



Adult social care in London

November 2015



Introduction



Adult social care services provide vital help and support to enable people to live their lives as fully, independently and safely as possible, despite illness or accidents, frailty, old age, disability or vulnerability.

Most of us will need such help as we get older or come towards the end of our lives. But adult social care is also a lifeline for many people who live with longstanding challenges and helps them unlock their ability to live full and satisfying lives at home, work and in the community.

By 2019/20, London boroughs will face a funding gap of £900 million in their adult social care budgets as they deal with inflation, new burdens and the growing number of people qualifying for state-funded care. How they will meet these demands is currently unclear.

This publication provides a picture of adult social care in London – it considers who the users of adult social care in London are; how the adult social care market works; who the key players in the adult social care market are; and the key characteristics of the workforce. The publication also addresses issues regarding the funding of adult social care.

It provides information on some of the key challenges currently characterising adult social care in London in the context of the government's 2015 Spending Review, which will set out the funding arrangements and key policy directions for these critical services over the next five years.

A detailed report setting out London Councils' adult social care Spending Review asks is available at: www.londoncouncils.gov.uk/sr15-asc

Background

Care and support is provided by a range of organisations including councils, voluntary organisations and the private sector. Each one of these has a role to play in making the adult social care sector effective. Each contributes to making many people's lives better by providing the help and assistance they need to maintain their independence and dignity for as long as is possible.

The public also has a role to play in the provision of care and support. In London there are around 700,000¹ people who look after or support an older or disabled ill relative or friend.

Adult social care organisations provide a wide range of services and support including:

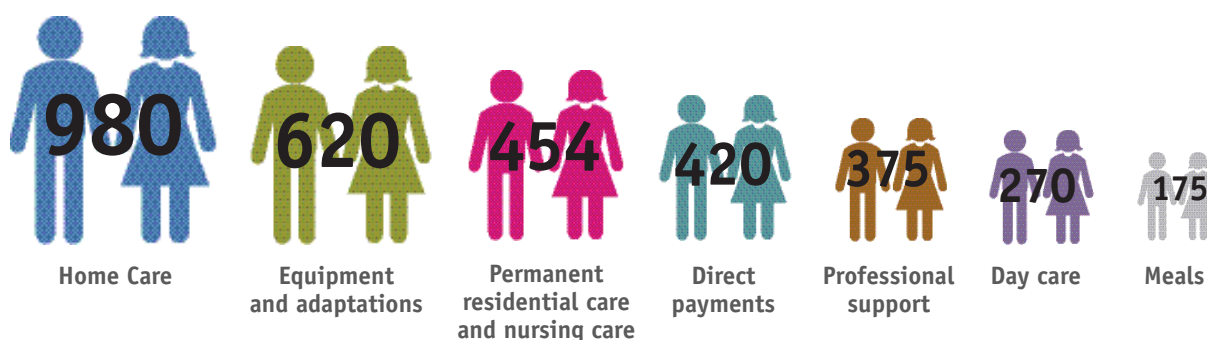
- Interventions to help people maintain their independence in their homes for longer.
- Personal assistance.
- Residential care.
- Information and advice support for carers.
- Safeguarding is also a core part of adult social care services and aims to protect vulnerable adults from harm, abuse and neglect.

In *Distinctive, Valued, Personal*², the Association of Directors of Adult Social Services (ADASS) set out why adult social care matters and presented a five-year vision for an adult social care system which is protected, aligned and re-designed to meet the challenges and opportunities of a modern care system.

However local authorities, as the agencies who have statutory responsibilities for ensuring the provision of adult social care, have had to make difficult choices to prioritise scarce resources to meet increasing demand. Over the last five years, councils have sought to protect essential frontline services where possible, including by diverting money from other local authority budgets.

The figure below illustrates the most frequent adult social care services that were provided by councils in London in 2013/14.

Figure 1: The most frequent adult social care services provided per 100,000 population in London in 2013/14



The sector is currently facing many challenges that need to be addressed if it is to continue to be available to the growing number of people that will need help as the population gets older.

This publication sets out some of the key features of social care in London.

