting their neighbourhoods to enable them to remain active and independent. For example, providing street furniture so people can continue to do shopping and finding ways of keeping local shops.”

Sounding Board member

Resilience projects

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

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

Charity sector

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

Support for families carrying out informal care – including young carers – was also highlighted as a method of improving health and wellbeing, with

some respondents referring to volunteer schemes that give respite to unpaid carers under pressure.

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

Behaviour projects

About one in 10 of those who responded referred to projects aimed at changing people’s lifestyles and behaviours in order to improve health and wellbeing, including projects to combat substance misuse and dependency, smoking, obesity and those at risk of reoffending. Projects aimed at promoting good relationships and sexual health – alongside good maternal health were also highlighted (such as smoking cessation).

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

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

This question appeared in the main consultation document. It was answered by about six out of 10 respondents. Two thirds of councils gave feedback.

Consultation findings

The majority of responses to this question about the extent to which reductions to other local services had been observed were categorised using the following scale (or under the labels ‘general reduction’ or ‘service/project-specific reduction’):

- Chronic reduction overall
- Significant reduction overall
- Gradual reduction overall

- Small or no reduction overall

Where responses did not fit this scale, they were categorised under the labels 'general reduction' or 'service/project-specific reduction'.

Chronic reduction overall

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

Significant reduction overall

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

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

Council

Gradual/small/no reduction overall

Small numbers of respondents observed either gradual reductions or small/no reductions. Those who referred to gradual reductions said funding had been drained, eroded or had declined over many years, or described funding as 'coming and going'.

Whereas those who said there were small/no reductions said there been no reductions at present, that funds had been invested or that innovations or 'redesigns' had taken place to save money.

General reduction overall

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

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

Voluntary sector

Service/project-specific reductions

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

- Adult education
- Advice and advocacy
- Bus services
- Carers support
- Community health
- Community safety
- Day centres
- Heritage and cultural services
- Leisure services

- Libraries
- Mental health support
- Public amenities
- Residential care
- Road maintenance
- Supported/sheltered housing
- Waste and recycling

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

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

Council

Other

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

For example:

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

Charity/community/voluntary sector

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

Council

Adult social care and wider wellbeing

Key findings, implications and recommendations

Key findings

Responses paint a clear picture of the significant inter-relationships between a range of services that all have a role to play in promoting health and wellbeing. An equally clear picture is painted of the pressures facing these services.

Public health was recognised as having an important role to play in improving health and wellbeing, both in terms of its broad preventative function but also the evidence base it provides and which helps with service planning and commissioning.

A broad range of examples were given that illustrate the important interaction between services and sectors that is at the heart of building health and wellbeing. Social projects (such as those promoting physical health, education and employment), environmental projects (recognising the role of housing, transport, parks and green spaces), resilience projects (such as advocacy, navigating and signposting services) and behavioural projects (tackling, for instance, smoking, obesity and substance misuse) highlight the complex interplay of services that strengthen community wellbeing and independence.

Respondents clearly believe that these wider wellbeing services are under pressure, with the majority of comments indicating that local areas are seeing a significant reduction in these services overall. Of particular note, several respondents spoke of the reduction in funding available for voluntary and community sector projects (at a time when that sector is also facing increasing demand).

Implications

There is clear recognition of the role, and value, of public health, housing and other local services in contributing to people's health and wellbeing. It is also clear that there is an important interplay between these services and the outcomes they achieve. Effective and integrated transport systems help people remain independent, allowing them to access services such as libraries, that help tackle loneliness, parks, which can improve physical wellbeing, and advice, advocacy and signposting services, that may assist with housing or employment issues.

But it is also clear that cuts to such services have been part of the approach to protecting adult social care budgets. This is counter-productive. It reduces councils' ability to positively influence the wider determinants of health, which can then limit people's potential and their own contribution to building resilient communities.

Recommendations

RECOMMENDATION TEN: The Government should reverse the cuts of £600 million to the public health budget between 2015 and 2020. **(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)**

RECOMMENDATION ELEVEN: As part of its Spending Review, the Government should consider wellbeing in the round, recognising the contribution that different council services, and those coordinated by other public sector and voluntary sector organisations that councils commission, make to wellbeing. **(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)**

Adult social care and the NHS (Questions 24-29)

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

This question appeared in the main consultation document only and was answered by three quarters of respondents.

Consultation findings

Of those who answered this questions, three quarters felt it was important, very important or extremely important that decisions made by local health services are understood by local people, and that decision-makers are answerable to them.

