

# State of Adult Social Care in London

A London Councils report





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# Eight steps for achieving sustainable adult social care in London

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Since 2010 adult social care has faced unprecedented funding pressures that have impacted the sector in a variety of ways.

The past few years have seen an increasingly united voice from not only local government but health partners, private social care providers and the voluntary sector, all calling for the funding pressures in the sector to be addressed.

Steps must be taken to address the challenges that the sector is facing and ensure that people continue to receive the services that they need. London Councils is calling for eight actions on adult social care:

1. Government must provide sustainable funding to the sector - **short, medium and long-term funding pressures in London should be fully met by government** – in London this equates to £540 million by 2025.
2. **Increased investment in the health and care workforce to create an equal workforce for the sector** – reducing the pressures experienced by many of those working in the sector making recruitment and retention in the sector easier.
3. **Development and empowerment of the voluntary and informal sector made up of the voluntary sector, family and friends**, so they can play an increased role in the delivery of care services in the home.
4. **Increase investment of health and care resources into community services and prevention services** improving the overall wellbeing of communities helping people to stay in their homes for longer. This will help to shift demand from the acute sector.
5. Through **national education and empowerment programmes, increase the role of self-care and self-management** in the sector.
6. There must be **further devolution of health and care** - for example, commissioning of local services.
7. **Integration between health and care must deliver better outcomes** for people while ensuring the benefits are felt by both the health and care sector.
8. The Department of Health must **publish its long-term plans for transforming the sector**, particularly the long-term funding of adult social care.

# London Adult Social Care highlights

## Purpose of the report

This report looks at the current state of adult social care in London from a number of angles including, demographics, performance, state of the care market and the funding pressures facing the sector.

Through the use of some local case studies the report additionally illustrates how councils have responded to the growing funding pressures through the implementation of innovative approaches that have also helped them to achieve extensive efficiency savings.

The report sets out a picture of adult social care in London and identifies a number of challenges that need to be addressed for long term sustainability in the sector.

Outlined below are some of the highlights of adult social care in London.

## Councils leading the way

### i) Efficiency Savings

Over the past few years London has worked hard to achieve savings in the way they deliver adult social care. A London Councils survey of boroughs found that, in the three years between 2015/16 and 2017/18, London was estimated to have achieved nearly half a billion pounds (£480 million) in efficiency savings from a range of initiatives, schemes and approaches that boroughs have put in place. The schemes that have enabled the highest efficiency savings across London are those that have been focused on market management, integration of health and care and schemes promoting independence and supporting people to stay in their homes longer.

However, this level of savings cannot be maintained as boroughs are already indicating that they have reviewed and changed the way they work over the last few years and it is unlikely that they will be able to maintain or find new ways of saving at similar levels without putting services at risk. This will make the need for appropriate levels of funding to the sector even more essential.

**RECOMMENDATION: Social care departments have done tremendous work in achieving high levels of efficiencies but savings from adult social care departments have peaked and social care departments must not be expected to maintain the same levels of efficiencies as in the past few years.**

### ii) Performance (Delays in Transfer of Care)

London was second best to only the North East on all three measures for delayed transfers of care i.e. all delays from hospital, delays attributable to social care and those delays that are jointly attributable to NHS and social care.

This means that London is successfully helping a significant number of people to avoid unnecessary hospital stays. Using NICE costing analysis, we estimate this reduction has saved the NHS around £4.6 million per year.



**RECOMMENDATION: Savings made to the NHS by the success of social care departments in moving and keeping people out of hospitals must be reflected in funding allocations made to councils.**

its final year and, once it comes to an end, it will add further pressure to local budgets for those councils that have depended on it over the past few years. This could see local funding pressures increase in 2020/21 for those boroughs that have depended on the precept.

## Challenges facing the sector

### 1) Current funding pressures

The current spending review period (2016/17 to 2019/20) shows what can happen if the scale of adult social care pressures is underestimated. Despite specific funding being earmarked for social care at Spending Review 2015, via the ASC precept and Improved Better Care Fund, the government has been forced to make six major policy interventions in the last three years and yet boroughs still have a shortfall. Based on the most up-to-date borough spending data - overspending boroughs in London faced a collective shortfall of £63.5 million in 2017/18. In 2018/19 the additional £240 million winter pressures money (of which £37 million was allocated to London) will have boosted adult social care budgets, **although it is expected that some boroughs will still have an over spend social care in 2018/19 despite the additional funding.**

**RECOMMENDATION: Government must fully fund the current gap in social care funding**

### ii) Impact of the adult social care precept

The Adult Social Care precept is expected to raise £41 million in 2019/20 and was implemented by all but one borough over its three years. However, the scheme is entering

**RECOMMENDATION: With the social care precept coming to an end government must provide councils with a long-term solution to funding the sector to replace the precept.**

### iii) An end to short-term funding allocations

In recent years, government has supported councils by providing them with extra one-off funding allocations. However, while this funding has been welcomed and helped to ease the funding pressures in the sector, the nature of the funding has meant that councils have been unable to plan longer term due to the uncertain nature of the short-term funding.

**RECOMMENDATION: For greater certainty and planning in the sector there is a need to end short term funding allocations and replace them with long term appropriate levels of funding.**

### iv) Long term funding gap

Taking into account new cost pressures around the implications of national living wage, changes to Deprivation of Liberty Safeguards (DOLS), demographics, and analysis by the Local Government Association (LGA) we estimate that by 2025 London will have an adult social care

funding gap in the region of over half a billion pounds (£540 million). Nationally, the LGA estimate there will be a £3.5 billion funding gap, and London's current share of relative need would mean around 15.4 per cent of this burden falls in London.

In a survey of London boroughs the following areas were identified as the top four areas currently putting the most pressure on local budgets: Deprivation of Liberty Safeguards (DoLS), transition of children to adults, integration of health and care, and continuing health care.