1 Greater London Authority (2015) Carers - (<https://www.london.gov.uk/priorities/equalities/carers>)

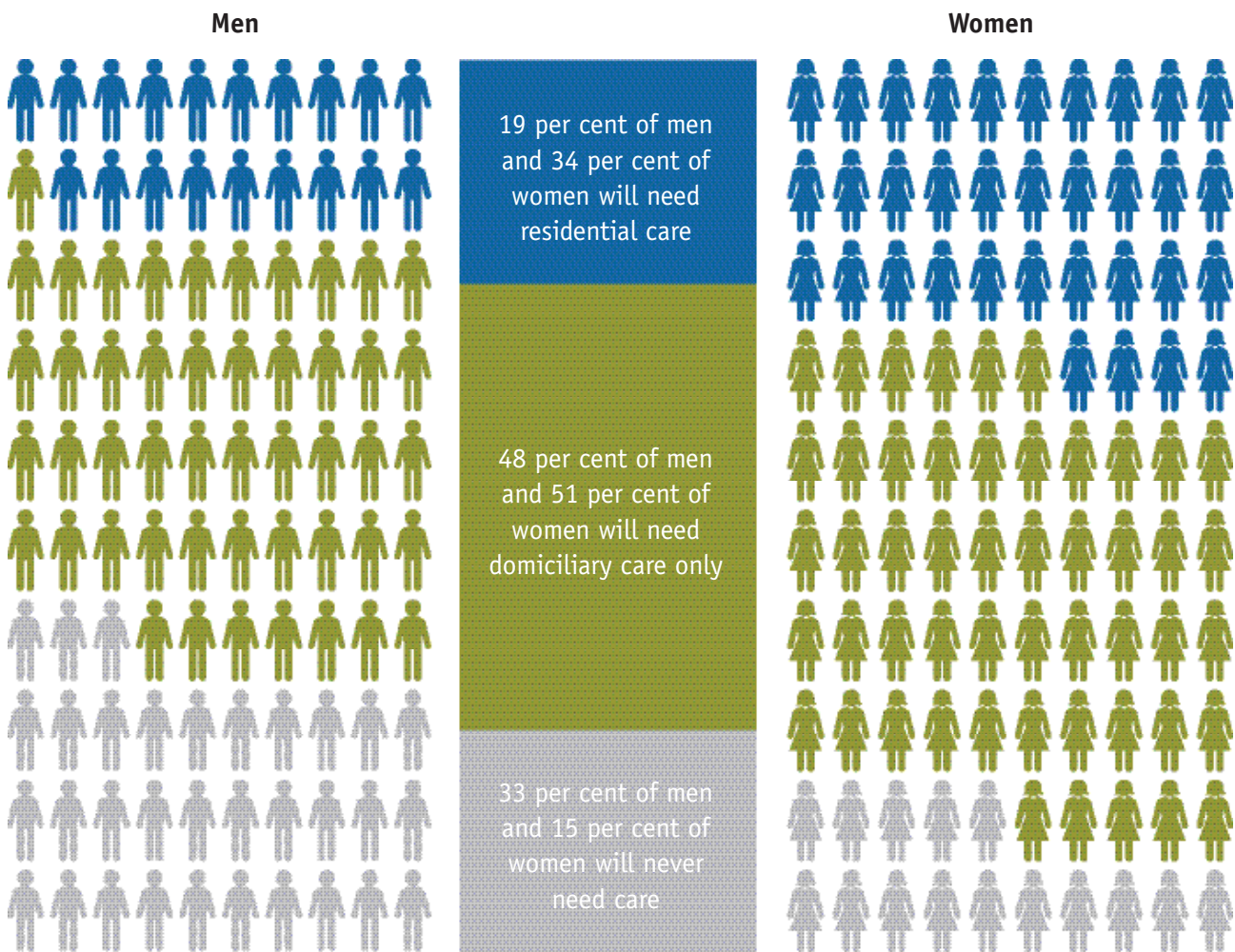
2 ADASS (2015) *Distinctive, Valued, Personal* – Why Social Care Matters the next five years. ([http://www.adass.org.uk/uploadedFiles/adass_content/news/press_2015/Distinctive%20Valued%20Personal%20ADASS%20March%202015\(1\).pdf](http://www.adass.org.uk/uploadedFiles/adass_content/news/press_2015/Distinctive%20Valued%20Personal%20ADASS%20March%202015(1).pdf))

Who uses adult social care?

The majority of people will need adult social care at some point in their lives. The Personal Services Research unit estimates that only 15 per cent of women and 33 per cent of men will never need care in their lifetime.

The likelihood of needing care increases as people grow older. More than 75 per cent of adult social care spending in London is on over 65s and people with learning difficulties.

Figure 2: At age 65 - Chances of needing care within your life time.



Source: Personal Services Research Unit

Unlike access to health services, state support for adult social care in England is not free to all. Individual contributions to the cost of care are decided following a financial assessment, called a means test. If a person's income and capital are above a certain amount, they will have to pay towards the costs of their care, although local authorities will provide information and advice to help them and their families make informed choices about care and support services.

However, those who have qualifying care needs and meet the means test threshold can get some support from the local authority to pay towards their costs. This ensures that those most in need receive care and support.

In 2003, the government introduced Fair Access to Care Services (FACS)³ as a means of providing local authorities with a common framework for determining individuals' eligibility for adult social care services and address inconsistencies in outcomes across the country. According to these guidelines, the needs of assessed individuals were split into one of four categories - critical, substantial, moderate or low.

As conditions have become increasingly more challenging for councils, the past couple of years have seen the majority of councils, not only in London but nationally, offering support only to those with critical or substantial needs.

From April 2015, the Care Act 2014 introduced a national eligibility criteria which has replaced the four tier FACS system. The new eligibility criteria has been set at a comparable level to 'substantial' under the FACS system.

There are some concerns regarding those who fall just below the national eligibility criteria and the support that is available to them. In July 2014, Age UK estimated that there are currently over a million (1,040,000⁴) people in England between the age of 65 and 89 who potentially fall into the category of having some adult social care needs but are not eligible under the national eligibility criteria. Age UK defines these people as having unmet social care needs.

Information about the growing number of people who are not entitled to publicly funded care is limited, but it seems inevitable that their unmet needs will be displaced to other places and people, such as unpaid carers and hospitals.

In London we forecast that the number of people requiring adult social care services will increase by 2020 - the number of older people is expected to grow by 10 per cent; people with learning disabilities by 5 per cent; people with physical disabilities by 8 per cent and people with mental health problems by 5 per cent, while the number of people with multiple complex conditions is also on the rise.

This has made the role of the voluntary sector and the private sector increasingly more important as they offer services to people who may not qualify for support from the council.

Figure 3 illustrates London's proportion of population growth⁵ by 2020. Over 60 per cent of the national growth among people with learning disabilities and people with mental health conditions will be in London. In comparison to other regions, London has a much lower percentage growth among older people as the capital generally has a younger population than other regions.

