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NHS Clinical Commissioners response to 'The Lives We Want to Lead', the Local Government Association green paper for adult social care and wellbeing

September 2018

NHS Clinical Commissioners

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we have over 91% of CCGs in membership. We offer a strong national voice for our members on specific policy issues and support them to be the best they can to commission services effectively for their local populations.

We welcome the Local Government Association's (LGA) green paper focus on adult social care and wellbeing. This important topic needs sufficient attention from Government. CCGs aim to get the best healthcare and health outcomes for their local communities and patients. The integration of health and social care is key to delivering truly person-centred care and improving wellbeing.

In 2016 we developed 'Stepping Up to the Place' with the Association of Directors of Adult Social Services, Local Government Association and NHS Confederation. This vision outlined the importance of integrating health and social care services. We argued it would be critical if we are to achieve our shared ambitions of transforming care and delivering better outcomes for our populations. Many of the recommendations we made are still valid, and the role of CCGs and effective clinical commissioning to improve wellbeing should be recognised.

Summary

Improving wellbeing for populations is, as recognised in this paper, a growing challenge and we agree that it's important to secure both immediate and long-term funding for social care. Without this, funding that CCGs use to pay for NHS services will be undervalued – effective social care and public health services mean that we can maximise the use of the NHS pound.

Local government therefore has significant funding needs which do need to be tackled, and a very significant role in improving health and wellbeing. However, this role must not usurp that of clinical commissioners by taking on responsibilities currently held by CCGs. Therefore, we would fundamentally disagree with the proposal for Health and Wellbeing Boards (HWBs) taking on statutory duties to commission primary and community care, or for local authorities to take on more responsibility for the Better Care Fund.

There is still a long way to go to achieve integrated commissioning and we agree with the recommendations to improve data and regulatory arrangements, but we're pleased that more than 4 in 5 council leaders and cabinet members have said they're making good progress when it comes to integrating with their CCG. We hope that the future of social care will involve further collaboration with CCGs.

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

Local government, alongside other partners in the NHS and beyond, have an important role to improve health and wellbeing in local areas. NHSCC strongly believes that integrating health and social care can help contribute towards improving health and wellbeing outcomes. Successful integration means that services are organised and delivered to get the best possible health and wellbeing outcomes for citizens of all ages and communities. Local government in collaboration with NHS services, such as those commissioned by CCGs are therefore best placed to improve health and wellbeing in their local area.

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

Adult social care and support is essential for our population to achieve full health and potential – and it works synergistically with public health and healthcare services to prevent ill-health and look after people in times of need.

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

Decisions about adult social care and support, like many health decisions, are often more successful when they are place-based. By having a local link, this makes the most of the strengths and resources in the community as well as meeting their needs.

4. *What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?*
5. *What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?*
6. *What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?*
7. *What, if anything, are you most concerned about if adult social care and support continues to be underfunded?*

Without adequate funding for adult social care and support, the funding that the Prime Minister recently committed to sustain and transform the NHS over the next five years will end up being less efficiently used. It essentially undervalues investment in the NHS as that funding will have less impact if services are facing pressures which could be avoided with sufficient provision of social care.

With responsibility for meeting the needs of their populations, and with limited financial resources to do so, CCGs also need to ensure that the money they spend delivers the best value from the NHS pound. This therefore highlights the need for social care and public health to be adequately funded so that the healthcare provided by CCGs is achieving improved outcomes as efficiently as possible.

Although the consultation document claims that the argument is 'bigger than simply saying we spend too much on hospitals' – this should not be seen as an either/or. Spending on hospitals is essential when people are facing acute health issues. Although prevention and early intervention does play a crucial role, this sadly cannot be the answer for all individuals with current needs.

8. *Do you agree or disagree that the Care Act 2014 remains fit for purpose?*
9. *What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?*
10. *Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?*
11. *Of the [6] options for changing the system for the better, which, if any, do you think are the most urgent to implement now?*
(The options are: 1) pay providers a fair price for care 2) make sure there is enough money to pay for inflation and the extra people who will need care 3) provide care for all older people who need it 4) provide care for all the people of working age who need it 5) 'cap and floor' 6) free personal care)
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?*
13. *Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?*
14. *Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?*
15. *What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?*
16. *Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?*
17. *Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?*
18. *What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?*
19. *What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?*
20. *In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?*
21. *What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?*

Public health services have a significant role in improving health and wellbeing in their local areas. They promote and protect the health of the population, and as recognised by the Five Year Forward View – for the NHS to be sustainable we need a radical upgrade in prevention and public health. CCGs also play a role in commissioning some public health services, and the public health system as a whole (with the involvement of communities and the voluntary sector) must be seen as a key component.