**RECOMMENDATION: Any long-term funding settlement must fully meet new burdens, and demographic changes as estimated by the sector. The funding gap in London is expected to be in the region of £540 million by 2025.**

#### v) Provider closure

The number of provider closures and contracts being handed back to councils has been on the increase across the capital. Measures are in place to enable councils to respond swiftly in the event of failure to protect service users from undue worry and concern. Councils are working together across London to stabilise the market. However, government must also play its role by ensuring that adult social care is appropriately funded to help stabilise the care market.

#### vi) Workforce

The workforce is currently going through a challenging period characterised by high vacancy rates, and difficulties in recruitment and retention of the workforce particularly

among regulated professions such as registered nurses, occupational therapists and social workers.

### London's social care priorities

Based on London Councils' survey of councils the following areas were identified as the top three priorities for adult social care in London over the next few years:

- i) **Increased investment in prevention and early intervention** to help people stay healthier for longer.
- ii) **Integration of health and adult social care** to improve care pathways for service users.
- iii) **Investment in demand management** to help ensure that people are supported to stay healthier for longer keeping them out of the system.

### Transforming the sector

The Green Paper is due to be published soon and London Councils has three tests that it should meet:

- i) **Will the system be fair for all social care users across London?** Access to support must be fair and based on needs without anyone being disadvantaged because of age, type of need, or location.
- ii) **Will long-term financial sustainability be achieved for London?** Individual contributions must take account of individual wealth and income without causing intergenerational conflict; funding allocation to local government must be sustainable over the long term.



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- iii) **Will social care in London become more effective for all?** Services must be personalised and more efficient through integration of health and care services, delivering an improved experience for service users.

**RECOMMENDATION:** To help ensure alignment in the health and care sector, London Councils is calling for the Adult Social Care Green Paper to be published as soon as possible.



# Adult Social Care in London, background

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## Introduction

London local government plays a key role in helping to improve the health and wellbeing of people in their local areas. Local government knows the needs of their communities and is best placed to ensure that people are given the services that they need. A primary role of local government is to ensure the good health and wellbeing of its communities.

Evidence shows that effective health and care services should be delivered primarily in people's homes and other community settings to maximise health and wellbeing.

Currently, the health and care system that we have focuses investment into hospitals and responding to people's health needs. A shift in approach to the way we deliver services is required that will see increased investment in community services aimed at moving care that is primarily delivered in hospitals into community settings and homes where possible. Focus should be on delaying the need for health services and enabling people to stay independently in their own homes for longer.

The right social care services can help not only to keep people living independently for longer but can also help to manage the demand for NHS services resulting in savings to the system.

However, the social care system has been facing unprecedented pressures and this report draws on a range of reports and primary analysis to set out a picture of adult social care in London.

This report considers the following:

- i) Implications of London's changing demographics
- ii) Performance of adult social care
- iii) Funding pressures on the sector
- iv) Integration of health and care
- v) State of the care market in London
- vi) London's top priorities over the next five years
- vii) The role of public health
- viii) Transforming services

## Who uses social care?

A report by ICF Consulting commissioned by the LGA and Skills for Care (2018) estimates that 54 per cent of all those using social care services in nursing or residential homes are supported by their councils and 65 per cent of those receiving domiciliary and community care are supported by their councils (see figure 1)<sup>1</sup>.

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1 ICF Consulting Report Regional estimates of the economic value of the adult social care sector London (31 October 2018) <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/Economic-regional-reports/Regional-economic-report-London.pdf>



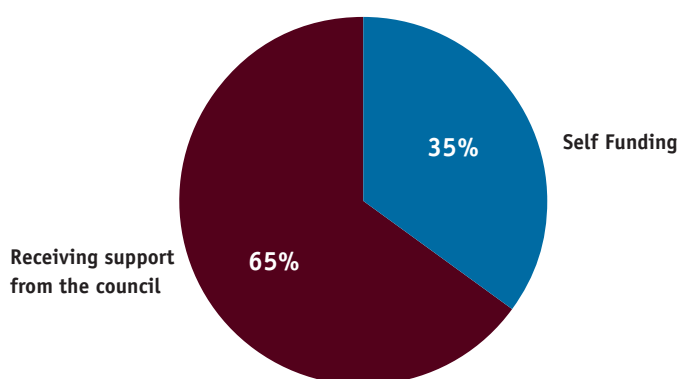


Figure 1: Domiciliary and community care service users in London

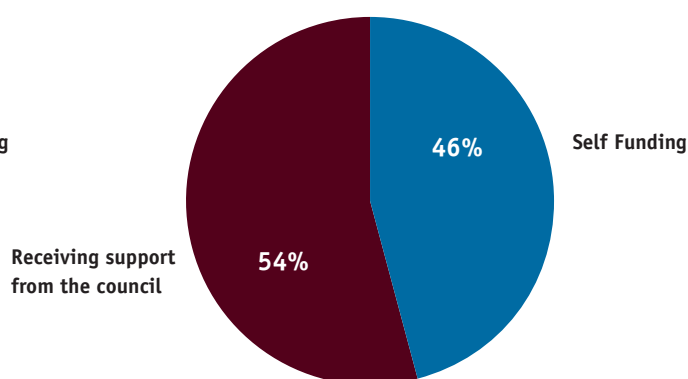


Figure 1b: Residential and nursing Home service users in London

Source: ICF report (2018)

Adult social care services are used by those who need to access the following:

- Interventions to help them maintain their independence in their homes for longer.
- Personal assistance to carry out day to day tasks such as shopping
- Residential care.
- Information and advice regarding local services
- Information and safeguarding support from harm, abuse and neglect.

As people are living longer the demand of services is expected to increase.

### The future of social care in London

The past few years have been a challenging period for the delivery of adult social care services. However, London boroughs are all working towards the achievement of similar aims for social care across the capital.

The capital is working towards achieving social care that is characterised by:

- i) Mental/emotional and physical wellbeing that is on an equal footing and all partners including voluntary sector working together to help achieve this.
- ii) Londoners having a voice in shaping their health and care services through the introduction of greater democratic accountability over both health and care at the local level. Politicians having a stronger local voice in health and care.