3 Care Act 2014: Government tightens national minimum threshold plans, <http://www.communitycare.co.uk/2014/10/23/government-publishes-final-care-act-guidance/>

4 AGE UK (2015) <http://www.ageuk.org.uk/latest-press/invest-social-care/>

5 London Councils Spending Review Submission 2015 (www.londoncouncil.gov.uk)

Figure 3: London's share of England population growth between 2015 and 2020

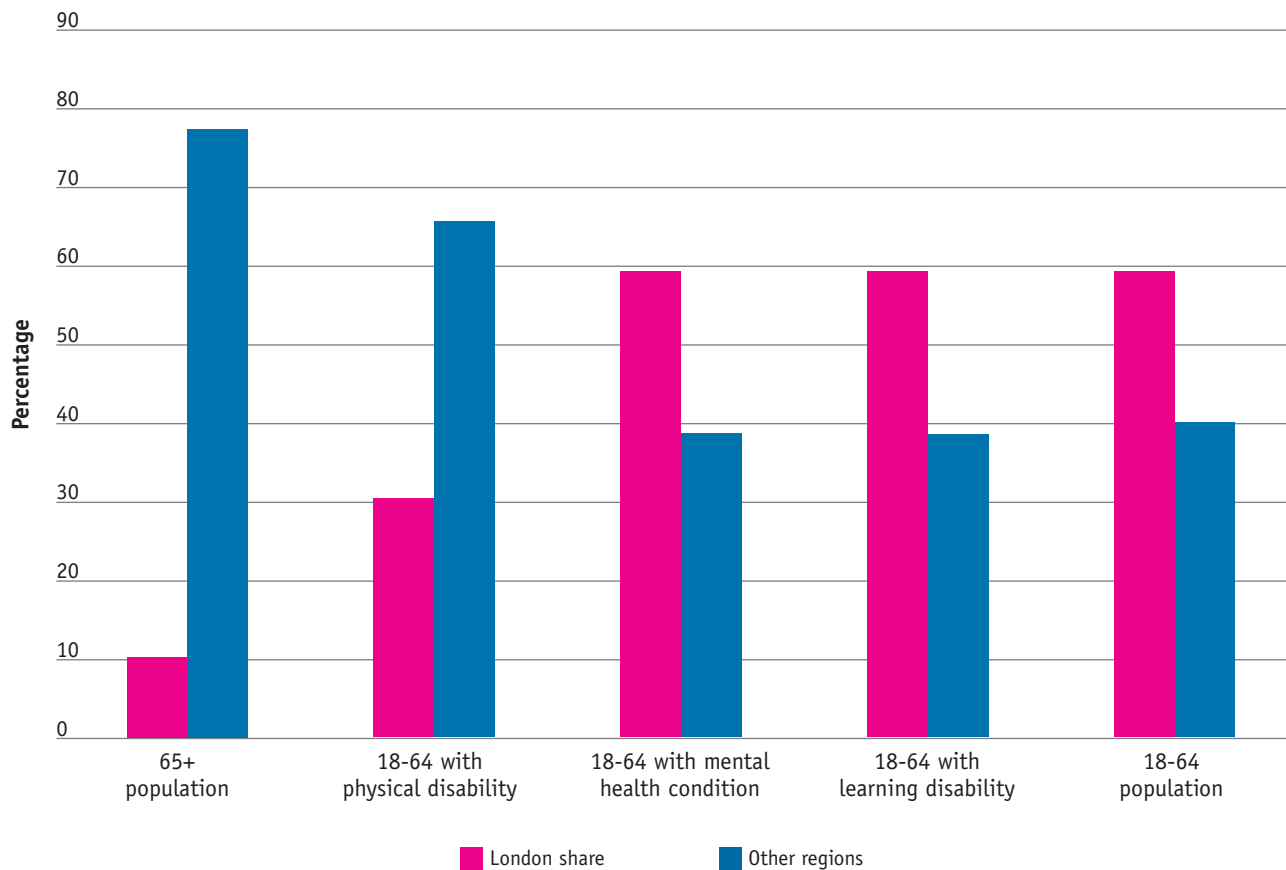


Figure 3 also illustrates that London is expected to have a higher percentage growth among the population of people aged between 18 and 64 as a whole. Overall population growth is a significant factor as more effort is now being put into prevention - investing in keeping people healthy and independent for as long as is possible to delay or prevent care and support needs will help to manage future cost pressures in adult social care.

The prevention agenda has gained momentum, shifting adult social care towards becoming a whole population service.

The Care Act 2014 strengthens this prevention agenda as it puts a responsibility on councils to ensure the wellbeing of their communities.

Prevention is not new to councils as they have been investing in a range of prevention projects for several years - before the Care Act 2014. However, there is a growing concern that, due to budgetary constraints, councils are having to reduce their investment in prevention.

The 2015 Association of Directors of Adult Social Services (ADASS) budget survey identified a cash terms reduction of 6 per cent in spending on prevention from the previous year in England and a 5.6 per cent reduction in London.

Due to ongoing budget cuts, councils are finding it increasingly difficult to invest in managing future demand as they are prioritising current needs.

The reductions in investing in prevention programmes is likely to escalate if the Spending Review 2015 fails to address the funding crisis in adult social care.

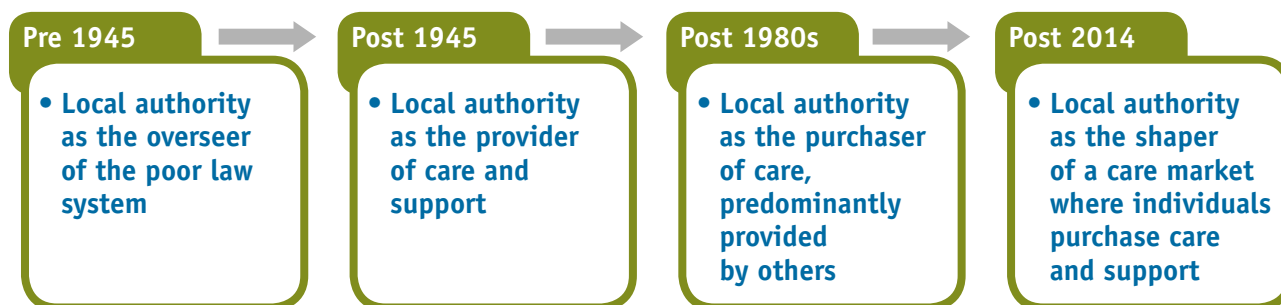
Who delivers adult social care?