Among councils this proportion was higher, with nine in 10 stressing the importance of their local residents understanding these decisions and decision makers being held accountable. For instance:

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

Council

A number of themes also emerged from the responses. Around one in five mentioned the need for more transparency around decision making, as expressed by one council who said:

“It is critical – decisions must be transparent, honest, timely, with appropriate consultation and engagement supported

by collective responsibility and cooperation between councils and health services”.

Council

There were calls for local residents to be more involved in the decision making process either through consultation or co-production, from around one in six of those who answered this question.

“The local community must not feel that the decisions which impact on their daily experiences are made remotely and in isolation. By listening to and involving the service user in the decision-making process, and holding the decision makers to account, a more acceptable system of care can be achieved which can respond better to the needs of local residents.”

Council

Just over one in 10 stated that local people needed to be kept better informed of decisions and the decision making process to enable better understanding. This was voiced by one council who said:

“Understanding the local system is key to the success of a health and social care system. It is very important that the process in which a decision is made by local health services is clear, appropriate, timely and communicated well. It needs to be flexible enough to allow the person to have the right support/service at the right time.”

Council

A similar number felt that there needed to be more resident engagement. One council said:

“Engaging local people in the issues the health and care system faces, and in helping to design a transformed health and care system is crucial if it is to secure improved outcomes to people’s health and wellbeing, and ensure it is sustainable.”

Council

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

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

These questions appeared in the main consultation document only, and were answered by around seven in 10 respondents.

Consultation findings

Just over half of those who responded said that the role of health and wellbeing boards (HWBs) should be strengthened, around one in 10 felt they should not and the remainder did not know or did not specify.

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

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

Council

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

- Sustainability and Transformation Partnerships (STPs) could be required to engage with HWBs in the development of STP plans –

overall one in five respondents said they supported this option and among councils half of the respondents supported it.

- HWBs could be given a statutory duty and powers to lead the integration agenda at the local level – as with the first option, one in five respondents overall said they supported this suggestion and among councils half of the respondents supported it.
- HWBs could assume responsibility for commissioning primary and community care – there was slightly less support for this option with around one in eight respondents overall and a quarter of councils choosing this option.

Respondents also made additional comments and a number of themes emerged. Around one in six overall and one in three councils stated that the role of HWBs should be strengthened to ensure more accountability in relation to delivery of health and wellbeing services:

“Local councils are also democratically accountable to their local populations for a wide range of the services that contribute to the wellbeing of the community as a whole in a way that the NHS is not. If the wellbeing outcomes set out under the Care Act 2014 are to be fulfilled then decisions about adult social care need to be taken by local government in a democratically accountable way.”

Local government organisation

One in 10 overall and a quarter of councils felt that HWBs should be strengthened to ensure a more locally focused approach:

“It is important that HWBs continue to drive local priorities. STPs have increasingly been reducing the importance of the leadership role of local HWBS and it is important that local priorities do not get overlooked by sub regional priorities.”

Council

A similar number talked about the need for more joined up or partnership working:

“From a governance perspective, HWBs are important if we want to ensure a more joined-up political and collaborative partnership approach. However, their impact in transforming services is often minimal and could benefit with being strengthened further.”

Council

Just over one in 10 of both overall and council respondents stated that HWBs needed to be reviewed:

“There is a need to rethink the whole governance and regulation system and simplify it, creating a health and well-being infrastructure that has the authority and responsibility to lead the system delivery and be democratically accountable to locally elected representatives.”

Council

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

This question appeared in the main consultation document only and was answered by just over half of respondents.

Consultation findings

No real consensus emerged from among the respondents but there were some common themes. Around one in eight respondents overall felt that the accountability of the health service local could be strengthened if they were required to report to the local council either through the Scrutiny Committee or the HWB. Among councils a third of respondents made this suggestion, with one council suggesting that:

“Accountability could be strengthened by requiring a more formal link with a strengthened health and wellbeing board; and having stronger links between Health Scrutiny and the HWB.”

Council

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

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

Council

One in 10 respondents, both overall and among councils, suggested resident involvement in the process. This was expressed by one council as follows:

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

Council

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

“The role of health and wellbeing boards, once strengthened, should offer greater accountability.”

Council

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

This question appeared in the main consultation document only and was answered by just over half of respondents overall, and just under three quarters of respondent councils.

Consultation findings

The responses to this question were varied with no overall consensus emerging, either from among the options that were provided or from the comments which did not refer to those options.

