NHS Confederation response to Local Government Association Green paper consultation : 'The Lives we want to Lead'

The NHS Confederation is an independent membership body which brings together the full range of organisations that make up the NHS in England. It also includes the Welsh and Northern Ireland Confederations. We therefore represent all types of providers and commissioners of NHS services including hospitals, community and mental health providers, ambulance trusts and independent sector organisations.

The organisations that make up the NHS Confederation group are: NHS Clinical Commissioners, NHS Employers, the Mental Health Network, NHS Partners Network, the Northern Ireland NHS Confederation and the Welsh NHS Confederation.

Introduction

The NHS Confederation welcomes the opportunity to comment on the LGA's green paper 'The Lives we want to Lead'. In launching it, the LGA have provided an important starting point to help build momentum for a debate about how to fund the care we want to see in our communities for adults of all ages. This is especially important given that social care is in crisis and the need for reform is urgent. While additional investment in the system over the past few years has been welcome, it remains fundamentally underfunded. The government have repeatedly delayed their green paper, without some clear proposals setting out solutions, the situation for social care will only worsen.

The NHS Confederation was pleased to be able to take part in the LGA's social care green paper sounding board discussions, where we were able to raise several key points. This response does not answer all the consultation questions but instead covers the questions that we considered it most useful and relevant to answer.

Summary

We have long called for health and social care to be seen as two distinct parts of one service The LGA paper reflects this, recognising that the funding pressures on social care are having severe consequences for the NHS, by increasing demand on hospitals and more costly acute care. Our members repeatedly highlight these challenges, which they tell us have major impacts on their services and the prospects for transformation and integration. As such they have identified long and short term funding issues as well as increasing demand as the most pressing issues facing adult social care. We highlighted their concerns and the urgent need for action on social care earlier in 2018, when we published a paper – '10 things the NHS wants to see in the social care green paper' which was aimed at politicians and policy makers and laid out the key issues for the NHS, that the Government should consider when reshaping the care system.

It is right that removing the barriers that inhibit health and social care from collaborating and integrating to transform services to deliver better care for local populations should be included in any proposed vision for the future of social care and health. We have worked closely with LGA, ADASS and NHSCC and in 2016 we jointly produced a paper 'Stepping Up to the Place' which sets out the key recommendations to successfully achieving this.

The NHS has been promised an additional £20bn over the next 5 years and is now developing a long term plan. However, our members are clear that without a sustainable settlement for social care as well as the wider health and care system including public health, the system will continue to struggle and this money will not have the impact that many had hoped it might.

The current lack of a coherent vision for the future of social care is undoubtedly affecting local authorities ability's to engage meaningfully in the development of the NHS long term plan. In the past, including in many local Sustainability and Transformation plans, engagement with local government has too often featured as an afterthought, with leaders not feeling a sense of ownership or partnership. This has been detrimental to the pace of transformation of services and must not be allowed to happen again.

The NHS Confederation key points :

- **When asked their opinion on the three most significant, immediate pressures facing social care that need to be addressed in their STP/ICS area, local and national NHS leaders most often identified the need for fundamental reform of social care funding, increased demand for services and short term funding pressures as the most significant challenges.**
- **Our members are clear that without a sustainable settlement for social care as well as wider health and care services including public health, the system will continue to struggle and the additional money that has been promised to the NHS will not have the impact that many had hoped it might.**
- **NHS Confederation members told us that spending cuts in social care are having a real impact on their organisations. This can be seen in increased pressure on hospitals, including higher A and E attendances and admissions and delayed transfers of care.**
- **A large and growing proportion (49 per cent) of social care spend is allocated to people of working age. Any reform of the adult social care system must address the needs of working age people as well as older people.**
- **Adult social care is an important part of many local economies, employing 1.4 million people. The ADASS budget survey for 2018 [1]found provider failure had affected 66 per cent of councils within the six months prior to responding. A funding solution needs to be found to create a more stable market.**
- **Workforce remains one of the most fundamental challenges facing both health and care. Both sectors rely on the same pool of professionals and are competing for the same scarce staff undermines local relationships. Government must work with both health and social care to make sure that the workforce is sustainable in the long-term.**
- **We do not believe that taking the NHS out of its role in overseeing and assuring BCF plans would do anything to encourage better health and care partnerships and in fact may serve to hinder local relationships. We believe that decisions on spending the BCF should continue to involve leaders from local government and commissioners and providers of NHS services in a genuine partnership.**
- **The effectiveness of health and wellbeing boards across the country varies and whilst some do successfully bring partners together to plan services, others have struggled. With this in mind, we are unconvinced that strengthening them all in the ways outlined in the green paper, would create the right conditions for integrating services.**
- **We don't support the proposal to give health and wellbeing boards the responsibility for commissioning community and primary care, as this would risk diluting the important clinical input from CCGs, which our members believe is vital for making commissioning decisions.**
- **Effective, collaborative leadership across health and social care will be essential if we are to transform both health and social care. The involvement and engagement of local government in STPs has been variable and this needs to change.**