The care market

Councils are often seen by the public as the main delivery agents of adult social care. This is no longer the case. Delivery of adult social care is now primarily in the hands of the private/independent sector with councils being commissioners of care for those who need support.

In the past local authorities have primarily concentrated on people whose care they have funded, either in whole or in part. Now they have a much wider responsibility to all who receive care regardless of how that care is paid for. As the diagram below illustrates, this represents a significant shift in the role of the local authority.

Figure 4: The changing role of local authorities



Source: IPC Market Analysis Centre, the basics of market facilitation

Although the local authority may still act as a purchaser of care, its overarching responsibility is to ensure there is an efficient and effective care market operating in its area, that the market is sustainable and that there is sufficient care available for all those who need it, whether funded by the local authority or not and for those who may be in receipt of care and their carers.

The adult social care market is complex and depends on a number of well-functioning links to operate. The market brings together the independent/private, voluntary and public sectors to compete to provide similar services to similar customers - at different costs.

Customers can be charged a different price depending on whether their costs are being paid for by the council or by the individual. In this way the higher priced services subsidise the cost of the lower priced services paid for by councils.

There are strong dependences in the sector for it to be sustainable. Problems and failings in one part of the market have implications for others and would have direct implications for service users.

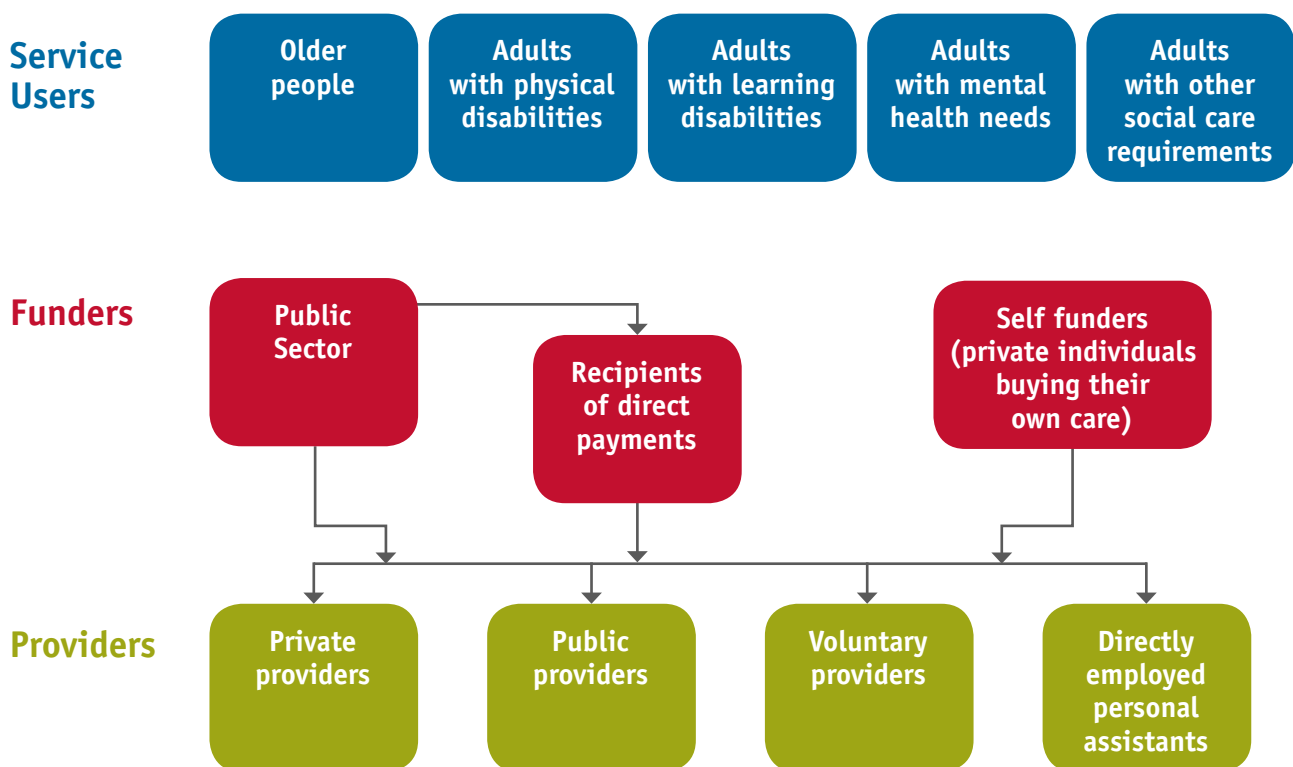
The London region has a large spread of different social care services, the majority of which are care homes without nursing (46 per cent), with nursing (14 per cent) and domiciliary care (40 per cent). The majority (76 per cent) of establishments in the London region are in the independent sector. Local authorities make up only 8 per cent of the establishments with the rest (15 per cent) from other sectors.

FACT BOX

The skills for Care January 2015 report states that there are:

- Over 5,500 establishments providing or organising adult social care across London and operating within 2,500 social care organisations.
- 33 local authorities with statutory responsibilities for adult social care.
- Over 185,000 working in the sector, direct care workers make up nearly 140,000 of these.
- In 2013 there were 32,000 adults who received direct payments and therefore were able to make their own decisions regarding their care - this number is expected to increase over the coming years.

Figure 5: The adult adult social care market



As funding pressures have escalated the care market is facing some of its biggest challenges.

Since the budget cuts began in 2010, councils have worked hard to get the best deals and services for their clients and have been able to negotiate deals with providers. The past few years have seen many councils freeze or reduce the prices that they have paid for services that they have commissioned from providers.