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

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

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

Our joint work with the Association of Directors of Adult Social Services, Local Government Association and NHS Confederation (and now NHS Providers) highlights the key elements needed for successful integration of health and social care. These include:

- A shared commitment to improving local people's health and wellbeing using approaches which focus on what is the best outcome for citizens and communities.
- Services and the system are designed around the individual and the outcomes important to them, and developed with people who use or provide services and their communities.
- Everyone – leaders, practitioners and citizens – is committed to making changes and taking responsibility for their own contribution to improving health and wellbeing.
- A shared and demonstrable commitment to a preventative approach, which focuses on promoting good health and wellbeing for all citizens.
- Locally accountable governance arrangements encompassing community, political, clinical and professional leadership which transcend organisational boundaries are collaborative and where decisions are taken at the most appropriate local level.
- Locally appropriate governance arrangements which, by local agreement by all partners and through HWBs, take account of other governance such as combined authorities, devolved arrangements or NHS planning requirements.
- A clear vision, over the longer term, for achieving better health and wellbeing for all, alongside integrated activity, for which leadership can be held to account by citizens.
- Common information and technology – at individual and population level – shared between all relevant agencies and individuals, and use of digital technologies.
- Long-term payment and commissioning models – including jointly identifying and sharing risk, with a focus on independence and wellbeing for people and sector sustainability.
- Integrated workforce planning and development, based on the needs and assets of the community, and supporting multi-disciplinary approaches.

Several suggestions in the green paper are very welcome and reflect these recommendations, including the recognition of sound data sharing across health, social care and providers to deliver person-centred care and the role of technology to improve integration, efficiency and commissioning. Similarly, we agree that separate performance management regimes, workforce planning and regulatory frameworks for the NHS and local government make it difficult to work together – we agree that these can act as barriers to successful integration.

We do not think that the Better Care Fund resources should go directly to councils if certain conditions are not fulfilled. This would not overcome the main barriers to integration that were identified in the recent LGA survey (i.e. financial challenges, pressure to meet national targets, workforce challenges and lack of agreement between health and care leadership). If anything, shifting responsibility to one partner would undermine the system-wide approaches that are needed, alongside reform from the centre.

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?

Accountability and transparency are important, but it is a falsehood to decry a 'democratic deficit' in the NHS. CCGs are accountable to their local populations in several ways, including the role of lay members on their governing body. Lay members play an integral role on the CCG governing body in making sure that engagement and governance is right. They provide CCGs with constructive challenge, scrutiny, and an external view. Health and wellbeing boards and local government decisions on health can struggle with limited visibility and scrutiny if they are not operating effectively.

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

There is variation in the performance of health and wellbeing boards, and as noted, they're not the only means to hold local health decisions to account. We disagree with the suggestions to strengthen HWBs as they privilege one institution instead of prioritising the outcome they're trying to achieve (i.e. it's preference to favour substance over form). Integration and local authority engagement with STPs or wider commissioning decisions can and should be achieved without shifting statutory duties or responsibilities.

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

It is important that STPs engage with HWBs in the development of STP plans – it is likely they are already doing this as due to STP involvement in integrating between health and social care, and through wider integration. This does not need to give HWBs further involvement in STPs though. We disagree that HWBs should be given a statutory duty and powers to lead the integration agenda at the local level; or that HWBs should assume responsibility for commissioning primary and community care. The clinical input from CCGs when it comes to commissioning primary and community care is crucial. Their continued work with local government should and will continue but the role of CCGs should not be devalued or removed.

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

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

Many of the suggestions to spend the proposed NHS investment are likely form part of the long-term plan which is currently being developed by NHS England. We agree it's important to extract maximum value from the new NHS funding and CCGs will ensure that this includes setting priorities at the local level.

For more information

If you would like any further detail on our response please do not hesitate to contact our Head of Policy and Delivery, Sara Bainbridge at s.bainbridge@nhsc.org.