[1] https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf (P26-7)

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

Local government should continue to have a central role in improving the health and wellbeing of local populations, working in partnership with leaders of organisations that provide and commission health and social care services, including the NHS and the voluntary and independent sector. We have been very clear in our messages to national bodies and policy makers that when developing local plans, such as STPs which are aimed at transforming local services, there is a real need to engage with local authorities. Local government leaders have a unique insight into local people's needs and have responsibility for several services, such as housing and public health that can be important determinants of people's health and wellbeing.

In what ways, if any is adult social care important?

Adult social care provides support for both older and working age adults, which includes helping many people with daily tasks and making adaptions to people's home, this kind of support enables people to live more independently.

As well as caring for older people, a large proportion (49 per cent) of social care spend is allocated to people of working age. Although there are fewer working age people receiving care, fulfilling their needs tends to be more expensive. Medical advances have meant that more people survive into adulthood with what would previously have been fatal conditions, so the population of people requiring support is growing for working age people too**.** Any reform of the adult social care system must address the needs of working age people.

Adult social care is also an important part of many local economies, with services provided by an estimated 20,300 organisations,137 delivering care from around 40,400 establishments. The majority are in the private or not-for-profit sectors and the whole sector provides employment to 1.4 million people[1].

Many people who are unable to access social care services provided by local authorities often rely on informal care and support provided by friends and relatives. In some cases, this leads to people leaving employment in order to become informal carers, which not only has an impact on individuals and families that lose an income but also has a cost to the wider economy.

Importantly for the NHS, social care is central to ensuring that people can return home after being discharged from hospital and can play an important role in preventing some people from needing to access NHS services in the first place. However, totally inadequate social care funding is leaving demand unmet and thousands of older people without the care and support they desperately need. This has a significant impact on the NHS, not only leaving some patients who are deemed medically fit to leave hospital stuck there, because of a lack of social care, but also increasing demand for primary care, community services, A and E, and leading to more hospital admissions.

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?

Our members have clearly highlighted to us that the funding challenges facing social care need to be addressed urgently. In the survey we conducted with them in September 2018, where we asked them to choose three options from a range of challenges facing adults social care, they most commonly cited the need for fundamental reform of social care funding, increased demand for services and short term funding pressures as the most significant challenges facing their local STP/ICS. This isn't surprising, as we know that

[1] https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

since 2009−10, local authorities have faced significant cuts in their funding from central government, this has resulted in varying levels of cuts across different councils and it has meant cuts to social care spending right across the board. This has had a range of consequences for local services and the care sector more widely. Most noticeably councils have tightened their eligibility criteria and concentrate care and support on those people deemed to have the highest needs. This has meant that over 400,000 fewer people accessed publicly funded social care in 2016−17 than in 2009−10.[1]

The IFS, Health Foundation report that we commissioned said that cuts to social care were "likely to have led to an increasing level of unmet care need and increasing reliance on informal care from (unpaid) friends and family."[2] The research also suggested that "for those still receiving publicly funded care, there may well have been deterioration in the quality of care provided and a scaling-back of preventative services"[3].

In a survey conducted with NHS Confederation members in September 2018, members told us that spending cuts in social care were having a real impact, they pointed to a growing elderly population requiring care and the fragile market for care provision and said "this is having an impact on health services demand and costs locally."

Members have highlighted increases in demand for community services, increased admissions and re-admissions, an increased demand for primary care and mental health services as all being affected by cuts to social care. They also suggest that people are more ill when turning to the NHS for care.

