

# One year on

The LGA green paper for  
adult social care and wellbeing





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# Foreword

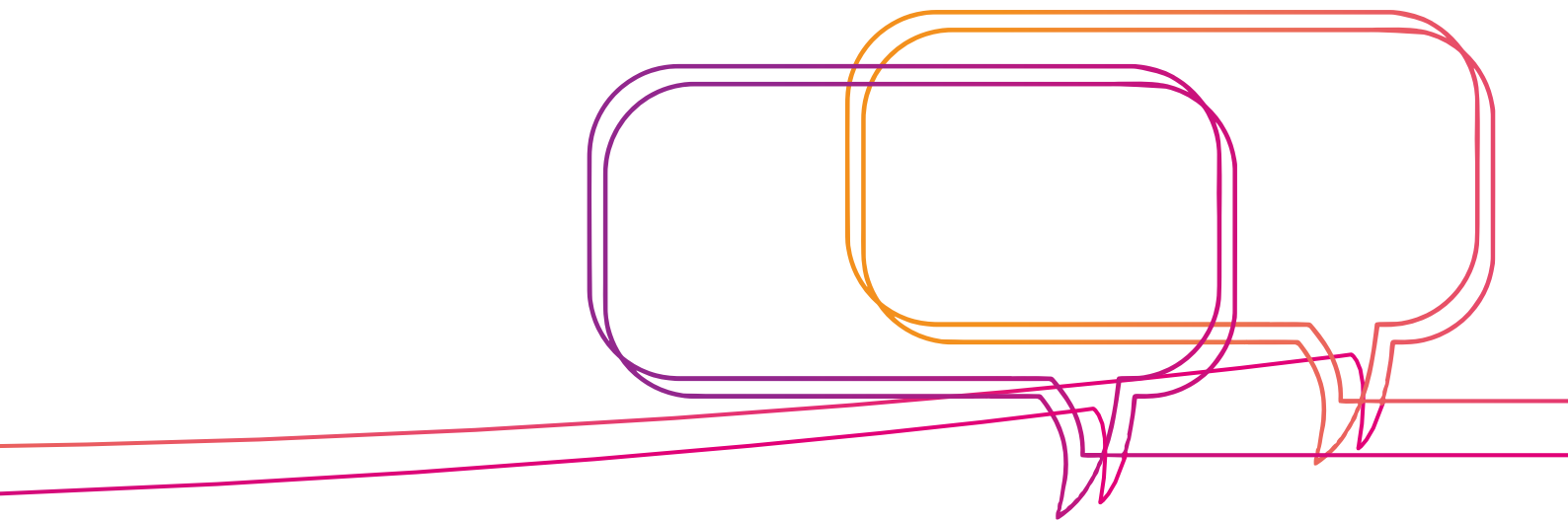


It was little over a year ago that the Government announced a further delay to the publication of their adult social care green paper. It was against this backdrop that we decided to produce our own green paper, 'The lives we want to lead'. Drawing on the extensive work that we and many others had already conducted, it was written in only five weeks. Its launch marked the start of a two month consultation period, during which we held five focus groups across the country, more than 1,700 members of the public were polled on key questions, and more than 540 individuals and organisations submitted their responses. Our follow up report, setting out our findings, their implications and key recommendations based on the consultation was published two months later.

In the twelve months since our green paper was published, the Government has delayed, delayed again, and delayed once more its own. It is now approaching two and a half years since the Government first committed to publishing a green paper, in the 2017 Spring Budget. It is even longer since the Government stated in its 2017 Manifesto that, 'Where others have failed to lead, we will act'.

There is no getting away from the fact that the last two and a half years have been a unique period politically. It is entirely understandable that our country's future relationship with the European Union has taken up a considerable amount of the Government's time. But that can be no excuse for such inaction in the face of the growing adult social care crisis we see unfolding.

While it is true that there have been welcome injections of funding in the past year, these only continue the approach of short-term incremental handouts, which do little to enable efforts to plan for the medium to long-term. We desperately need solutions for the longer-term and their continued delay in the absence of the Government's green paper, matters. Another year of inaction has passed, leaving the system creaking under further, unsustainable pressure. More importantly, this continues to impact everyone with care and support needs, preventing them from living their life to the full.



Yet, necessity being the mother of invention, the absence of a green paper has given rise to considerable activity in addition to our own green paper. There is an important movement growing – describing a positive future for ‘care and support’ in its widest sense – which aims to capture the public’s imagination by talking in far more positive terms about how people can be supported to live the lives they want to lead. That, along with other work, is encouraging debate about what it is we want care and support to be. Political interest is rising, the media remains alert to the issues and understands their importance, and individuals and organisations are starting to put forward proposals for securing the long-term financial sustainability of adult social care. Some of this work is aligned and coordinated, some is not. But undoubtedly a body of ideas is growing and interest has taken root in the space left vacant by the continued absence of the Government’s own green paper.

To mark the one year anniversary of our consultation, this new publication gives a number of perspectives on two broad issues: what is happening to adult social care on the ground and what life is like for people who experience care and support; and what the context is to the debate about the future of adult social care and where that might go next. I would like to thank all contributors for their candid assessment of the situation. Taken together, the articles they have written provide a stark reminder of why further delays to the Government’s green paper cannot continue and why reshaping care and support to be the best it can be is in everybody’s interests.

The Local Government Association (LGA), like many other organisations and individuals, stands ready to work with the Government to help continue the much-needed public debate about the future of this vital public service.