Of those who referred to the options provided some stated they were all important while a few felt that none of the options would provide their preferred solution. The most commonly chosen option was, 'Invest in prevention, primary care and community health services, with multiagency teams working closely alongside the voluntary sector to put in place early help and support', with twice as many respondents choosing this option than any of the others (four in 10 of all those who answered the question chose this option).

“There is a lot of about the balance between local government and the NHS but we also need to ensure that there is the right balance of investment between secondary care, primary care and mental health services to ensure that the hospital sector doesn't receive a disproportionate share. We need to invest in community based support.”

Sounding Board member

“Reablement and rehabilitation where current capacity is very low and has been reducing. Also, we need to stop people going into hospital, as well as getting them out more quickly and safely.”

Sounding Board member

This was followed by:

- Invest in joined-up infrastructure, such as joint commissioning, joint assessment and shared information to track people through the health and care system and joint workforce planning.
- Reverse the cuts to district nursing, particularly so that district nurses can support care homes and extra care facilities.
- Ensure that what digital activity gets delivered through the NHS Plan recognises – and funds – the critical interface with councils and the

care sector, with support being given to the sharing of information through local shared records.

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

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

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

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

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

- The integration of health and social care, with a small number saying that the NHS should take over control of social care from councils.
- A small number raised the need to for more services to keep people well following discharge from hospital to prevent re-admission.

Additional material

Councillor polling

Our councillor polling posed a series of questions on the integration agenda, the findings from some of which are pertinent here.

- Nearly nine out of 10 (88 per cent) felt they had made progress, to a moderate or greater extent, in agreeing a common purpose and vision for all health and care partners
- Nearly four fifths (78 per cent) felt they had made progress, to a moderate or greater extent, in improving coordination or integration of services
- Seven out of 10 (70 per cent) felt they had made progress, to a moderate or greater extent, in developing shared governance and accountability arrangements
- Nearly nine out of 10 (88 per cent) said the council was, to a moderate or greater extent, a key driver of local care integration
- More than four fifths (84 per cent) said the health and wellbeing board was, to a moderate or greater extent, a key driver of local care integration
- Just over a half (53 per cent) said the STP was, to a small extent or not at all, a key driver of local care integration
- Two thirds (66 per cent) said NHS England was, to a small extent or not at all, a key driver of local care integration
- Locally, the top three barriers to integration were: local financial challenges (94 per cent); workforce challenges (91 per cent); and national direction/pressure to meet national targets (89 per cent)
- Just over three quarters (76 per cent) tended to agree or strongly agreed that health and wellbeing boards should be given a statutory role in developing or approving STP plans
- Two thirds (66 per cent) tended to agree or strongly agreed that STPs should be abolished and health and wellbeing boards put in a leadership role.

Adult social care and the NHS

Key findings, implications and recommendations

Key findings

Respondents clearly felt it was important, very important, or extremely important that decisions made by the local NHS are understood by local people and that decision-makers are answerable to local people. Linked points were made about the need for greater transparency in local NHS decision-making and the importance of involving local people in the decision-making process.

Slightly more than half of the respondents who commented on the role of health and wellbeing boards (HWBs) said the structures should be strengthened. Of the suggestions given in the green paper for strengthening health and wellbeing boards, the two most popular options were requiring Sustainability and Transformation Partnerships (STPs) to engage with HWBs in developing STP plans, and giving HWBs statutory duties and powers to lead the integration agenda locally.

On the use of the new funding for the NHS, and amongst those who responded to the question in relation to the suggested uses set out in the green paper, the most popular suggestion was to invest in prevention, primary care and community health services, with multi agency teams working closely alongside the voluntary sector to put in place early help and support.

Implications

There is a strong and consistent message that the NHS needs to be more open and accountable to local communities, by directly involving local people in meaningful discussions about local health services and also through existing local democratic structures. In particular, health and wellbeing boards – the only statutory body where

political, clinical and community leadership comes together to agree shared priorities for improving health and wellbeing – are identified as the best forum for ensuring that health services are accountable to local people.

Many respondents want stronger powers for health and wellbeing boards, especially in leading local integration of health, wellbeing and care services and in ensuring that sustainability and transformation partnerships and integrated care systems build on, rather than cut across or side-line, existing plans for joining health and care services.

Regarding additional funding for the NHS, there is a preference for investment in prevention at primary and community level in order to enable people to stay healthy and independent.

Recommendations

RECOMMENDATION TWELVE: The Government should prioritise investment in prevention, community and primary health services for the £20.5 billion additional expenditure for the NHS.