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- iii) Empowering people through the use of various methods, including education and development and use of IT to help people to better self-manage their health and care needs.
  - iv) Better prevention strategies in place to help people live longer independent lives; prevention and early intervention are core principles of transformed health and care.
  - v) Greater choice and options made available for London's diverse communities.
  - vii) All care services across London being of good quality.
  - vii) Health and care to be provided in a joined-up way service with better information sharing between the health and care so that service users receive a seamless service.
  - viii) Health inequalities reduced across the capital.
  - ix) London having a resilient health and care workforce.





# Implications of London's changing demographics

## Highlights on demographics

- London's population is growing particularly among those groups of people likely to need social care services.
- London is expected to have the highest growth among those who have learning or physical disabilities psychiatric disorders.
- While London has a younger population, it has a higher proportion of younger people with more complex needs and face higher costs.
- Transformation of health and social care will need to move at pace to meet the changing needs and complexity of the population

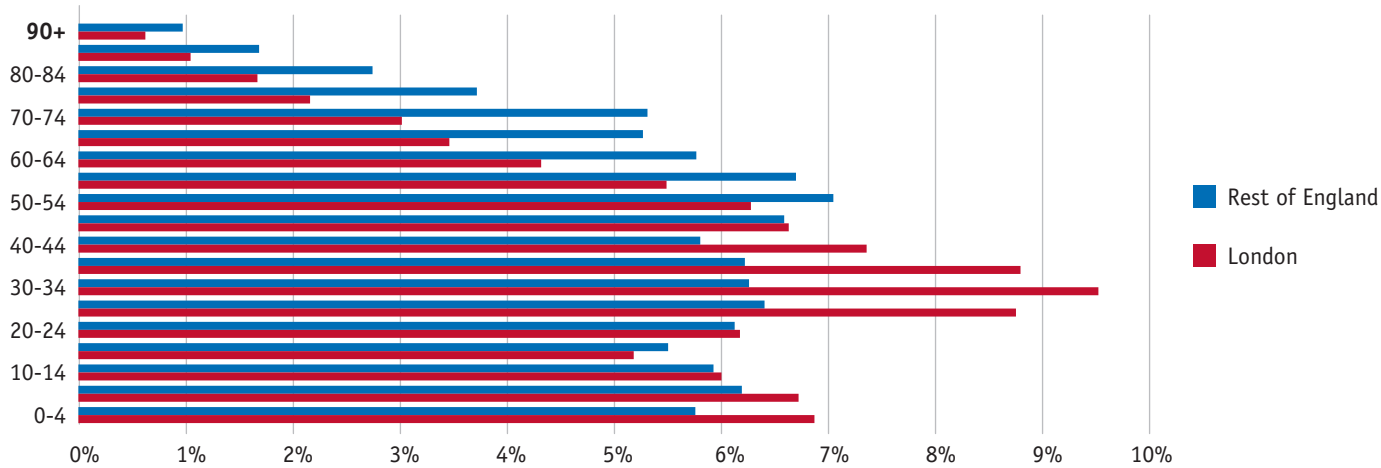
The population of London is different from the rest of the country and is generally much younger than the rest of the country. The figure below illustrates that London has higher numbers of people aged between 25 and 45 and lower than the England average for those aged 45 and above, this is particularly more evident for those aged 65 and above see graph below.

The younger profile of London can be primarily attributed to the influx of working

age population due to a reasonably buoyant labour market and a considerable proportion of rented houses more likely to be occupied by unmarried young people without children.

The implications of this age variance between London and other regions is that the formulas used for funding adult social care are weighted in favour of elderly populations, London's younger population therefore puts London at a disadvantage when it comes to funding.

Figure 2: Percentage of population by age band, London vs rest of England



Source: ONS MYE Data

## Increasing demand

However, while London's population is younger, there will still be an increase in the number of people aged 65 and above 90 a proportion of whom will potentially need to be supported by social care services.

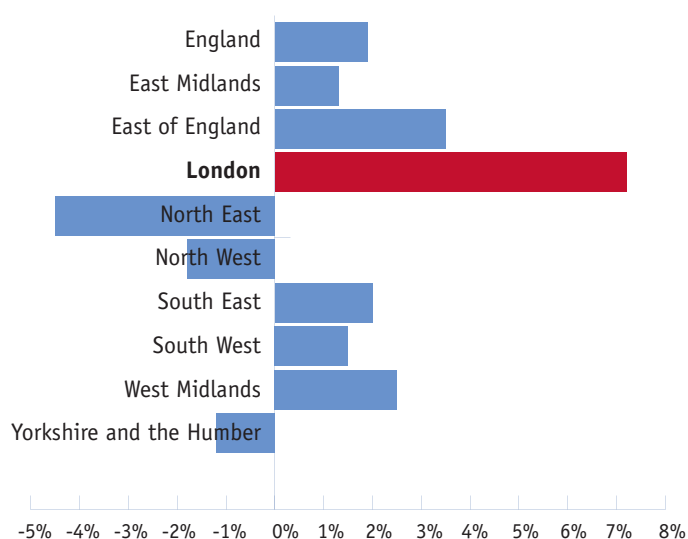
Table 1: People 65 and older

Region	65+			90+		
	2017	2039	Increase	2017	2039	Increase
England	10,063	15,184	51 per cent	502	1,431	185 per cent
North East	516	727	41 per cent	22	64	185 per cent
North West	1,341	1,906	42 per cent	61	170	181 per cent
Yorkshire and the Humber	1,004	1,447	44 per cent	47	128	179 per cent
East Midlands	914	1,383	51 per cent	43	129	199 per cent
West Midlands	1,080	1,549	43 per cent	53	148	183 per cent
East	1,210	1,860	54 per cent	63	188	200 per cent
<b>London</b>	<b>1,038</b>	<b>1,775</b>	<b>71 per cent</b>	<b>53</b>	<b>136</b>	<b>156 per cent</b>
South East	1,747	2,733	57 per cent	96	281	192 per cent
South West	1,213	1,803	49 per cent	66	187	183 per cent