However, this approach has reached its limit and many providers are saying that they are unable to provide services at the low costs that are affordable to councils. Councils have recognised this problem - The ADASS Budget Survey 2015⁶ found that in England only 4 per cent of directors of adult social services said that in 2015 they would get efficiency savings from managing their provider fees.

Both domiciliary and residential care providers are increasingly highlighting difficulties operating their businesses in the sector and cite financial sustainability as a big challenge for them.

The sustainability of the care market depends on the profitability achieved from the overall mix of self-funders, local authority and health residents. Research⁷ carried out for the County Council Network found that there is already strong evidence of a growing 'polarisation' within the social care market, as many providers are beginning to focus almost exclusively on the higher paying self-funder market. This is resulting in a shortage of places for council placements and fee levels that increasingly councils cannot afford.

Furthermore, the higher rates paid by self-funders could see them go through their resources at a faster rate, resulting in them needing support from their council sooner - compounding the problems that councils are facing currently. Nearly 25 per cent⁸ of self-funders annually find themselves in a situation where all their resources have been depleted, which means they have to rely on local authorities to take over the cost of their care and support.

For a viable care market it is important that there is stability. Instability in the sector could see many providers exiting the sector. Failure in the adult social care market can impact many people who are either ill, disabled, frail or vulnerable and failings could be catastrophic for some people.

In its 2015 annual State of Care Report⁹ the Care Quality Commission identified the safety of service users nationally as its biggest concern going forward and identified London as one of four areas containing a higher proportion of services rated inadequate than elsewhere.

In London there is ongoing work led by London ADASS to understand the care market and efforts to maintain a sustainable care market across the region.

6 ADASS Budget Survey 2015

7 County Councils Network (2015) County Care Markets: Market Sustainability & the Care Act <http://www.countycouncilsnetwork.org.uk/countycaremarkets>

8 Independent Ageing: Council Support For Care Self-Funder <http://www.lgiu.org.uk/wp-content/uploads/2012/04/Independent-Ageing.pdf>

9 Care Quality Commission (2015) The State of Health Care and Adult Social Care in England – Adult social Care

Who works in the adult social care sector in London?

Growing demand for adult social care and recent changes in social care policy has had an impact on the adult social care work force. The size and skill mix in the sector has been growing due to increased demand and is expected to continue adjusting to meet the changing needs of service users as a result of:

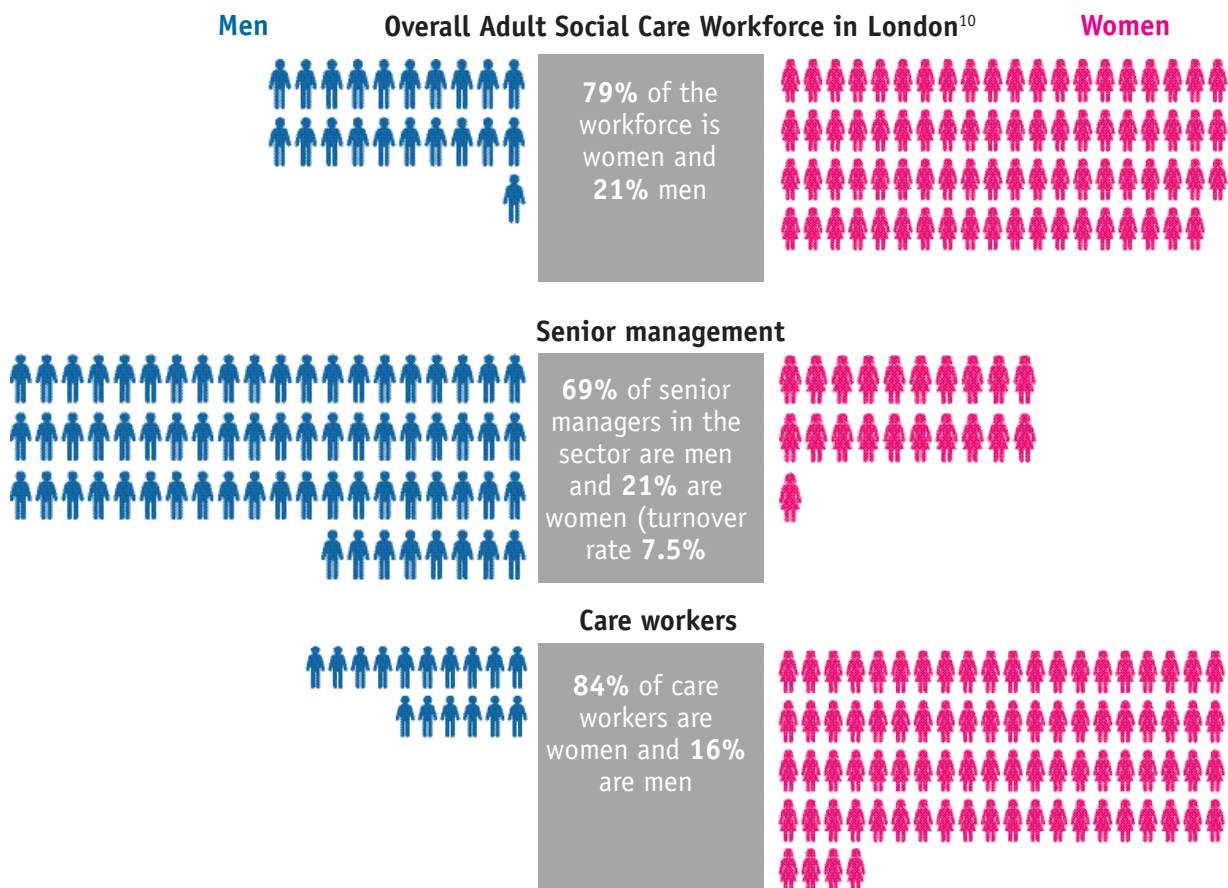
- Increased ability of service users to make their own decisions regarding their care.
- The growing number of service users receiving direct payments.
- The shift towards more integration with health.