(Timescale: NHS Long Term Plan, Dec 2018)

RECOMMENDATION THIRTEEN: The Government should implement a new ‘duty to cooperate’, requiring the NHS, in particular sustainability and transformation partnerships, to engage with health and wellbeing boards as part of developing local plans to reshape and integrate health and care services that are genuinely locally agreed.

(Timescale: NHS Mandate, Dec 2018)

RECOMMENDATION FOURTEEN: Through its Mandate to NHS England, the Government should ensure the NHS takes decisions based on (i) the needs of local communities as a whole and (ii) public spending as a whole.

(Timescale: NHS Mandate, Dec 2018)

Annex A: list of questions asked by document type

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

| Main form | Summary form | Easy read form |
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| 7. What, if anything, are you most concerned about if adult social care and support continues to be underfunded? | What, if anything, are you most concerned about if adult social care and support continues to be underfunded? | What worries you about adult social care and support if the money given to it continues to get less and less? If you are not worried you can tell us this too. |
| The Care Act: a legal foundation for care and support | | |
| 8. Do you agree or disagree that the Care Act 2014 remains fit for purpose? | NA | NA |
| 9. What, if any, do you believe are the main barriers to fully implementing the Care Act 2014? | NA | NA |
| Chapter four: the options for change | | |
| Why is it so hard to change? | | |
| 10. Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system? | NA | NA |
| Changing the system for the better | | |
| 11. Of the above options for changing the system for the better, which, if any, do you think are the most urgent to implement now? | 'In your opinion or experience, which of these options are the most urgent to implement now?' | Which of these options do you think is the most urgent to do now? |
| NA | What do you think are the most important of these options to adopt in local areas? | What do you think are the most important of these options to do in local areas? |

| Main form | Summary form | Easy read form |
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| 12. Of the above options for changing the system for the better, which, if any, do you think are the most important to implement for 2024/25? | NA | NA |
| 13. Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future? | Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future? | Which options do you think are the most important for the future? |
| 14. Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add? | Do you have any other suggestions for how adult social care could be improved and supported in your area? | Do you have any other ideas for how adult social care and support could be improved in your area? |
| 15. What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion? | What is the role of individuals, families and communities in supporting people's wellbeing? | What is the role of individuals, families and communities in supporting people's wellbeing? |
| How to pay for these changes | | |
| 16. Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system? | Which, if any, of these options would you favour to fund the proposed changes to adult social care? | Which of these choices do you prefer to pay for the changes to adult social care and support that we have set out? You can tell us if you don't think any of these are right. |
| 17. Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add? | Do you have any other suggestions as to how adult social care could be funded? | Do you have any other ideas about how adult social care and support could be funded? |
| 18. What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support? | NA | NA |

| Main form | Summary form | Easy read form |
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| 19. What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper? | NA | NA |
| Cross-party political cooperation | | |
| 20. In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed? | NA | NA |
| Chapter five: social care and wider wellbeing | | |
| The role of public health | | |
| 21. What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas? | NA | NA |
| The role of other council services and those of local partners | | |
| 22. What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing? | NA | NA |
| 23. To what extent, if any, are you seeing a reduction in these other local services? | NA | NA |
| Chapter six: social care and the NHS | | |
| Social care and health working together | | |
| 24. What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together? | NA | NA |
| Accountability in the NHS | | |
| 25. In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them? | NA | NA |

| Main form | Summary form | Easy read form |
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| 26. Do you think the role of health and wellbeing boards should be strengthened or not? | NA | NA |
| 27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support? | NA | NA |
| 28. Do you have any suggestions as to how the accountability of the health service locally could be strengthened? | NA | NA |
| New NHS funding – how it can benefit the system | | |
| 29. Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour? | NA | NA |
| 30. Do you have any other comments or stories from your own experience to add? | NA | NA |

Annex B: Sounding Board discussion summary and membership

The LGA established a Sounding Board of key commentators and experts from across the wider health and social care sector to ensure that the green paper was informed by diverse and independent views. We organised two meetings of the Sounding Board during which they discussed some but not all of the consultation questions. Below is a summary of the key messages from the discussions.