**Councillor Ian Hudspeth**

Chairman, LGA Community Wellbeing Board

# The importance of adult social care and support

**This publication does not seek to revisit the many issues captured in our green paper and subsequent response to our consultation. Instead, it is a chance to further understand – from different helpful perspectives – the current challenges facing adult social care and support and what is needed to make progress. However, there is merit in restating why this debate is important and making clear the inherent value of adult social care and support in its own right.**

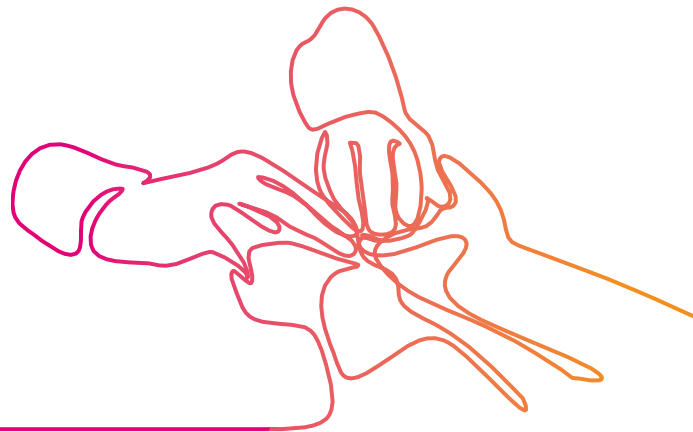
Our consultation showed that value manifests itself in numerous ways. Some people who responded to our consultation spoke about care and support as a moral responsibility, the hallmark of a civilised society and an issue of human rights. Others talked about social care playing a key role in enabling people to regain and maintain their dignity. Linked to this, one subset of respondents defined the importance of adult social care in helping people to enjoy the best quality of life, including their participation in, and contribution to, society. And other people talked in terms of social care's wider contribution to society, particularly its economic contribution. The common thread across all responses is that adult social care and support matters because people's lives, and the communities in which they live, matter.

## Background

In July 2018 the Government said its long-awaited green paper on adult social care would be published by the end of the year. In December 2018, with no green paper in sight, the Government said publication would be at the earliest opportunity. One month later, the Secretary of State for Health said it was their intention to publish by April 2019. In April 2019, the Minister for Care said the green paper would be brought forward as soon as possible.

We cannot carry on like this. Securing the long-term future of adult social care and support should be a national priority, but without a green paper – which is only ever the start of a process of debate and deliberation towards more concrete proposals – it continues to be a national concern.

As the delay has continued over the past year, many organisations and individuals frustrated by perpetual postponement have stepped in to fill the void and keep the debate alive.



## In Parliament

**The House of Lords Economic Affairs Committee** is conducting an inquiry on 'Social care funding in England'.

**Two new All Party Parliamentary Groups** have been established on adult social care. One has commenced its work by looking at the professionalisation of social care workers. The other is conducting an inquiry on the future of adult social care in England.

More than **200** search results on Hansard for 'social care green paper', including:

**October 2018:** House of Commons debate on social care funding

**October 2018:** House of Lords debate on personal social care funding

**January 2019:** House of Commons debate on the NHS Long Term Plan

**January 2019:** ministerial written statement on social care

**April 2019:** House of Commons debate on local government and social care funding

**May 2019:** House of Lords debate on social care green paper.



# Adult social care getting the message out

## In the media

**BBC's Panorama** programme has screened a two part documentary looking at adult social care in Somerset. It explores the scale of the pressures facing Somerset County Council, the difficult decisions that have had to be made and their consequences.

There has been **extensive coverage of the challenges** facing two leading care providers – Allied Healthcare and Four Seasons Health Care.

The media has continued to cover the potential **impacts of the UK's departure from the European Union on social care**, particularly the care workforce.

There was good coverage of a **Which? report** highlighting how only one in 10 adults aged over 55 have set aside money to cover the costs of any future care needs.

There was wide coverage of **Age UK research** showing that loneliness is likely to affect two million over-50s by 2026.

A **Healthwatch report** warning that more needs to be done to support unpaid carers was widely covered.







## In the sector

The health sector has come together under the **'Health for Care' coalition** to make the case for a sustainable, long-term settlement for social care.

**Independent Age** has published a report renewing their call for free personal care. They argue this would help tackle the issue of people facing catastrophic care costs.

The **IPPR** has also published a report making the case for free personal care in England.

**Policy Exchange** has published a report making the case for social care to be financed mainly out of general taxation and for complex, long-term care to be largely free at the point of need.

**Rt Hon Damian Green MP** and the **Centre for Policy Studies** have published a report proposing a 'state pension model' for adult social care by introducing a 'universal care element' which would guarantee everyone a decent standard of care, with a 'care supplement' for people who can pay for more expensive care on top.

The 11 'independent experts' invited by the Government back in 2017 to provide advice in advance of the green paper have written a **public letter, published in The Telegraph**, on their "despair" at 20 years' of failure to deal with the issue of social care funding. They call for, "**a new approach whereby the essential costs of care are universally funded and risk is shared across the whole population in a similar way to the NHS**".

Paul Johnson, Director of the **Institute for Fiscal Studies**, has written an opinion piece in The Independent about the "decades of failure" to resolve the social care funding question. He suggests that, "**A progressive tax** – perhaps on income in retirement, perhaps on housing, perhaps on inheritance – to fund a social insurance system would be much 'fairer' on most definitions of that word".

# Overview of contributions

**In the following pages, many different powerful perspectives on adult social care and support are set out. The collection starts with people who use services or their loved ones. There is no greater or more persuasive argument for demanding real action than these pieces. They articulate with great authority the stresses, strains, frustrations and difficulties faced by people experiencing adult social care in their day-to-day lives.**

**Caroline Abrahams**, writing in her capacity as Co-Chair of the Care and Support Alliance, reflects on the last year – a period characterised by increasing unmet need, long waits for care assessments, rushed care visits or unavailable care, and people not realising their full potential.

**Paula Jackson** and **Donna Macleod**, two care workers at Helpers Homecare, provide a powerful promotion of care work. They set out the essential difference they make to people's lives and the real human connection inherent in their work. But they also lay bare the challenges facing care workers: poor pay, inadequate staff numbers, time constraints and a lack of training.

From employees to employers, **Michael Voges** writes in his capacity as Chair of the Care Provider Alliance. He stresses the urgent need for the Government to publish its green paper to begin tackling some of the issues providers are facing, such as care home closures, workforce pressures and investors holding off investment decisions. Michael makes clear that the issue is not simply one of funding and that responding to an ageing population requires thinking about how care is supplied, as well as how it is paid for.

**Julie Ogley**, the President of ADASS (Association of Directors of Adult Social Services), celebrates the frontline workforce but acknowledges that the current model of adult social care needs revisiting and requires new thinking. Disappointed by the continued delay to the Government's green paper, Julie

calls on the sector, working alongside people with lived experience of care and support, to 'get on the front foot' to develop and deliver change, rather than having change imposed from above.

As Chief Executive of Calderdale Council, **Robin Tuddenham**, writing in his capacity as Deputy Spokesperson for Wellbeing at Solace (Society of Local Authority Chief Executives), sets out the links between adult social care and the full range of councils' other services. As social care takes up increasingly more of a council's budget, Robin makes clear that the budgets of other services suffer. A problem in itself, but also a false economy as many of these services contribute to wellbeing and relieve the strain on social care.