Delayed Transfers of Care

The NHS Confederation briefing : System under strain looked at the issue of delayed transfers of care and found that the numbers has been increasing rapidly in recent years, with a total of 154,602 days of delay in March 2018, compared with 115,158 in March 2013, an increase of 34.3 per cent. Analysis of delayed transfer of care data from 2017/18 shows that the proportion of days of delay relating to patients awaiting a care package in their own home was 21.0 per cent, 14.3 per cent for those awaiting a nursing home placement, and 14.2 per cent for completion of assessment, 12.0 per cent were as a result of patient or family choice and 11.5 per cent as a result of awaiting a residential home placement.

Overall, in 2017/18, the NHS was responsible for 57.3 per cent of the delays, with social care being responsible for 35.2 per cent and 7.4 per cent being attributable to both the NHS and social care. Five years previously, in 2013/14, the NHS had been responsible for 68.0 per cent, with social care responsible for 25.8 per cent and both responsible for 6.2 per cent, suggesting that reductions in availability of social care services have had a significant impact on the ability of the NHS to move patients through its system efficiently.

Market failure and instability

In social care, market failure has also become an increasingly common phenomenon. The Association of Directors of Adult Social Services (ADASS) budget survey for 2018 [4]found provider failure had affected 66 per cent of councils within the six months prior to responding. A third of councils completing the ADASS survey reported that a home care provider they contracted with had closed or ceased trading in the last six months and 58 councils reported closures of residential or nursing care providers in the last six months.

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[1] Securing the future: Funding health and social care to the 2030's, May 2018, IFS, Health Foundation, commissioned by NHS Confederation.

[2] Securing the future: Funding health and social care to the 2030's, May 2018, IFS, Health Foundation, commissioned by NHS Confederation, P127

[3] Securing the future: Funding health and social care to the 2030's, May 2018, IFS, Health Foundation, commissioned by NHS Confederation P127

[4] https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf (P26-7)

ADASS highlight that “this disruption significantly impacts on wellbeing and is thought to impact on mortality when it involves someone moving home in an unplanned way”

Some of the reasons for this instability were explored in the research we commissioned from the IFS and Health Foundation which found that funding constraints in local government have led to a reduction in the fees paid to care homes for state funded residents and according to Laing-Buisson, Local government reduced fee rates by a national average of over 6% between 2010–11 and 2016–17. This has affected care providers who also offer care services to individuals who are not receiving LA support (i.e. they are self-funding) and there is evidence to suggest that in order to compensate for the cuts to LA fees, these self-funders are charged 41% more on average than those with their places funded by the local authority This has introduced a substantial degree of cross-subsidisation and threatens the sustainability of parts of the sector that rely more heavily on LA funding.

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

This anticipated rise in demand over the coming decade, means that in order for the adult social care system to continue providing an acceptable level of support it urgently requires a sustainable funding solution, without it the funding challenge will only get harder and this will undoubtedly effect increasing numbers of people, who will increasingly need to turn to the NHS.

We have significant concerns that if a funding solution for adult social care is not found , it will lead to a devaluation of the additional £20bn given to the NHS over the next 5 years, as the NHS will need to deal with the increased pressures put on its services by increasingly unmet social care need. Our members tell us that without a sustainable settlement for social care, alongside continued investment in public health and capital spending, the additional money cannot have the impact that many had hoped it might.

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?

Our September 2018 questionnaire to members asked them to identify the 3 most immediate pressures facing social care and their answers indicate that alongside the issue of short term funding and the need for fundamental reform of social care funding, members also see social care provider sustainability, increased demand for services and the need to change the model of provision as amongst the most significant challenges facing adult social care.

Workforce

Workforce is a very pressing issue as the demand for social care grows, with a growing, ageing and increasingly co-morbid population, more staff will be required to provide care. If staff numbers grow in line with the activity growth implied by PSSRU’s model, then an additional 458,000 staff would be required by 2033–34[1]. Many of these will be in the private sector, although around 37,000 will be directly employed by local authorities. This would mean growing the social care workforce by around 2.2% a year.