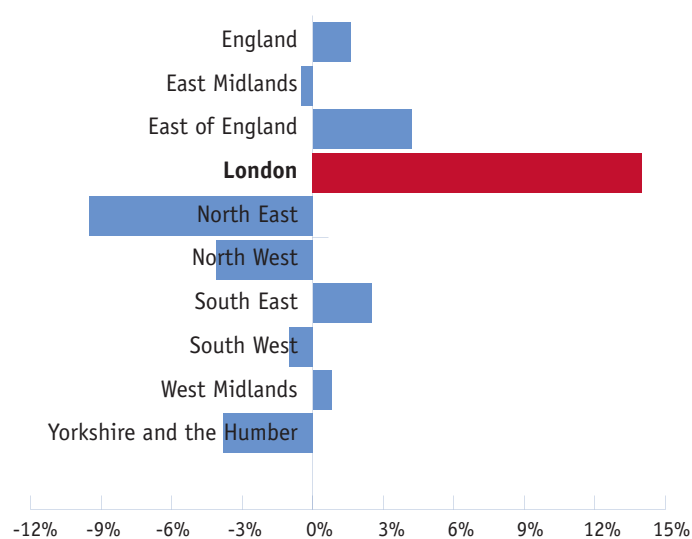
The charts<sup>3</sup> below illustrate how London population is expected to increase and this will align with the growth of working age adults who will be likely to need social care support. While the age profile of London may differ, London Councils' analysis illustrates that London can expect the demand on adult social care to increase as a result of growth among vulnerable groups.

3 Poppi and Pansi Population Data

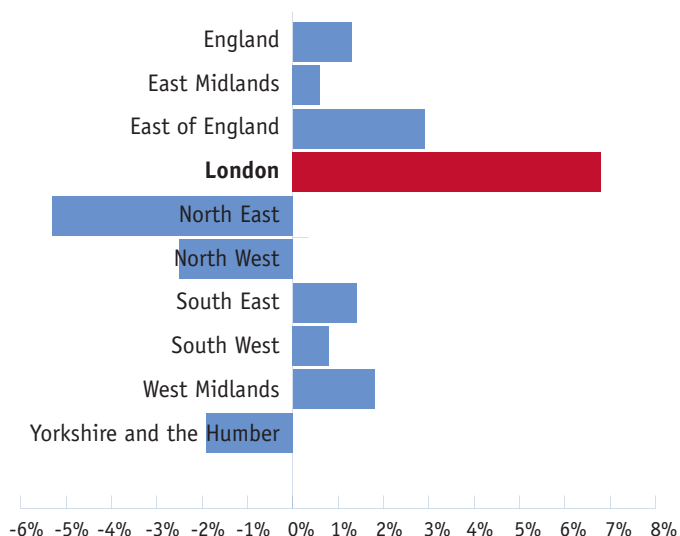
**Figure 3: Change in population aged 18 + predicted to have a learning disability, by region 2019-2035**



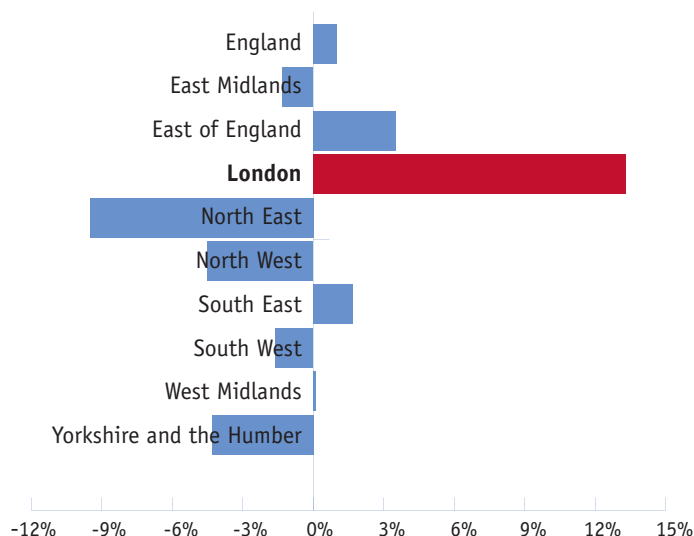
**Figure 3b: Change in population aged 18-64 predicted to have impaired mobility, by region 2019-2035**



**Figure 4: Change in People aged 18-64 predicted to have two or more psychiatric disorders, by region 2019-2035**



**Figure 4b: Change in population aged 18-64 predicted to have a serious personal care disability, by region 2019-2035**



Source: Poppi and Pansi Population Data



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The London Councils survey analysing the average caseloads of boroughs illustrated that the most expensive care packages are often those of people with learning disabilities due to the often complex nature of needs and support that is required. Typical case load costs are indicated below:

*Table 2: Case load data*

<b>Borough average</b>	<b>Cost per case 2017/18 (£)</b>	<b>Cost per case 2025 (£)</b>
Physical Disability	9,997	12,664
Mental Health	10,525	13,333
Dementia	19,259	24,397
Learning Disability	38,902	49,279

*Source: London Councils Survey January 2019 (Appendix A)*

Funding restrictions mean, however, that some people will inevitably fall outside the eligibility criteria for support. Age UK<sup>4</sup> (July 2018) estimates that nationally 1.4 million older people do not have access to the care and support they need. They estimate that in two years, the number of older people living with an unmet care need has risen by almost 20 per cent, to nearly one in seven older people.

Friends and family carers play a critical role and contribute towards meeting the needs of friends and family who need care and support in London. The ONS 2017 estimates are that unpaid carers save the economy nearly £60 billion<sup>5</sup>.