**Simon Bottery** provides a helpful '360 degree' view of adult social care. He highlights changes in access, expenditure, workforce and quality as issues that need to be addressed in any future reform. While acknowledging that more needs to be done to understand the trends underlying these changes, Simon is clear that, without a national framework for the reform of social care, the system will remain in serious trouble.

**Anna Quigley** explores the public's perception of care and support for older people. It is far from positive, but this is caveated by the important point that people's knowledge of adult social care is limited. Anna sets out why this lack of understanding is problematic and argues it must be addressed without delay.

Finally, **Niall Dickson**, chief executive of NHS Confederation, offers the health perspective. He is clear about the harm being done to people by continued delays to reform and the importance of effective adult social care to achieving the ambitions of the NHS Long Term Plan. Niall also highlights how the wider NHS is united around the call for a sustainable social care settlement through the Health for Care coalition.

## What next?

At the time of writing, the leadership contest for the Conservative Party is in full swing. We therefore cannot expect progress on the debate about the future of adult social care and support in the immediate future. However, once a new Prime Minister is confirmed and their team is in place, the Government must act. **The LGA calls on the Government to publish its social care green paper before the House of Commons rises for party conference season on 14 September. This should include a proper consultation on funding options and be accompanied by a government-led and sector-wide campaign 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.**

It is widely recognised that party politics have been at least partly to blame for the failure of previous attempts to tackle the issue of social care funding reform. The responsibility to overcome this rests with national politicians from all sides of the political spectrum but we acknowledge this is not a straightforward process. **The LGA therefore reiterates its offer to host and facilitate cross-party talks aimed at building cross-party cooperation. Building cooperation remains the right way forward and is needed more than ever. The LGA will write to relevant national politicians inviting them to take part in such discussions.**

Any reforms emanating from the Government's green paper will inevitably take time to be implemented. Furthermore, the immediate situation is one of deep uncertainty with no clarity on what will happen with, for instance, the Better Care Fund and the social care council tax precept. This hampers councils' ability to plan even 12 months ahead. This year's Spending Review is therefore a crucial opportunity to help stabilise and sustain adult social care for the short- to medium-term and provide much-needed clarity on future funding.

**As an absolute minimum, the Government should use the forthcoming Spending Review to close the projected adult social care funding gap, totalling £3.6 billion by 2024/25. This gap is created due to insufficiency of projected future funding to meet the immediate and annually recurring provider market gap<sup>1</sup> and future 'core pressures'.<sup>2</sup> The annual percentage increase on funding available today that is required to achieve this would be similar to the 3.4 per cent annual real terms funding increase given to the NHS, although the total actual funding would be much less: the extra £20.5 billion a year by 2023/24 in real terms for the NHS is more than the entire annual net spend on adult social care (£15.33 billion, 2017/18).**

<sup>1</sup> The difference between the estimated unit costs of delivering residential, nursing and home care and what councils paid in 2016/17. Most recent estimates suggest the gap is £1.45 billion.

<sup>2</sup> Demography, inflation and the National Living Wage only.

# Perspectives

## Glyn and Kristin's story

**As another year passes the problems worsen. It is getting harder to access trained care workers and often my wife Kristin is treated by different people every day, which can be very distressing.**

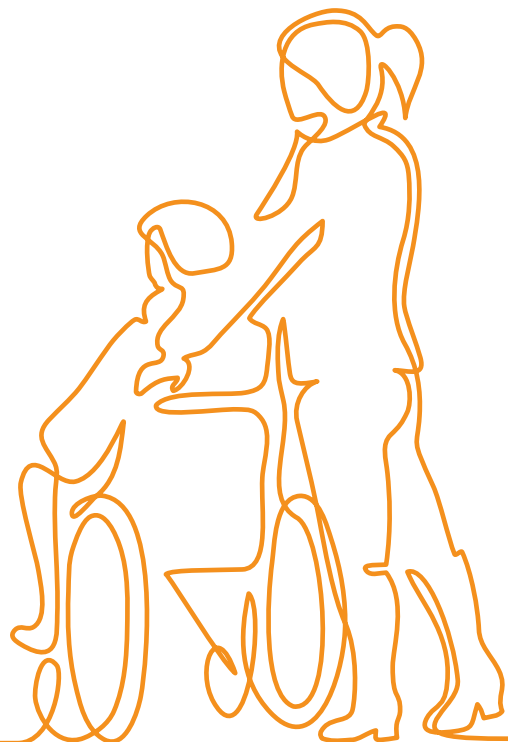
I think it is important that relationships are built between social workers, care workers, the people using services and their families, and without that there is no trust. At the moment I don't have that trust, I have nothing.

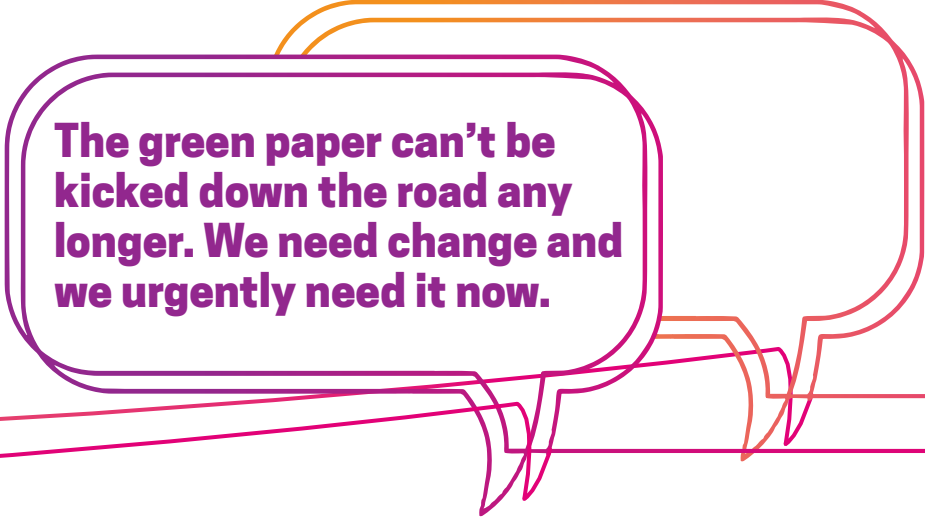
Even though Kristin lives in a nursing home, I feel like I have to be with her at all times to make sure the care she is given is up to standard and when I'm not there I feel guilty.