Workforce is also a fundamental challenge facing the NHS. Both health and social care relies on the same pool of professionals (e.g. nurses and allied health professionals), and competing for the same scarce staff undermines local relationships and is ultimately a zero-sum game.The tensions could well become greater as the UK leaves the EU. There is also competition from other sectors of the economy and our members have highlighted to us their concerns that whilst companies like Lidl can offer more attractive terms and conditions as

[1] Health Foundation Analysis using PSSRU projections, and Skills for Care ‘The size and structure of the adult social care sector and workforce in England, 2017’

an employer, the personal care market will NEVER be able to attract much needed care workers.

Further to this, the NHS pay deal, while positive for the NHS will have a negative and potentially destabilising impact on social care recruitment as it increases the pay deferential between the services. Local authorities struggle to recruit and retain staff currently due to low pay rates and sub-optimal terms and conditions, and many local authorities will not be able to increase pay rates to match the NHS and will therefore find recruitment and retention even more challenging.

The common interests across health and social care should mean that the sectors are able to come together to put pressure on the centre to make sure that enough staff are trained and that much more is done to retain this vital workforce. Government must work with both health and social care to make sure that the workforce is sustainable in the long-term. With increasingly integrated health and care systems we will also need to be more creative about staffing, exploring joint roles and training individuals to work in multidisciplinary teams. There must also be flexibility to allow co-location of staff.

The current draft workforce strategy prepared by Health Education England fails to give nearly enough attention to the social care workforce or the interdependence of the two sectors. A joint strategy covering both health and social care is required. Nearly five-years on from the introduction of the Better Care Fund, many of the fundamental barriers to health and care integration remain. Complex workarounds to practical problems are consuming too much time and limiting our ability to move forward.

Local areas need to be provided with governance, contracting and funding frameworks that facilitate, rather than limit, joint working between health and social care. More attention also needs to be given to issues like data sharing which make joint working more difficult at an individual level.

Many of the barriers to integration that remain are related to culture. In the current climate, where funding is very limited and decisions about how to spend it are fraught, there are inevitable tensions within the system. We should be looking to national leaders to come together more often and more visibly in a united drive to take forward reform. Mutual recrimination is helpful to no-one.

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?

Over the years there have been many attempts at reform, these have ranged from the Royal Commission on Long-Term Care for the Elderly in 1998, the King's Fund Wanless enquiry Securing Good Care for Oder People - Taking a long-term view. in 2006, and the Dilnot Commission, the Commission on Funding of Care and Support in 2010. Each attempt has raised hopes and delivered little. The reasons are complex and the vagaries of the economy have not helped, but behind much of this lies the inability of politicians to set aside party advantage, recognise there are difficult choices that have to be made and acknowledge that the best chance of a long-term solution must lie in some form of cross party agreement.

We must not allow another generation of older and vulnerable people to be failed by inertia and political cowardice.

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

Rises in demand for both health and social care are inevitable over both the short and longer term, due to an ageing population with growing numbers of long-term conditions. However, it is widely accepted that more can be done to control the sharp rise in demand by keeping people healthier for longer, ensuring that, as much as possible, demand for care is concentrated later in life. The tail of morbidity has grown, increasing the number of

‘unhealthy’ life years, but even within those years better management of long term conditions and more effective social and other support will reduce their call on acute care and enable them to stay independent for as long as possible. This should include more support for unpaid carers who remain an abused resource.

While many public interventions will not have an immediate impact on demand, everyone involved in this area needs to start taking a longer-term view. NHS England’s Five Year Forward View was explicit on the need for a ‘radical upgrade’ in these services. Instead we have seen dramatic cuts to public health budgets which may have allowed short-term budget savings, but are likely to do damage in the long-run. Any funding settlement will need transformation funds to change the way services are delivered – it will also require significant resources to be channelled into proven preventative measures which may take some time to pay back the investment. A longer-term view from the political class is now urgently required.

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

We support the commitment set out in the LGA’s paper to ensuring that whole-person integrated care is a central principle of a future care and support system. Our joint work with the Association of Directors of Adult Social Services, Local Government Association and NHS Confederation looked at case studies and highlighted several 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.