Summary of key messages from the Sounding Board

- Issues of perceived fairness/unfairness about the balance between publicly funded adult social care and what individuals are expected to pay need to be addressed. It would help if there was greater understanding of what social care is, how it is funded and who pays for services.
- There is a central and widely held dilemma in which people recognise that adult social care is in crisis and needs more money but there is a reluctance to pay more, either through general taxation or making private provision to save for future care needs.
- We need to reinforce the considerable contribution of unpaid carers and the urgent need to support them to continue their caring roles alongside their working and other commitments. Pressure on health and care services is already having an impact on them.
- People need a wide tapestry of community based services, way beyond what is generally considered health and social care support. This includes community based services, housing, the built environment and investment in neighbourhoods. The growing funding pressure from adult social care is having an impact on these services.
- We need to ensure that the new NHS money is used to invest in community-based care and support aimed at keeping people well and independent – irrespective of who provides the services.
- Additional resources are crucial but you can also improve outcomes by greater personalisation, based on improved care and support planning to tailor support to maximise independence. This may even save money by people opting for less costly services, but it requires investing in staff development and culture change.
- There is a strong interdependence between adult social care services and wider services: having access to good community services such as libraries, children’s centres and leisure facilities can help people with long-term conditions to maintain their wellbeing and independence and not need additional social care and support.
- A focus on the place shaping role of local government is key. Councils do not necessarily need to provide services - often this is better done by community and voluntary organisations – but they are uniquely placed to make the connections between social care, health, growth, economy, community safety etc.
- Local government needs to take a more self-critical approach to its own performance.

Key messages on the role of local government in improving health and wellbeing

- The collective understanding of what adult social care is needs to be redefined: it needs to be far more about supporting and enabling people to live healthy, active and independent lives, drawing on community assets that support the whole community to be more self-sustaining; most of this would not be considered adult social care.
- Place leadership and the connector role of local government has been reduced due to funding pressures. There needs to be a much greater focus on the whole system and councils role in holding this together.
- Councils may need to get out of the way and let community and voluntary groups provide services and support.
- Care Act duties on local government as navigators and sign-posters are important and often under-invested.
- Improving the health and wellbeing of populations is a core public health duty but this needs to be part of a broader discussion about prevention and a wider approach to prevention which encompasses primary, secondary and tertiary.

Key messages on options for changing adult social care

- The challenge at the heart of the debate is the trade-off between the service we want and what we – as individuals and the Government – are prepared to pay for it.
- Recent polling suggests that the public is supportive of a more comprehensive care and support offer for more people; this momentum needs to be capitalised upon.
- Sounding Board members had a slight preference for providing free personal care, as described in the Health Foundation/King's Fund and the Social Care, Housing, Communities and Local Government Select Committees reports.

- Adult social care needs to be rethought so that it is focused on wellbeing, independence and maintenance of health and living life to the full rather than providing care and support to people who have additional needs in order to keep them out of hospital.
- Serious consideration also needs to be given to the quality of care. There is no point in providing free personal care to all if the way to deliver this is by reducing quality.

Key messages on preferred options for raising funds for adult social care

- Age UK polling on paying for care shows that people are not universally opposed to housing assets being used to pay for care but they feel the cost burden should not just be on the individual.
- There is strong agreement that if people are asked to pay more, it is reasonable to expect a certain level of quality and choice in care and support. They are not prepared to pay more for the same level of service.
- The debate should look beyond the next five years. Adult social care and local government needs to be radical and think at least ten years ahead, alongside the NHS long term plan.
- It makes sense to go for the option which raises most funds as any change will be contentious and painful.
- The funding solution needs to be for all people with care and support needs, not just older people who may have built up assets throughout their lives. Working age adults may not have earned or unearned assets to contribute to the care and support and should not have a poorer service as a result.
- In reality, there is likely to be no 'magic bullet' and a range of fund raising measures will be needed.

Sounding Board members

Colleagues from the following organisations were invited to be part of the Sounding Board and contribute their views by phone, email or the arranged meetings.

- Age UK
- Association of Directors of Adult Social Services
- Association of Directors of Public Health
- Care and Support Alliance
- Care England
- Care Providers Alliance
- Care Quality Commission
- Carers UK
- Chief Social Worker for Adults
- Disability Rights UK
- The Health Foundation
- Healthwatch England
- Institute for Fiscal Studies
- Institute for Government
- Ipsos Mori
- The King's Fund
- London School of Economics and Political Science
- MS Society
- National Development Team for Inclusion
- NHS Clinical Commissioners
- NHS Confederation
- NHS Providers
- Public Health England
- Registered Nursing Homes Association
- Shared Lives Plus
- Social Care Institute for Excellence
- Society of Local Authority Chief Executives
- Think Local Act Personal
- University of Birmingham
- Voluntary Organisations Disability Group



Local Government Association

18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

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For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.