The stress and anxiety of the whole situation has spiralled me into depression, so much so, I even considered taking my own life earlier this year. I miss Kristin and it can be incredibly lonely without her.

I believe the core problem to all of this is that social care isn't attracting enough people to become care workers and this is down to the fact the wages they are getting paid can't even cover their living costs. Being a care worker is a hard job and the fact it isn't paid adequately is a disgrace.

My message to Government would be to stop delaying and act now. Adult social care needs as much money as possible to be able to fund enough social workers and properly trained care workers, to help ensure high quality and dignified care for all those who need it.





**The green paper can't be kicked down the road any longer. We need change and we urgently need it now.**

## Sandy's story

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**It is hard to believe I am sat here a year later saying the Government's adult social care green paper still hasn't arrived when we have been waiting so long for it. It has been two whole years since the Government announced it and with every day it is delayed, people who need help are being denied it.**

This year has been a tough one for mum. Earlier this year she broke her hip, leaving her unable to walk. She needed an operation and was hospitalised for three weeks as a result. She then needed physiotherapy, which we had to fight for as it seems it's not automatically offered to residents in care homes.

However, we did eventually receive excellent NHS physiotherapy care and mum is now walking again. But the relationship between social services and the NHS, in dealing with patients with dementia, really troubles me. Patients are often left in acute wards in hospitals while social services prepare care packages for them. This can often take weeks, if not months, and in the meanwhile people with dementia like my mum are left in hospital which is so stressful, instead of being back in their own homes. And of course an acute NHS bed is being blocked when it could usefully be used by someone else. Many families cover the additional care costs just to get their relatives out of hospital while they wait for social services help.

The main problem seems to be how the system is funded. If there was a more cohesive budget plan so that the NHS and social services worked together for the benefit of patients then problems such as bed blocking would be much reduced. The Alzheimer's Society has called for extra funding to establish a specific dementia fund of £2.4 billion to cover the care costs directly attributable to dementia and I firmly believe this would help enormously as councils struggle to cover the huge costs associated with this disease.

We urgently need this green paper published so we can start to directly address not only dementia care, but all the other social care costs that councils are struggling to cover at the moment. I would like to see the NHS, social care and the various appropriate charities working together in a much more cohesive relationship for the direct benefit of those in need, rather than the current piecemeal approach which is clearly no longer fit for purpose.

I am concerned that without a strategic national plan for improving the social care funding crisis, people won't receive the proper care they need and deserve and families and friends will continue to struggle to help loved ones without the appropriate support.

The green paper can't be kicked down the road any longer. We need change and we urgently need it now.

## Vicki's story

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**In the last year, my health has deteriorated. I've started using a breathing machine and I can't move around on my own at all.**

I went through another council assessment, which was hard because the questions they ask are really invasive, but my new social worker has been really good. She fought for me and as a result my care package – the number of hours I'm entitled to – has increased. Alongside my boyfriend Keegan, I am now able to employ another carer, Emma, for eight hours a day, four days a week. However, because there is a lack of carers, Keegan is still left looking after me on his own most weekends – which leaves me the whole weekend without being able to bath.

The fact that the council doesn't have enough money still affects me, despite the increase in hours. You can tell they are desperately trying to save money everywhere they can, and it's a constant fight for any further help. I know the council tried to work with the NHS to pay for some of my care, but this hasn't happened despite the severity of my condition.

I used to have respite once a month, but this has now been taken away, as a trade-off for the extra hours. That really worries me because respite is so important, not least for Keegan who cares for me around the clock, even if he is not paid to do so. If he got a bad back from lifting me and Emma left – what on earth would happen to me?

It would really help to have a hoist installed in my house, but it's come to a point where I'm scared to insist for it to be installed, because if I get it, I worry that the council might take away care hours from me. It has already been suggested I change house – but what was offered wasn't suitable for me. This has been our home for 17 years and we want to continue to live close to my parents and keep King, our dog.

The short sightedness of the system has given me a really poor sense of security, and it's so stressful. I just want to be able to live my life.

Millions of people around the country depend on a functioning adult social care system – we are human beings, not just numbers and figures. MPs need to talk to us to really understand how current policies and a lack of funding impact on us and our loved ones. They need to hurry up and sort this horrible situation out.

**Millions of people around the country depend on a functioning adult social care system - we are human beings, not just numbers and figures.**



**Caroline Abrahams**  
Charity Director, Age UK  
Co-chair, Care and Support  
Alliance

**Theresa May committed to putting out proposals about the future of social care in Spring 2017. Since then publication of the Government's ideas has been postponed seven times. What has been the impact in the real world?**

The BBC Panorama programme that aired in late May 2019 answers that question very well. Somerset County Council let the cameras in for the best part of a year to explore the stories of eight individuals and their families in need of care, and how the council responded within the constraints of inadequate funding, a fragile market and a workforce characterised by big recruitment and retention problems.

It seems the producers chose a selection of 'cases' to focus on which collectively describe most of the main consumers of social care pretty well, for they included a chronically sick mum in her thirties, a learning disabled man aged 60 in declining health, and several older people with dementia and other health problems. The best that could be said is that quality of life was severely compromised for these people, because of the lack of social care resource.