<sup>4</sup> Age UK (July 2018) <https://www.ageuk.org.uk/latest-news/articles/2018/july/1.4-million-older-people-arent-getting-the-care-and-support-they-need--a-staggering-increase-of-almost-20-in-just-two-years/>

<sup>5</sup> ONS (2017) <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/unpaidcarersprovidesocialcareworth57billion/2017-07-10>

# Performance of Adult Social Care

## Highlights on performance

Despite the pressures facing the sector, social care departments are rising to the challenge and leading the way in a number of areas:

- London region social care departments are amongst the top performing regions in reducing delays when people are ready to be transferred out of hospital (Delayed transfer of care).
- On average London social care departments are saving the NHS around £4.6 million a year on DToCs.
- London has the lowest admissions to nursing and residential homes helping to support a higher proportion of people in their own homes.

## How social care in London compares to other regions

Every year NHS Digital publishes the Adult Social Care Outcome Framework (ASCOF). ASCOF measures how well care and support services achieve social care outcomes.

In October 2018 NHS Digital published the Adult Social Care Outcomes Framework 2017/18. ASCOF uses a number of measures to look at how well care and support services achieve the outcomes that matter most to people in a specific region. The ASCOF data is then used to set both national and local priorities for care and support and to measure progress and strengthen accountability in the sector.

ASCOF data is useful in understanding people's experiences of local services. The 2017/18 ASCOF highlighted a number of areas and London performed well on the following ASCOF measures<sup>6</sup>:

- London, had the lowest rates of admission to nursing and residential homes per

100,000 population for people both people aged 18-64 (London had 14 compared to East Midlands with 17) and those aged 65 and over (London had 406 compared to 794 in the North East region)

- London was second to only the North East on all three measures for delayed transfers of care i.e. all delays from hospital, delays attributable to social care and those delays that are jointly attributable to NHS and social care.

However, London's performance on the following areas was more challenging:

- Satisfaction of service users with care and support in their area is highest in the North West and North East regions both at 67.9 per cent, the lowest satisfaction levels were in London at 59.3 per cent.
- People in the north east (49.8 per cent) are most likely to say that they have as much social contact as they would like in comparison London is lowest at 41.4 per cent.

6 NHS Digital (2018) Measures from the Adult Social Care Outcomes Framework, England - 2017-18 <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

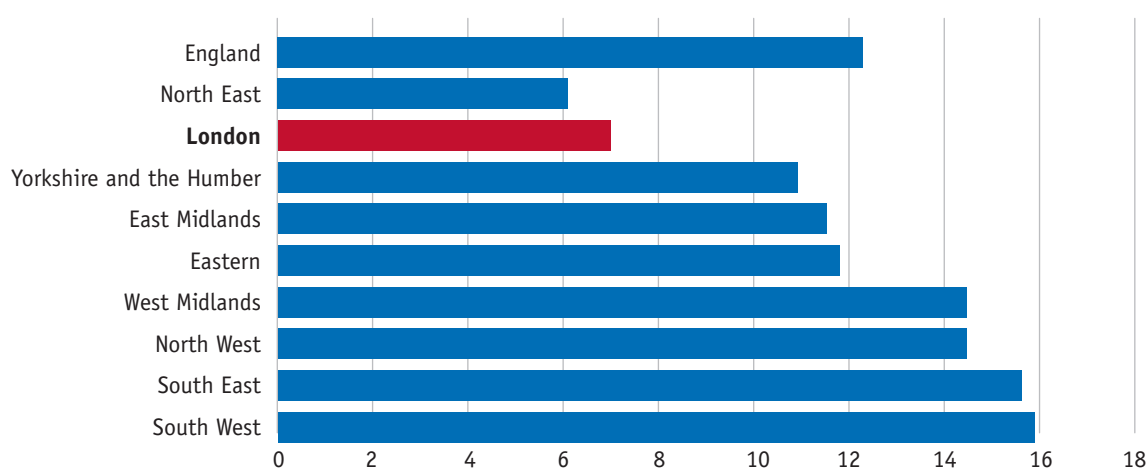
People in the North East (90.9 per cent) are most likely to say that their services help them feel safe while London has the lowest proportion that feel this way - 82.2 per cent.

An issue that has often proved challenging for many local areas is that of reducing the number of delayed transfers of care. Delayed transfers of care refer to when a patient is ready for discharge from acute or non-acute care but is still occupying a bed in the hospital for a variety of reasons.

Adult social care departments have been working closely with their health partners to try and reduce these delays. Local partners have put in place a range of different interventions and schemes to help them in the management of discharges from hospital and helping to improve the experience for the service users as well.

The past few years London region has consistently improved its performance on a number of delayed transfers of care measures. The charts below illustrate that on three national measures<sup>7</sup>, London's performance is only second to the North East on all three (ASCOF, 2018).

**Figure 5: Delayed transfers of care from hospital (ASCOF 2018) per 100,000 population**



7 The three measures are delayed transfers of care from hospital per 100 000 population, delayed transfers of care from hospital attributable to social care per 100 000 population and the third measure of delayed transfers of care from hospital that are jointly attributable to NHS and social care per 100 000 population



Figure 6: Delayed Transfers of care from hospital, that are attributable to social care per 100,000 population