It should be noted that, while the adult social care workforce has grown overall, this growth has primarily been in the independent sector. In contrast, the workforce in the local authority sector has been steadily decreasing year on year. Nationally, in the five years between 2009 and 2013 the workforce in the independent sector has grown by 18.5 per cent while the local authority sector has reduced by 21.2 per cent.

The biggest growth in the workforce has been the number of people working with direct payment recipients including self-employed personal assistants. This sector has seen a growth of 45 per cent in England.

Key characteristics of the adult social care workforce are illustrated in figure 6 below:

Figure 6:



¹⁰ Skills for Care (2015) Adult social care sector and workforce in the London region

According to Skills for Care the average turnover rate in the adult social care workforce in London is 22.4 per cent. However the highest rates (27 per cent) are among care workers. A high turnover rate is a problem in the sector particularly among care workers who provide daily care to service users. The turnover is also a problem for organisations as it impacts on their recruitment costs.

However, while a common perception of the adult social care sector is one of low pay, only 2 per cent of workers who left their jobs in London cited pay as their reason for leaving¹¹, just marginally lower than the England average of 3 per cent.

A growing concern in the sector is that an estimated 18 per cent of the workforce in London is already aged 55 and over and are due to reach the state pension age in the next five to 10 years which could impact the number of skilled and qualified workers remaining in the region due to retirement or reduced working hours such as part time working.

Furthermore, it is also becoming increasingly difficult to recruit to some roles in the sector, particularly approved mental health professionals (AMHPs) and occupational therapists.

The independent sector is the largest employer in London - see figure 7.

Figure 7: Adult social care jobs by employer- 2013/14 (London)

SECTOR	JOBS		WORKERS	
	Number	Percentage	Number	Percentage
Independent sector	148,000	76	145,000	78
Local authority	15,000	8	14,000	8
Direct payment recipients	22,000	11	20,000	11
NHS	8,000	4	8,000	4
Total*	195,000		185,000	

Source: Skills for Care (2015)¹²

* Please note: counts do not sum to the total due to people with jobs in more than one type of employer.

An estimated 50 per cent of all adult social care workers are employed in domiciliary care settings while a further 36 per cent are employed in residential care settings. The remaining 14 per cent of workers are employed in adult community care, adult day care and other care settings.

Almost three quarters of the workforce are estimated to be working in a direct care providing role, this equates to over 120,000 workers, 98,000 of these being care workers. An estimated 10 per cent are working in a managerial or supervisory role while 6 per cent are working in a professional role (e.g. social workers 2,900 and registered nurses 5,700). Lastly, there are just over 10 per cent working in an 'other' role which includes administrative staff and ancillary staff.

Adult social care is currently going through lots of changes, some of which have been heralded by the Care Act, and others such as increased personalisation that have been gathering momentum over the past few years.

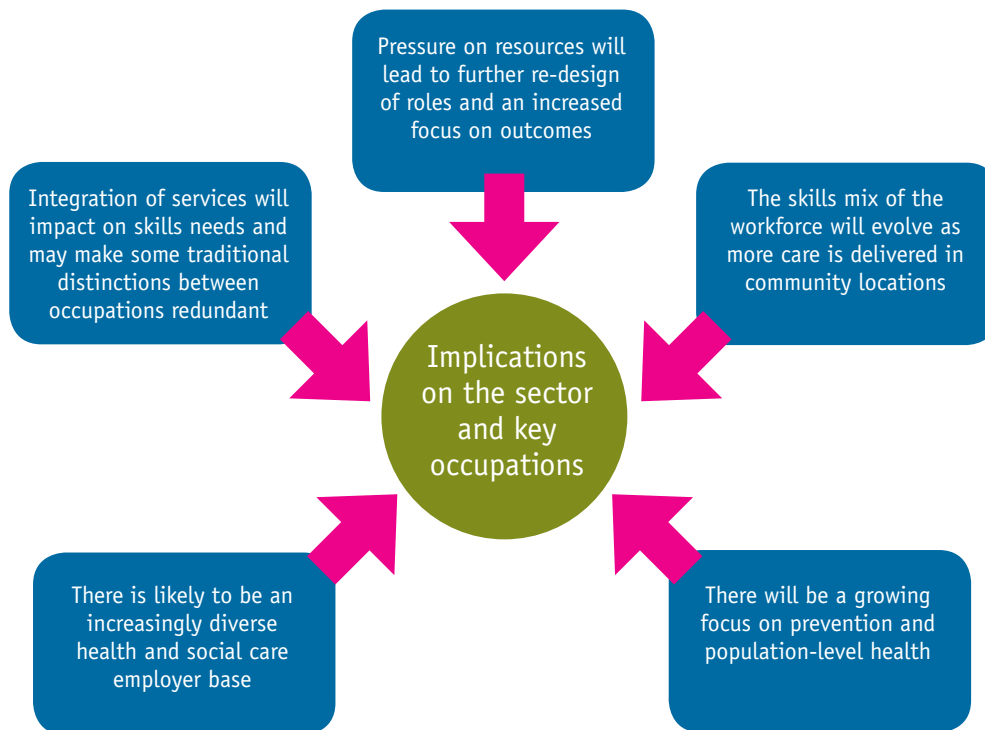
11 Skills for Care (2015) Adult social care sector and workforce in the London region

12 Ibid

The UK Commission for Employment and Skills reported in 2015 that the adult social care work force needs to evolve as a result of wider changes taking place that are impacting the sector.

The chart below highlights the key trends that will have implications for the workforce and that necessitate a change in the current adult social care workforce.