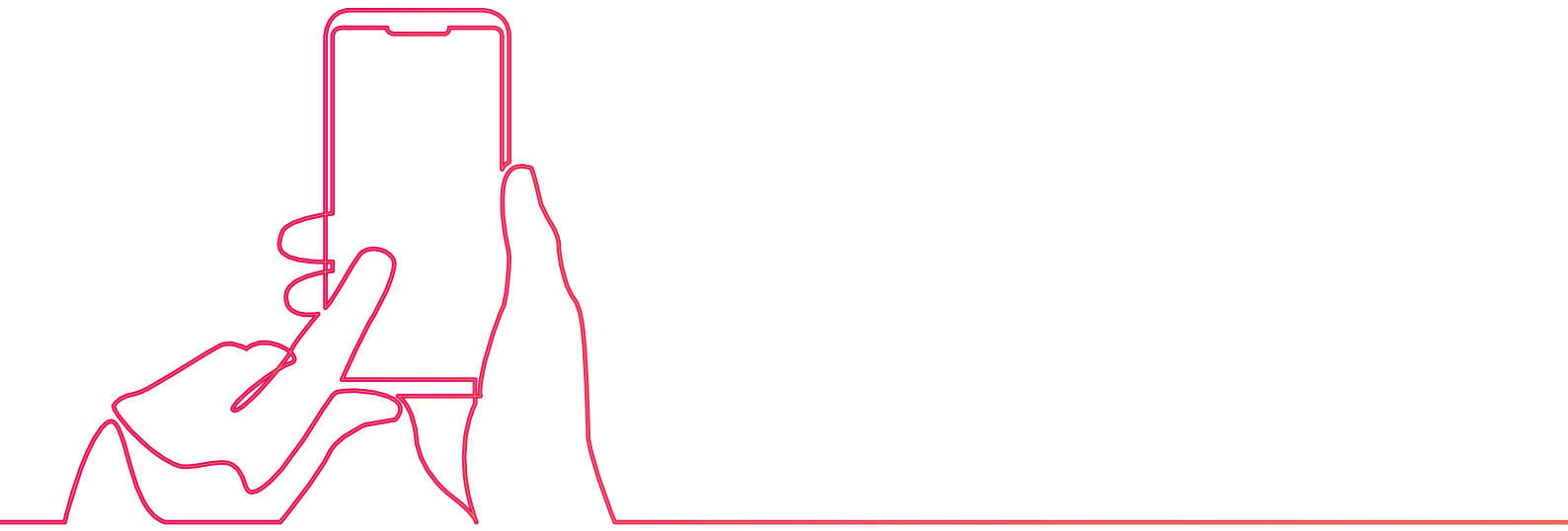
The significant impact on carers came through particularly strongly. I talked to an official recently who said they thought that many national politicians find it impossible to understand life as a carer, especially a not very affluent one. If so this programme will have been informative. It showed the sheer amount of responsibility carers often bear and the hard work, day in, day out, of fighting to get things done. Even the most resilient person is worn down eventually and, of course, many care for a long time, and/or are unwell themselves.

The Care and Support Alliance (CSA), of which I am co-chair, exists to press for a fully funded social care system capable of meeting the needs of every adult who needs support, and their carers. Our more than eighty members reflect the huge diversity of people for whom an effective and humane social care system is crucial: for example, young learning disabled people, people in mid-life with terminal illnesses, older people who are starting to find it hard to cope at home or others who are extremely frail and those who care for them. Their needs may differ, to a degree, but the quality of all of their lives stands or falls to a very considerable extent on the capacity of the social care system overall to perform well.

And in this respect the news from the last year is pretty depressing. We continue to hear of sick and disabled people who cannot make the most of their educational potential or who cannot get employment, because the social care support they need to do so isn't there for them. They may have well written, comprehensive care plans but all too often these remain largely unfulfilled.

At the other end of the age spectrum we often hear of older people who are receiving care at home from nice care staff but it is awfully rushed and continuity is lacking. And meanwhile the numbers of older people with an unmet need for care continues to climb and now exceeds 1.4 million in England.

This year we have also heard, more than ever before, about long waits for need assessments – the result, no doubt of councils being besieged by requests for help. And this has been the year when the full extent of the 'post code lottery' for care has been laid bare: my own organisation, Age UK, commissioned a report on 'care deserts' from Incisive Health, and there were others on the same theme too. Care markets differ wildly by area, with the driving factors usually beyond the ability of local authorities



to influence much, if at all. But the upshot is that in some unfortunate places there is now no care to be had, it's as simple as that.

NHS bodies and councils have made real progress in reducing the numbers of delayed hospital discharges, including those due to a lack of social care, but this has apparently come at a price: we hear of some in the community waiting longer for help, because the focus is on 'DTC' (delayed transfers of care), and rapid readmissions to hospital are up. There are also suggestions that support for carers has taken a particular hit over the last 12 months. If so this threatens to create many more problems for the future.

Panorama and a plethora of think tank reports from Left and Right this year mean the need for the Government to act decisively on social care is clearer today than it has ever been. But for now, sadly, the wait goes on.

## **Paula Jackson and Donna Macleod** Care workers, Helpers Homecare

**The care worker. We care! The good ones, anyway. We are passionate, go above and beyond, and many have said they don't know how we do it. It takes a special kind of person to do the job properly and, if done properly, it is very rewarding.**

However, the job does come with its responsibilities and pressure. It's not just all about making someone a cup of tea or sticking a microwave meal in to heat for their dinner. There's a lot of personal care involved as well and this always comes with emotion.

We, as care workers, help our clients stay in their own homes, which they worked hard for all their lives. This gives them that little bit of independence that still benefits families; ensuring their loved ones are correctly cared for with continuity of care. With that comes trust – a must in our profession, not only for our service users but for their families and management, as after all, we are the eyes and ears for all service users' welfare.



Of course, there are some downfalls. Sometimes we do not have enough time with service users, as allocated times aren't always enough for one person's needs and sometimes too much for another, therefore we find ourselves a little rushed. There is no travel time between calls, so you are quite often running late and, with some service users being totally reliant on you, this is not in anyone's best interest. You also find carers not staying to their allocated time so that they can get to their next call – things we need to do should never be done in haste.

We are sure there are staffing issues with every service provider: short staffed, 'slapdash' carers, people who just see this as a job and nothing more. But when you really think about it, this is people's lives we are dealing with here. Doesn't anybody think we deserve better pay? We do so much yet you find this kind of job is minimum wage, the same money you could earn working in a factory packing boxes.

Often, basic training could be given on the little things we have to do. Some carers have very little knowledge of kitchen skills and have never been shown or done personal care for service users, for example, shaving a man's face. This could be found as quite daunting. Also, more shadowing would help greatly for new carers who have never done this type of work before, rather than them being chucked in at the deep end.

The right equipment, which we need, isn't always in the service users' property and we find that it can take some time for the appropriate person to come out and supply said equipment after requesting it. At a guess, we would say this comes as a result of the funding.

We feel incredibly privileged to call ourselves care workers. We know that the little differences we make for our clients means a lot to them. We feel it is time the whole social care profession should be looked at again and more government funding should be given, as at the end of the day, we are looking after people who have worked so hard throughout their entire lives. Not only do they deserve this, so do we.