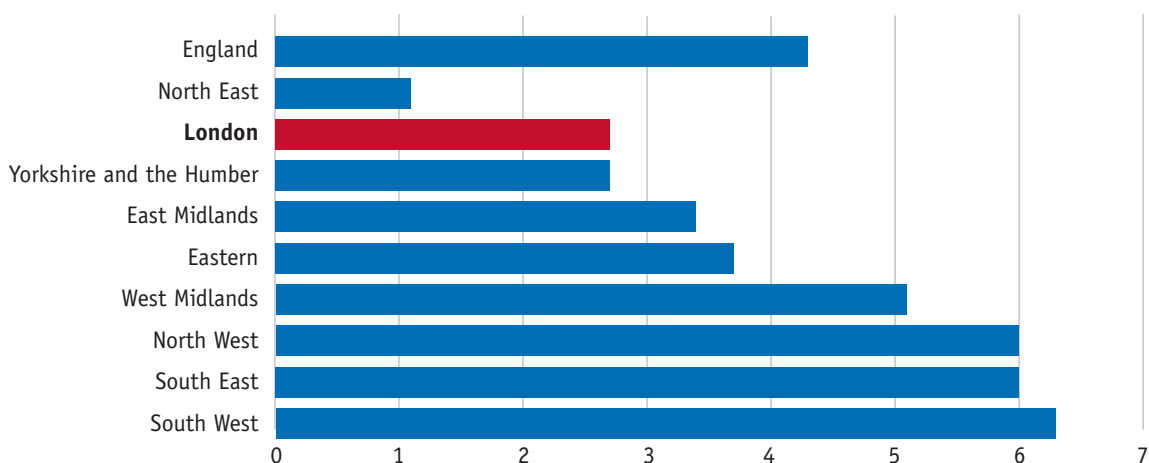
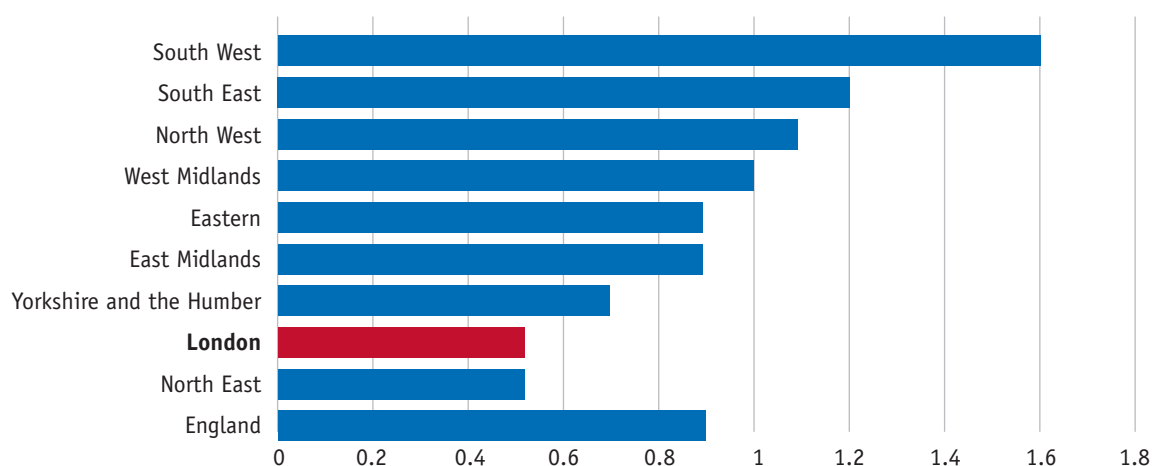


Figure 7: Delayed Transfers of care from hospital, that are jointly attributable to NHS and social care per 100 000 population



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London's success in reducing delays in transfer of care means that London is successfully helping a significant number of people to avoid unnecessary hospital stays freeing up hospital beds.

Using NICE costing analysis, we estimate this reduction saves the NHS in the region of £4.6 million per year. However, this success is not recognised and local government simply bears the costs for doing this while the NHS benefits from the savings. Savings made to the NHS by the success of social care departments in moving and keeping people out of hospitals must be reflected in funding allocations to ensure there is no cost shunting from the NHS to local government.



# Funding pressures

## Highlights on funding

- London adult social care departments have achieved nearly half a billion pounds (£480 million) in efficiency savings.
- London social care departments are facing short term funding pressures despite the short-term additional funding boosts that have been announced over the past year.
- Taking into account inflation and demographic pressures, London will need an additional £540 million by 2025.
- Recruitment and retention in the social care workforce is increasingly challenging across the capital.
- The social care precept has played an important role in easing pressures, there must be clear plans set out to show how social care will be funded when the precept comes to an end.
- Long term funding solutions must also include in the baseline all the short-term funding solutions that have helped to sustain the sector over the past few years.

Since 2010/11 successive governments have focused on reducing the fiscal deficit. However, a combination of rising demand, rising costs in social care and increasing duties as a result of changes in social care policies and judicial reviews has meant that local government finances in particular adult social care departments have been facing unprecedented budgetary pressures.

Nationally, the LGA estimates that there will be a £3.5 billion<sup>8</sup> funding gap, and London’s current share of relative need would mean around 15.4 per cent of this burden falls in London. Long term funding to the sector must address the growing funding gap.

Taking into account new cost pressures around the implications of national living wage, changes to Deprivation of Liberty Safeguards, demographics, and estimates from the Local Government Association (LGA), London Council estimates estimate that by 2025 London will have a funding gap in the region of over half a billion pounds (£540 million) in adult social care.

The scale of the funding crisis in adult social care (ASC) is such that it has required several major policy and funding interventions as illustrated in table 3.

8 <https://www.local.gov.uk/about/news/lga-launches-own-green-paper-adult-social-care-reaches-breaking-point>



*Table 3: SR15 period – Adult Social Care Funding Interventions*

<b>1. 2017/18</b>	Adult Social Care Support Grant (£241 million of re-purposed NHB funding).
<b>2. 2017/18</b>	Additional £1bn of iBCF funding announced in Budget 2017 for 2017/18 (with a further £674 million in 2018/19 and £337 million in 2019/20).
<b>3. 2017/18</b>	Flexibility to increase ASC Precept introduced from 2-3 per cent (from 17-18 and 18-19 - as long as doesn't exceed 6 per cent over 3 years to 2019-20). Councils wishing to use it must show how they plan to use this extra money to improve social care.
<b>4. 2018/18</b>	Adult Social Care Support Grant (£150 million) emergency grant announced at final settlement following consultation on provisional settlement.
<b>5. 2018/19</b>	Winter pressures grant awarded £240 million.

Undoubtedly, the cuts to social care would have been even worse had the government not been forced to intervene with these emergency interventions which have totalled over £3.7 billion across England. London boroughs have received around £475 million of this funding.

However, despite these additional funding boosts, this additional funding has not fully met the funding gap in the sector. Adult social care continues to face a number of challenges arising from a combination of long-term public spending constraint, significant demographic growth and increased complexity of cases.