Figure 8: Implications of future trends on the adult social care workforce



Source: UK Commission for Employment and Skills (2015)¹³

However, achieving the changes necessary in the workforce requires substantial short term and long term resources. There is already ongoing work in London exploring how the workforce can be developed to ensure it is fit for purpose for the future needs of adult social care. However, many of the changes cannot be achieved without adequate resourcing.

It is also important to note the key role that the informal adult social care workforce plays in providing care and support in London. The informal adult social care workforce in London is made up over 700,000¹⁴ people who offer their support to an older, ill or disabled friend or family member. The support offered could comprise a few hours or around the clock care.

Informal carers make a significant economic and service delivery contribution to social care. Their contribution has been recognised in the Care Act 2014, which for the first time gave them the same rights to an assessment as the people that they care for. Carers now have the right to request a carers assessment which will enable the council to make a decision on the level of care and support the carer qualifies for.

13 UK Commission for Employment and Skills (2015) Sector insights Skills and performance challenges in health and social care

14 Greater London Authority (2015) <https://www.london.gov.uk/priorities/equalities/carers>

Why is funding of adult social care an issue?

Government provides the overall budget that is made available to councils for the delivery of adult social care and other services. It also determines the legislation and regulations which councils and others in the sector must follow.

Coming up to the Spending Review 2015, funding has increasingly become an area of concern for the sector. Between 2010/11 and 2014/15 local government core budgets in London have reduced by 44 per cent in real terms. There is growing concern that as the Treasury seeks to make £20 billion of savings local government will continue to bear the brunt of the cuts and potentially face similar levels of cuts over the next four years.

London Councils estimates that if the current rates of cuts, growth and inflation continue, the overall funding gap that councils in London could potentially face is £3 billion in 2019/2020 alone - of which over £900 million could be a gap in adult social care.

The ongoing cuts have exacerbated the pressures in adult social care, the funding of which has increasingly become a contentious issue between government and the adult social care sector.

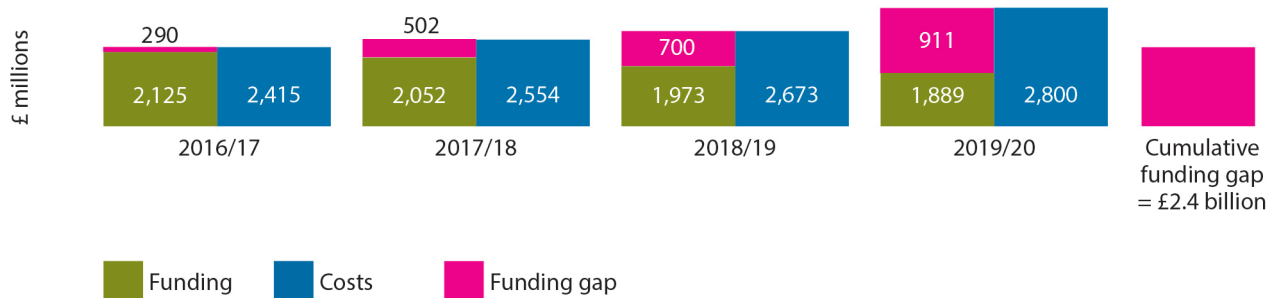
The sector has been arguing for additional funding to address the following issues:

- National living wage.
- Independent Living Fund: councils will experience demand pressures as ILF users transfer over to council support.
- Deprivation of Liberty Safeguards: the Law Commission has assessed that achieving compliance with the law would cost £172 million per year.
- Providers: there is real concern about the viability of some providers within the market and associated concerns about the quality, quantity and duration of commissioned care. Some providers have already left the market and others are moving to a quality (and higher priced) model only.
- Market equalisation: recent research by the County Councils Network (CCN) shows that the current 'care home fee gap' (i.e. the amount required to achieve market sustainability without resorting to self-funder cross subsidy) stands at £630 million for the 37 CCN members alone.
- Workforce: there are real concerns about capacity pressures on the adult social care workforce as demand increases while the profile, status and pay of the sector all remain low. Current estimates suggest that the number of jobs in adult social care will need to grow by between 15 per cent and 55 per cent between 2013 and 2025.
- Care Act prevention duties: spend on prevention forms 6.6 per cent of budgets this year, a reduction in cash terms of 6 per cent from the previous year. Yet directors see increased prevention and integration as their top two areas for savings for this year, next and beyond. Many are struggling to balance investment in reducing future demand and costs at a time when budgets to meet existing statutory duties to provide care and support to those most in need are under such pressure.

Adult social care is just one of several statutory responsibilities that local government has. As core local government budgets have reduced, it has become increasingly difficult for councils to maintain the same proportion of spending on adult social care that they did four or five years ago. Over the last five years the proportion of spending on adult social care has reduced by two per cent - see figure 9.

It is important that government seizes the opportunity of the Spending Review to address the concerns facing social care and in particular ensure that social care is fully funded. London Councils estimates that London is facing a cumulative funding gap between 2016/17 and 2019/20 of £2.4 billion. In 2019/20 alone the funding gap could be as high as £900 million.¹⁵

Figure 9: Funding of social care in 2019/20



Compounding the problems facing adult social care is the fact that the budget cuts have not been restricted to local government. The voluntary sector as a whole has also over the past four years seen their budgets cut with organisations that provide adult social care services seeing some of the biggest cuts.

Private sector providers of adult social care, who are commissioned by councils, have also seen their budgets reduced as local government has primarily relied on restricting provider fees over the last four years as a way of achieving some efficiency savings in adult social care.

Poorly funded adult social care has a number of characteristics which need to be managed - see figure 10. If adult social care is not properly funded, these problems could escalate.

15 Including new burdens costs as a result of pension changes, Deprivation of Liberty Safeguards, National Living Wage and Care Act 2014.

Figure 10: Characteristics of a poorly funded adult social care sector.