**Michael Voges**  
Executive Director,  
Associated Retirement  
Community Operators  
Chair, Care Providers Alliance

**Many of us working in the sector have lost count of the number of times the social care green paper has been delayed. In fact, it's beginning to feel as elusive as a unicorn. And like the mythical creature, people are seriously doubting it will ever appear.**

We have seen the effects of a system under strain – an estimated 400 care homes have closed over the last five years, including the recent struggles at Four Seasons Healthcare.

Age UK's recent report which identified 'care deserts' perfectly illustrates the effect of funding shortfalls, as well as another huge pressure – a lack of care workers, revealing that the situation is now so bad that around 1.4 million older people may not be getting the care they need. That equates to one in seven of the over-65 population – a sobering and bleak picture, considering the needs of many of those in receipt of care and the pressure on the army of unpaid carers who are having to fill in the gaps. The report goes on to say that 30 per cent of areas now have no residential care beds for elderly frail people.

There is no shortage of ideas about how we could remodel social care. After all, committed, thoughtful and intelligent minds at the Department of Health and Social Care have been examining the issues for a very long time now. Then there has been the flurry of reports from think tanks, MPs and charities. Damian Green MP's report 'Fixing the care crisis', written alongside the Centre for Policy Studies, proposed introducing an insurance policy, saying social care should be treated like pensions.

Then there was Labour's policy announcement to spend an extra £8 billion on social care during the next Parliament. A report by the Institute for Public Policy Research (IPPR) 'Social care: Free at the point of need' calls for free personal care and suggests that it would require an additional £19 billion by 2030. Finally, the recent King's Fund report 'A fork in the road: next steps for social care funding reform', concludes that reforming the current system will be expensive, but that England is now at a clear 'fork in the road' with a choice between a better means-tested system and one that is more like the NHS; free at the point of use for everyone.

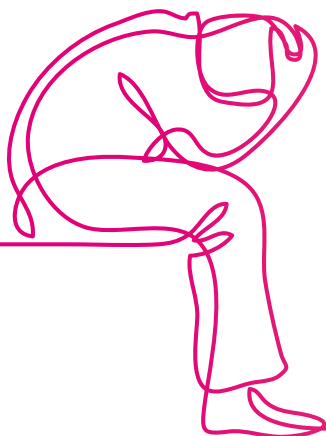
And still we wait. Simon Bottery, of the King's Fund, sums up the situation we find ourselves in perfectly, describing social care policy as 'the zombie of modern policy debate, stumbling unsteadily around in circles'.

There is no doubt the delay is exacerbated by the current political instability we are facing. It takes a brave, committed and stable government to reform a system that so many people are dependent on. For now, the delay is starting to have far wider effects – workforce issues are growing more acute by the day, investors are holding off decisions to put additional funding into the nation's health and social care systems, and other sectors are increasingly competing to employ the key resource our sector is dependent on – our workforce. Everyone knows that solving the crisis goes beyond funding. It's about creating a legal, financial and regulatory framework for an integrated health and social care system to thrive in the face of an ageing and more demanding population. It's about providing new and innovative forms of care, while making sure our existing care services can continue to provide high quality support. In short, it is as much about how care is supplied as much as it is about how it is paid for.

Any changes will take time to implement. Local and central government will need to find ways to channel funding, and to allow for the development of creative long-term solutions which people can plan for using their own means. Providers will need to change business and service models and persuade their lenders and boards or trustees to go along with these changes, and investors or lenders will need time to make their own funding decisions.

Of course, all this would still be relevant if we were discussing a white paper, but let's not forget it's a green paper – the first step in a long process and one in which new ideas and fresh thinking is meant to play a big role.

It is urgent that this first step is taken right now. If we have to wait much longer, thousands of vulnerable people, families, charities, small business and the NHS will continue to bear the brunt of this continued stasis – and it won't be getting any easier.



**Julie Ogle**  
**Directors of Social Care,  
Health and Housing, Central  
Bedfordshire  
Council President,  
Association of Directors of Adult  
Social Services (ADASS)**

**Is the current model of adult social care what you would want for you and your family?**

**This is the question I have been asking of the people that I have met and the audiences that I have addressed since I became President of ADASS at the end of April.**

You'll not be surprised to hear that this question is met with a resounding 'no' from those who are both within the sector, but also people with lived experience.

That's not to say that the current system is all bad of course. There's much to celebrate, in particular the hard work, dedication and skill of those people that work on the frontline and make a real difference to people's lives each and every day.

As a sector we must get on the front foot. The continued absence of the green paper is clearly disappointing, but even if it does provide a conduit for change, realistically any reforms emanating from it are likely to take a number of years to come to fruition. One thing is for certain, it will not provide all of the answers, something that the Minister of State for Care has openly said.

This is why during the ADASS Spring Seminar in April one of the main themes that seemed to run across a number of debates was that we, as a sector, must provide leadership. We must not wait for the Government or anyone to impose change. We must work together to develop and deliver real change, whilst also tackling the existing challenges and pressures that we face on a day-to-day basis.

We all know the challenges that adult social care is facing and will continue to face without funding and structural reform. There are a range of solutions out there, many of which were included in the LGA's green paper one year ago.

The challenges are numerous and over the last year many have worsened. Workforce challenges in many areas are unrelenting, challenges on provider quality and failure are intensifying and there is a reduction in relative terms in investment in preventative services. These are just a few of the issues councils are grappling with and it is inescapable that funding, and how to better use the funding within the system, underpins them all.

I think colleagues could have been forgiven for feeling a bit downbeat at our Spring Seminar without any clarity on the Government's green paper and seemingly no resolution to the issues set out above. Yet the mood at our Spring Seminar was actually quite the opposite; amongst directors and extended members there seemed to be an overriding energy and appetite to tackle the challenges we face head on.

We must lead the way and seek to change the narrative around adult social care. Firstly, we must work together to bring about a change in attitude towards adult social care. We must work to promote adult social care in its most positive sense and also help the public, MPs and others to understand what it is and its true value. Adult social care is about much more than just washing, dressing and helping people to eat, or simply a Cinderella service to the NHS.

Secondly, it is imperative that we shift the way in which we make the argument to Government about the economic value of social care, not only to the people who use care and support services, but also to the economy as a whole. After all, adult social care employs 1.5 million people and contributes £46 billion to the UK economy.

Thirdly, we must look to the Spending Review to provide clarity to the sector on this Government's policy intentions for adult social care, at least in the short-term.