Funding pressures are a particular concern for councils because they do not only impact adult social care departments but the whole of the council. Adult social care responsibilities are statutory responsibilities and councils must ensure they deliver these services to vulnerable people who need

them. This means when a council is facing budgetary pressures, they must look to non-statutory services that they deliver to help them to meet the cost of delivering social care services. This results in some of the services being stopped or reduced thereby impacting the wider community.

To enable councils to continue providing a wide range of services which include libraries, parks leisure centres etc. councils' adult social care departments must be fully funded. Long term funding solutions must also include in the baseline all the short-term funding solutions that have helped to sustain the sector over the past few years.

### **Impact of the adult social care precept**

Since 2017/18 to 2019/20, councils are permitted to raise an additional precept to pay for social care, of a maximum 6 per cent of council tax over three years and no more than 3 per cent in one year (or 2 per cent in the third year).

### London Adult Social Care Tax Precept facts

- In 2018/19 £63 million raised for adult social care through the precept
- In 2018/19 all but four boroughs implemented the precept
- In 2019/20 no council in London can raise the precept by 3 per cent
- 19 councils can potentially raise the precept by 2 per cent in 2019/20.

All but four boroughs in London had implemented the adult social care precept in their boroughs and in 2017/18 £63 million was raised through the precept. However, the scheme is entering its final year and once it comes to and will add further pressure to local budgets for those councils that have depended on it over the past few years. This could see the funding gap increase in 2020/21.

The precept failed to cover the real terms reductions to social care funding.

London Councils has always argued that the social care precept reflects the size of an authority's council tax base, which does not necessarily correlate with areas of highest need. For this reason, council tax should not be considered as a viable long-term solution for funding adult social care and increasing it further could potentially make council tax unaffordable to many.

### Achieving efficiency savings

Local authorities have shown considerable ingenuity and adaptability in response to the requirement to deliver a disproportionate share of deficit reduction. They have already implemented radical transformation plans, invested in demand reduction, renegotiated

contracts, combined services, amalgamated back office functions, implemented IT programmes, and engaged in a wide range of commercial activities. In London the highest local government efficiency savings have been achieved in adult social care.

In a survey<sup>9</sup> of London boroughs, they identified the following areas as having been the most successful approaches that enabled them to achieve their savings targets while also continuing to improve the services that they deliver.

**Procurement and market management** – several boroughs have managed to achieve their savings through improving their procurement and commissioning of services. Councils have worked hard with their providers to protect and support the care market in their areas and ensure that they have a market that is responsive to the needs of their local community.

**Integration** – several boroughs referred to working in a more integrated way with health partners as having helped them to attain savings. Having integrated approaches to reablement and improved management of discharges and care post hospital discharges has also helped in achieving savings for councils.

9. 21 London Councils responded

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**Promoting independence** – several boroughs identified schemes and projects they have in place that are aimed at supporting people to remain healthy and in their homes reducing the demand on residential care and helping to avoid hospital admissions for example social prescribing in the Royal Borough of Kingston upon Thames.

#### **CASE STUDY 1: Promoting independence – Social prescribing in Kingston**

Kingston has developed a social prescribing approach that includes scope for addressing health and the wider determinants of health. It has put in place a customer centred approach that has built resilience in Kingston's communities so that people can remain independent and healthy for as long as possible and are able to access a variety of community support when and if needed. Designing and implementing a new model of integrated services that delivers what is needed by people in Kingston is simpler streamlined and cost effective.

#### **CASE STUDY 2: Promoting Independence - One Croydon Alliance**

The 'One Croydon Alliance' is an integrated single-borough model that aims to break the cycle of hospital admissions for people over 65 with long-term conditions by providing personalised care closer to home and support to live more independently.

The model aspires to:

- improve personal outcomes;
- improve financial sustainability; and
- shift activity to the right place at the right time.

One Croydon alliance has already had some encouraging successes. By March 2018 there were 62 per cent fewer patients needing care packages for longer than six weeks after leaving hospital, and a 20 per cent reduction in the length of hospital stays. In the project's initial three months, more than 450 residents either had a reduced length of stay in hospital or avoided admission altogether. In that short time period, the council saved £200,000 in adult social care costs; money that was then spent on coping with extra demand over the winter.



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- Restructuring/redesign of social care departments – when faced with the challenge of funding pressures several councils also took the opportunity to look inwards at the way the delivered services and took the opportunity to restructure their social care departments helping them to achieve savings while maintaining the good service.
  - Demand management has also been a core way that several councils have used in helping them to achieve efficiency savings. Majority of councils have been working hard to find ways of supporting people so that they can remain independent and in their homes for longer, for example through a range of schemes particularly improvements in the way they deliver services, for example reablement services.
  - Reviewed externally commissioned services - councils have also reviewed services that they are commissioning and, in some cases, brought services back in house to enable them to achieve further savings.

Over the past few years London has worked hard to achieve savings in the way they deliver adult social care. Over the period 2015/16 to 2019/20 London is expect to achieve nearly half a billion pounds (£480 million) in efficiency savings from a range of initiatives, schemes and approaches that boroughs have put in place in adult social care alone. The schemes that have enabled the highest efficiency savings across London are those that have been focused on market management, integration of health and care and schemes promoting independence and supporting people to stay in their homes. However, this level of savings cannot be

maintained Boroughs are already indicating that they have reviewed and changed the way they work over the last few years and it is unlikely that they will be able to maintain or find new ways of saving. This will make the need for appropriate levels of funding even more essential.

### **Expected areas of growing pressure**

In a recent survey carried out by London Councils (Appendix A), adult social care departments were asked to identify the areas they felt are likely to put the most pressure on their budgets over the coming years. The most common concern raised by the majority of boroughs that responded were concerns regarding market management and provider stability. Several councils felt that they will need to invest more in their local markets to help ensure their sustainability. This is expected to be a significant cost pressure for already challenged budgets.

The second area of most concern over the next few years was concerns around the expected increase in the number of people with learning disabilities. Several boroughs anticipate the care packages they have for learning disabilities is likely to increase. Care packages for learning disabilities are often the most expensive care packages (see table 2).