The funding gap impacts the whole health and care sector including the NHS. A Health and Social Care Information Centre (HSCIC) report¹⁶ earlier this year found that hospital admissions are rising fast with 15.5 million patients admitted into a hospital bed during 2013/14 - 870 more every day than in the previous year and admissions of patients aged between 65 and 69, increased at the fastest rate, by 5.5 per cent.

According to the HSCIC¹⁷, trips and falls accounted for 421,848 admissions in England, up by more than 10,000 on last year, with the elderly by far the most likely to be taken to hospital for this reason.

For a well-functioning health and care system the acute, non-acute and community sectors all need to be working together.

16 Hospital Episode Statistics: Admitted Patient Care, England - 2013-14 (2015) <http://www.hscic.gov.uk/catalogue/PUB16719/hosp-epis-stat-admi-summ-rep-2013-14-rep.pdf> (HSCIC)

17 Hospital Episode Statistics: Admitted Patient Care, England - 2013-14 (2015) <http://www.hscic.gov.uk/catalogue/PUB16719/hosp-epis-stat-admi-summ-rep-2013-14-rep.pdf> (HSCIC)

A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to be discharged from such care and is still occupying a bed. The majority of delayed transfers occur within the NHS. Each delay of discharge is an unnecessarily longer stay in hospital for the service user.

Between 2011 and 2014 delays attributable to social care in London had been improving while NHS delays were rising year on year as hospitals faced increasing demand. Initial indications for 2014/15 however, suggest that this trend in adult social care might not be sustainable.

The 2015 ADASS budget survey¹⁸ shows that nationally councils received only 5.9 per cent (£41 million) of the £700 million allocated to the NHS to respond to winter pressures in 2014/15. Further, the survey shows that 26 per cent of councils are planning for inclusion of system resilience funding in their budget plans for 2015/16 and that 23 per cent of councils were fined for delayed transfer of care in 2014/15 to a total of £11 million.

In January, following lobbying by the sector, the government made £37 million of new funding available nationally to help areas tackle increased demand pressures.

Health and adult social care needs to be addressed as a whole system, which is fully functional. Failings in one part of the system inevitably impact other parts of the system.

This is why London Councils has been calling for whole scale integration in the future provision of health and care in the capital.

18 ADASS Budget Survey 2015

What are councils doing to make adult social care more effective?

Councils recognise that reform is needed if some of the financial challenges are to be addressed and health and care outcomes in the sector improved through more intelligent integration.

In 2015/16 the Better Care Fund (BCF) ensured that councils went further along the integration agenda bringing them closer to their health partners with some areas pooling far more than their BCF allocation to help them in driving forward their reforms. The BCF has accelerated the pace and scale of integration through pooling budgets and aligning or jointly commissioning services.

There are good examples of how integration is gathering momentum across the capital as local areas have integrated care programmes in place aimed at improving user experience and outcomes. Some examples are set out below:

- *Southwark and Lambeth have been working on their integrated care programme for the past three years. They have brought together their key health and care organisations under one system with one budget, to increase the value of care they provide for their communities.*
- *Greenwich Co-ordinated Care team ensures that care to residents with complex health and care needs is well co-ordinated and personalised. The team has a consistent focus on what patients and their families want to achieve. The care facilitated by the team is shaped by each individual's 'I' statements through which patients describe what would truly make a difference to their lives. This collaborative approach has proved to be very successful for Greenwich and has helped people to turn their lives around.*
- *North West London believes that lay people should drive forward integrated care. Bringing together all the different parts of their health and care systems, health partners and local government have been working closely with their lay partners to successfully deliver integrated care providing better communication and sharing of relevant information to reduce duplication and confusion for individuals, carers and staff. This means one set of goals agreed by the individual, supported by one team and one approach.*
- *The Waltham Forest East London and City (WELC) programme aims to transform care for a population of almost one million people in an area facing significant health and social challenges. It is based on a partnership between the three boroughs and Clinical Commissioning Groups of Waltham Forest, Newham and Tower Hamlets, Barts Health NHS Trust, East London Foundation Trust and North East London Foundation Trust. This partnership provides a unique opportunity to leverage existing local integrated care initiatives and deliver them at scale and pace across east London*

At a regional level, to support and drive forward integration, the London Health and Care Integration Collaborative was set up. It was the first regional collaboration of its kind and brought together health and care practitioners to share best practice and support integration on the ground.

Ongoing work in the capital driving forward integration has over the past few years been recognised in a number of ways. In 2013 the first round of the Integrated Care Pioneer programme selected several London areas to be integration pioneers. These included Greenwich, Islington, North West London (NWL) and Waltham Forest, East London and City (WELC). Earlier this year Camden was also selected as a pioneer in the second round.

The sector recognises that for successful integration the financial benefits are only one positive aspect. The ultimate objective has to be for organisational, professional and functional boundaries to be invisible to

real people and for the whole system to be agile and flexible enough to appear as seamless and personal to any individual and ultimately improve health and care outcomes.

Conclusions

Most Londoners will need adult social care at some point in their lives and London local government has statutory duties to support and meet the needs of vulnerable residents.

The adult social care sector is made up of a complex range of organisations across the public, private and voluntary sectors, providing a wide range of services to people with a diverse range of needs. As councils across the capital have already demonstrated, work to better integrate the complex nature of adult social care provision can offer financial as well as service benefits to Londoners.

But at a time of growing demand it is also clear that the capital's councils face a huge and growing funding gap that is estimated to be cumulatively more than £2.4 billion by 2019/20.

London Councils has made a formal submission to the Treasury's Spending Review 2015 (SR 2015) that will set the parameters and priorities for government spending for the next five years.

The full submission setting out London Councils' main asks in relation to adult social care funding for the spending review period is available to read on our website: www.londoncouncils.gov.uk/sr15-asc

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