But I truly believe that it is for us as a sector, alongside those people with lived experience, to lead on the evolution of adult social care over the coming weeks, months and years.

**Robin Tuddenham**  
Chief Executive,  
Calderdale Council  
Deputy Spokesperson  
for Community  
Wellbeing, Solace

**From bustling high streets to pretty parks and other accessible amenities like a local library or a welcoming community centre – there are likely to be many things that can make you feel happy and proud to live and work in a particular place. But creating the right conditions for a place to prosper is becoming increasingly difficult for councils.**

Not only have councils had to contend with a 50 per cent real-terms reduction in government funding since the start of this decade, but every year more and more people – mums, dads, aunties, uncles, and grandparents – need our help and assistance.

This rapid rise in demand, and subsequently cost, has meant that, for a council like mine, social care now accounts for more than half (56 per cent) of all service spend, compared with about 47 per cent in 2010/11. And there is a commonly held misunderstanding that the cost of adult social care relates solely to older people later in life, which is actually about 20 per cent of our spend existing alongside a huge increase in demand for support to adults and families with learning disabilities with complex needs.

Local government has now been waiting more than two years for a green paper on the future of adult social care, reflecting the highly-centralised way that public services operate in this country. In the interim, the Government has made available short term non-recurrent pots of funding for social care. Whilst any resource is welcome to deal with

the relentless pressures we face, this sticking plaster method inhibits long-term sustainable solutions and has a knock-on effect on not just social care, but other services too.

According to the National Audit Office (NAO), the amount spent on social care is down 3 per cent compared to 2010/11. However, spending on non-social care services has reduced by a third over the same period.

Budgets for planning and development, for example, have been cut in half, according to the NAO, while spending on housing services and highways and transport has fallen by 46 per cent and 37 per cent respectively.

And yet all of these are not just much-needed services in their own right, the reduction of which is likely to prove a false economy. They also play a key part in relieving the strain on the social care system, with quality housing fit for an ageing population and improved infrastructure being fundamental to reducing demand at the acute end of the system and improving people's quality of life.

In Calderdale, we have decided to get on with shaping places that people want to live in, and have invested in early intervention through our pioneering 'Staying Well' programme with our civil society organisations to tackle loneliness and developing our 'Vision 2024' to articulate our future aspirations for our borough. Core to this are five words we want to describe Calderdale as a place: enterprising, talented, resilient, kind, and distinctive. Nothing is more important within this than ensuring a sustainable health and care system so we have created 'Calderdale Cares'. Our model brings together statutory and community sector organisations to share resources and deliver holistic person-centred support at a local level. By doing this, we aim to shift demand from more acute

**Another year of inaction has passed, leaving the system creaking under further, unsustainable pressure.**

services to early intervention and preventative services based in the community, whilst giving residents more say over how things are run.

In its first year, we have already seen a huge reduction in care-related delayed discharges from hospital and readmission rates by focusing on people and relationships. We have drawn from the work of the New Local Government Network (NLGN) on the community paradigm to shift power to community organisations to take on services, and lead in place. Our performance as a result has placed us in Impower's top 10 councils for adult social care for the first time.

However, there will be only so far we can go. We urgently need Government to grasp this issue, commencing the process towards a long-term solution, whilst learning from the excellent work the LGA has done. Unless this happens, we face the risk that councils will simply become unable to facilitate their stewardship of place and support thriving communities that all our residents are proud to call home.

### **Simon Bottery** Senior Fellow, The King's Fund

Little, if anything, has changed in national policy on adult social care since the LGA's green paper a year ago – or, in fact, since the introduction of the Care Act in 2014. Yet, as we set out in our recent 'Social Care 360' report<sup>3</sup>, there have been significant changes in access, expenditure, workforce, quality and other areas over that time. Understanding these trends is critical to deciding what sort of national policy reform will be needed if – or when – it is possible to deliver it.

Money, inevitably, has been a major concern. We show that in real terms total spending on adult social care in England is still £700 million below the level of 2010/11. However the low point in that decade was 2014/15 and expenditure has since been rising. A critical issue will be whether it continues in that direction. Early signs from the ADASS budget survey suggest it may, though in the absence of a long-term funding approach to social care, the increase cannot be guaranteed to continue.

That uncertainty derives partly from changes in the source of the money. The increase since 2014/15 was driven by more income from the NHS (much of it channelled through the Better Care Fund) and, to a lesser extent, from increased service user charges. The percentage of total expenditure coming from councils'

<sup>3</sup> [www.kingsfund.org.uk/publications/social-care-360](http://www.kingsfund.org.uk/publications/social-care-360)



central budgets has now fallen from 76 per cent in 2010/11 to 70 per cent in 2017/18. Important factors to understand are whether income from the NHS continues at its current level and whether changes in sources of funding lead to changes to how the money gets spent.

Level and type of demand is another critical factor. In our report, we showed that since 2015/16 the rate of requests for social care from working age adults has increased but has fallen from older people. Presumably as a result (at least in part), a larger proportion of working age adults, but a smaller proportion of over 65s, is now receiving long-term care.

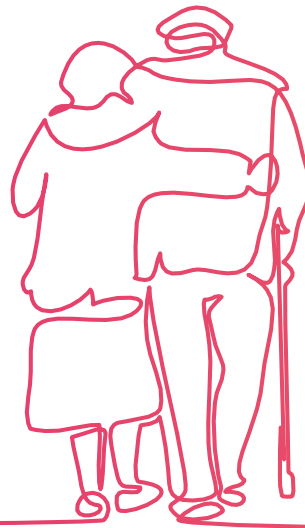
This trend is mirrored in the reported prevalence of disability in the take-up of disability benefit – both of which are up for working age adults. It suggests that directors of adult social services have been right to highlight a rise in demand from working age adults. However, other data suggests they are also correct to be concerned about service demand from older people, driven by the expected increase in the sheer numbers older people in the population. Taken together these demographic trends do not make comfortable reading for adult social care commissioners.

Despite this, fewer people are receiving long-term care compared to 2015/16. Some of this reduction can be explained by the failure to uprate (national) financial means test thresholds so fewer are entitled to publicly funded care. However there are alternative explanations for the rest of the fall. We do not know how

much of the rest is a result of councils simply rationing the care they provide. It is also possible that more people are having their needs met through short-term care or through ‘asset-based approaches’, though – again – we have no real way of knowing the extent to which asset-based approaches are being used or, indeed, whether they are working. Our reliance on expenditure and the number of care packages provided as proxies for reach and impact is likely to become more problematic over time.