Better Care Fund

As the LGA green paper suggests, the Better Care Fund was conceived as a way of spurring on local leaders to create their own shared plans for joined up community-based services, through the pooling of resources. We support the principles and original intentions, but it is clear that factors, including financial challenges facing health and social care and the increase in national direction of local BCF plans, have been major barriers to greater joined up working.

We agree with the LGA that in order to return to the original intentions of BCF we need it to be reformed, allowing local areas the necessary freedom to decide how best to allocate the BCF monies based on locally agreed priorities. However, we do not support the LGA's proposal to provide the resources directly to councils to deploy according to locally agreed plans overseen and assured by health and wellbeing boards.

We do not believe that taking the NHS out of any role in overseeing and assuring BCF plans would do anything to encourage better health and care partnerships and in fact may serve to hinder relationships locally. Furthermore, we do not understand how the shifting of responsibility to health and wellbeing boards, which are of variable effectiveness, would help overcome the current challenges that have been identified by the LGA as the main barriers to integration, including finances, pressure to meet national targets, a lack of agreement between health and care leadership and workforce. We believe all of these challenges actually benefit from greater joint working amongst heath and care leaders locally not less.

We agree that there needs to be a better balance between national conditions and the priorities set by local leaders. In particular, local leaders need the freedom to set targets that are challenging but achievable and are focused on improving health and care across the system locally. Decisions on spending the BCF need to involve leaders from local government and commissioners and providers of NHS services in a genuine partnership

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 ?

People have a right to have a say on how their taxes are spent and on how public services like the NHS are run. However, we would question the suggestion made in the LGA green paper that there is a 'democratic deficit in the NHS' which could be simply remedied by any of the proposals laid out in the LGA green paper.

We believe that these proposals fail to take into account the accountability mechanisms that already exist within the NHS both locally and nationally. At a national level the Secretary of State is accountable to elected local MPs in Parliament. In NHS Foundation Trusts this accountability to local populations comes through locally elected Foundation trusts governors, who play an important role in holding the FT's board accountable for decisions. Similarly**,** lay members play an integral role on the CCG governing body making sure that engagement and governance is right and providing CCGs with constructive challenge, scrutiny, and an external view.

One of the clearest way that local democratic accountability can be bought to bare on decisions about local health and care planning and delivery is through local health and wellbeing boards, which are made up of political, clinical, professional and community leaders, with powers and duties to develop their own place-based strategy for improving the health and wellbeing outcomes of the population. The effectiveness of all health and wellbeing boards varies though and the most successful ones are those which are a proper partnership between health and care leaders, working together on a shared vision for improving local services.

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

The effectiveness of Health and Wellbeing boards across the country in leading the transformation of health and care services is hugely varied. Whilst some have bought local leaders together to begin transforming services, others have struggled and there are still examples of boards that don't engage with local NHS providers. With this in mind, we don't think that strengthening all health and wellbeing boards in the ways outlined in the green paper, whether that be through placing a requirement for STPs to engage with them in the development of plans, giving them a statutory duty and powers to lead the integration

agenda at a local level or allowing them to assume responsibility for commissioning primary and community care would improve health and care or create the right conditions for integrating services.

We believe that the emphasis needs to be put on achieving better partnership working across health and care, rather than one taking the lead over another. As the LGA green paper states, council leaders and lead members feel strongly that local councillors working with their health commissioning and provider partners are best placed to lead integration. Therefore, the emphasis on local government solely leading integration or taking on new responsibilities for commissioning put forward in these proposals seems misplaced, the focus should instead be on establishing better relationships to enable partnership working. We are concerned that these proposals would have the effect of relegating NHS leaders and staff to the sidelines of decisions and importantly risks diluting the vital clinical input from CCGs, which our members believe is important for the commissioning of primary and community care.

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

Whilst Local government and social care departments are working closely with colleagues in the health service in some areas, feedback we have received suggests that in many areas local authorities, and in particular elected officials, do not feel sufficiently engaged and empowered in the process. This needs to change if new models of care are to deliver truly integrated care. The government needs to encourage and facilitate this engagement, even if it necessitates a longer period of time for relationships to develop and change to happen.

Effective, collaborative leadership across health and social care will be essential if we are to transform services. Local leaders have a massive task and will need support to make sure that organisations in a local area start to pull in the same direction. This means helping to build strong relationships at board level, with shared objectives and a sense of common purpose.