We identify issues with local variation in other areas, too, though often the problem is less to do with measuring it than explaining its causes. Why, for example, does one local authority receive 5,655 requests for support for every 100,000 working age adults in its population yet another received just 287. And why in some local authorities do fewer than 9 per cent of people receive a direct payment and in others nearly 60 per cent? The reasons for the differences may be complex (at least in some categories) but unless explained they will nonetheless provide a convenient opportunity for national government to attribute financial pressures to variable performance rather than inadequate funding.

These are all important trends that can be better understood and acted upon. Yet there is only so much that analysis and local practice can achieve. Without a clear national framework for reform of social care – and the political will to deliver it – the system seems likely to exist on the brink of crisis.



**Anna Quigley**  
Director of Health Research,  
Ipsos MORI

**While we wait for the much anticipated green paper on the future of social care, we shouldn't lose sight of the public's views on the current state of the system, as this forms the backdrop to how the green paper will be received.**

Although adult social care and support covers adults of all ages and unpaid carers, our work<sup>4</sup> shows that, when it comes to social care for older people, the public are far from positive. Only one in five thinks the Government has the right policies about social care for older people, while three in ten think that local authorities are providing good social care services for older people. And they are worried about how things might get worse. Only one in three are confident that services will be there when they need them.

When we talk to people qualitatively in various workshops around the country, they talk about a service in crisis, and their reference points are things like Winterbourne View and various care home closures. They talk about an overworked, underpaid, and low skilled workforce, with resulting fears for the vulnerable people in their care.

However, while this is worrying, there is one huge caveat that we must bear in mind. These views are based on very limited knowledge.

There are significant gaps in the public's understanding and knowledge, particularly in relation to how social care is funded and provided. Two thirds of the public think social care is provided by the NHS, and half think it's free at the point of need. In qualitative work<sup>5</sup>, it becomes clear how opaque the situation is to people. Many assume the care they need will be paid for by government, through taxes and National Insurance. Very few are familiar with the existence or level of the thresholds or the role of local authorities in assessing means.

This lack of understanding is a real problem for a number of reasons. First, most people aren't making financial preparations for their future social care needs. Only a minority say they have started preparing financially to pay for the social care service they might need in the future. As the demand for care increases, and the funding available to support them does not increase in line with that demand, the amount of unmet need in the system will only go one way.

Secondly, it is difficult to argue for more money for something that the public aren't even able to name. Perhaps if the public could talk about social care in the way they do the NHS, it would have been a more pressing problem for successive governments to solve. Linked to this though is the final problem. When the green paper does come out it will need to show how it can plug a vast financial black hole.

<sup>4</sup> [www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018](http://www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018)

<sup>5</sup> [www.ipsos.com/ipsos-mori/en-uk/understanding-public-attitudes-social-care-funding-reform-england](http://www.ipsos.com/ipsos-mori/en-uk/understanding-public-attitudes-social-care-funding-reform-england)



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But the public have no idea quite how big this hole is, or even that it exists. This means that, whatever the solution, it's not going to land well – it will involve having to explain to people that they will at least have to contribute towards care they assumed would be fully state-funded. So alongside the fundamental issue of finding a sustainable solution is the need to communicate about the size of the problem and address this knowledge gap. Or perhaps that could have been done while we were waiting for the green paper. What's clear is that it needs to start happening now – regardless of how long we wait for the green paper itself.

## **Niall Dickson** **Chief Executive, NHS** **Confederation**

**Social care is one of the great unresolved challenges of this generation – every day that goes by without a solution is a tragedy for millions of vulnerable people, their families and carers.**

Yet the reality is the social care sector has been ignored for decades by successive governments who have given us promises but failed to fix fundamental problems.

The current administration's promise of reform hangs tantalisingly out of reach, like a mirage forever on the horizon. These continued delays are harming people in need of care, as well as staff who are under huge pressure.

Some providers have already gone to the wall and an overwhelming majority of directors of adult social services say services in their areas are facing financial difficulties. This is clearly a fragile sector and the impact its shortcomings are having on so many people up and down the country must not be underestimated.

Research by Incisive Health for Age UK found that out of the 7,500 postcode districts in England, about 2,200 had no residential care beds and 4,600 had no nursing ones with the north-east, south-west and east of England particularly badly hit.

There is no doubt reforming social care is the right thing to do for vulnerable people and wider society, it is also vital if the ambitions of the NHS Long Term Plan are to be achieved.

Make no mistake, the impact of this is also being felt in the NHS. We have big ambitions to deliver more joined up services, closer to where people live. But this vision will not be achieved without an effective social care system in place.

We are long overdue a robust debate, led by a government providing a direction of travel, which arrives at a cross-party consensus. That is the only way this knotty issue can start to be settled.

History indicates that debate will be difficult but there are signs it is moving closer with a raft of recent proposals from political thinkers setting out possible ways forward. But still nothing from Government.

The autumn Spending Review presents an essential opportunity to invest in social care over the longer term, as the Government is now investing in the NHS.

We have long been strong supporters and stood shoulder to shoulder with successive ADASS presidents, the Care Providers Alliance, the Care & Support Alliance and the LGA at successive general elections, budgets and spending reviews to argue for action on both the short-term funding and longer-term system reform.

That is why earlier this year, the NHS Confederation launched Health For Care<sup>6</sup>, a coalition of 15 organisations representing the entire breadth of the NHS joining forces to make the case for a sustainable, long-term settlement for social care.

Health for Care continues to argue that the case for a sustainable solution to the social care crisis is clear and urgent: hundreds of thousands of people are being left without the basic help they need to live their lives with dignity and care providers in some parts of the country continue to be on the brink of collapse.

A ComRes poll commissioned by the NHS Confederation has found three out of five MPs say their constituents are suffering because of cuts to social care. Now is the time for the Government to act.

More than 125,000 people have now signed our petition urging the Prime Minister to give social care the funding it needs – you can join them at

<https://you.38degrees.org.uk/petitions/make-sure-social-care-in-the-uk-has-the-funding-it-needs?>

<sup>6</sup> [www.nhsconfed.org/supporting-members/influence/health-for-care](http://www.nhsconfed.org/supporting-members/influence/health-for-care)





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