The third area of most concern for boroughs was mental health and dementia. Several boroughs said the number of people living with mental health issues and those with dementia was on the rise. The support needs and demands from this group of people is expected to grow over the coming years.

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Additional areas of growing pressures that were identified by boroughs were:

- Deprivation of Liberty of Safeguards – the legislative changes made to help ensure that people in care homes and hospitals are not inappropriately restricted of their freedoms are expected to continue putting pressure on local budgets.
- Transitions – increased costs are expected from the higher number of young people expected to move across to adult social care services from child health social services.
- Integration – there is a recognition amongst several councils that in order to take forward the integration of health and care there will need to be investment made to drive the agenda forward.
- Continuing Health Care – this was identified as an area of growing pressure as several councils felt that there often wasn't clarity when a person was in receipt of Continuing Health Care resulting in councils paying more than they should.



# Integration of health and care

## Highlights on integration

- Integration of health and care at different footprints must form part of long-term transformation plans. Local priorities must not be subsumed by sub-regional or regional priorities.
- Transformation funding has been a key enabler for driving forward transformation in those areas that received it. All areas must be allocated funding for all key partners to enable transformation.
- Local government must be a core partner and part of the decision-making structures developed for integration.
- Investment in both social care and primary care is required to help address the fragmentation in the sector.

Integration of health and social care has been gathering momentum in the sector. While local areas have been working hard to improve outcomes and experience of service users using a range of options, government has also been driving forward the integration agenda through a range of initiatives including the Better Care Fund (BCF) and rebranding the Department of Health to become the Department of Health and Social Care - raising the status of social care to equal that of health.

There are a number of integration initiatives taking place across London, which to succeed, require strong partnership between local government and their health partners working together to address systemic barriers to integration.

There is a varied picture of integration and collaboration across London with health and care organisations exploring different ways that they can deliver services in a more integrated way. While the maturity of integration partnerships will vary, a direct result of having the BCF is that all areas

across London have examples of delivering integrated services in their boroughs.

It must be noted however that integration is not restricted to just the BCF, increasingly local health and care partners are investing more resources into the delivery of integrated services.

The introduction of Sustainability Transformation Partnerships (STPs) has also had an impact on the development of integrated services. Increasingly, more integration is developing across multiple borough boundaries for example Barking and Dagenham, Havering and Redbridge covering three boroughs.

However, while integration has been gathering momentum across the capital, it continues to face a number of hurdles and challenges. To be successful, integration of health and social care must see the treatment of health and social care as equals.

Currently integration is increasingly taking a health direction and perspective. An example

of this is the NHS Long Term plan which sets out proposals for joint governance and integration without taking into account the local authority role in these new structures.

The proposals for the creation of new joint governance structures for integrated systems and Integrated Care Systems (ICSs) opens up the opportunity to explore the role of local government in these new systems. The section below sets out some lessons drawn from around the country including Greater Manchester and Nottingham.

### **Lessons from STPs and ICSs<sup>10</sup>.**

There is already a growing body of evidence that shows the benefits of integration and working in an integrated way. Some key lessons drawn from across the country are outlined below:

- In some areas ICSs and STPs are seen as primarily NHS inventions that were not designed with local authorities in mind. However, local experiences are showing that local government must be full engaged partners if the ICSs and integration of health and care are to succeed.
- The NHS and local government must provide joined up services that are anticipatory in nature with prevention and management of chronic conditions before they deteriorate playing an important role. This will help to prevent ill health from taking old and unnecessary hospitalisation.
- Cultural differences between health and local government partners are a challenge that local areas need to overcome as the politics associated with service change may cause partnerships challenges.
- Another barrier is the pressure on organisational and clinical leaders in sustaining existing services while also investing in new ways of working.
- Workforce requirements will have to be addressed to enable staff to be able to move in and out of NHS and local government/social care organisations seamlessly and without being penalised on pay, terms and pensions.
- Investment in primary care is as essential as investment in social care if the system is to be strengthened and fragmentation addressed – all parts of the system have to be strong otherwise failings in one part of the system will result in pressures on another part of the system.

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10 <https://nhsproviders.org/media/518336/provider-voices-the-journey-to-integrated-care-interactive.pdf>



The voluntary sector can also play a critical role in working with partners and can help to provide services that local authorities and health partners would not normally provide.

A further lesson from the ICSs was the role of transformation funding to help support the development of ICSs. This helps to ensure that there is flexibility allowing for staff to be released to focus on developing the ICS while allowing for backfilling of their roles rather than pressurising staff by putting multiple demands on them.

The NHS Long Term Plan focuses on collaboration and integration between NHS organisations however, without ensuring equality of powers and duties across councils and the NHS, the provisions to increase collaboration between NHS organisations may lead to a two tier approach to integration in which collaboration between NHS organisations is easier or given greater priority than collaboration between the NHS and other parts of the system in particular local government.

There is a need to ensure that integration works for the benefit of all the organisations involved it must not be used to transfer costs from health to social care without ensuring that the councils are properly funded.

The lack of clarity on social care funding also has an impact on Sustainability and Transformation Plans/ Integrated Care Systems ability to formulate their five-year plans and with the social care green paper delayed this will continue to negatively impact local partnerships in forward planning services needed for local areas.

While the current trend is to shift put greater focus on larger footprints there is a need to recognise the important of providing some services across smaller footprints. ICSs successful systems need to look methodically at which services can be delivered at scale by the STP and which are best placed to be delivered as part of smaller local partnerships



### CASE STUDY 3: Integration and collaboration in North West London

While for some areas integration is relatively new, for some parts of London, integration and exploring different ways of working in an integrated manner have been going on for more than 10 years.

In North West London health and care organisations have gone through a long journey of integration that started long before they were selected to be an integration pioneer in 2013.

Currently the North West London Health and Care partnership is made up of over 30 health and care organisations who work collaborate to provide health and care services to more than two million people in eight London boroughs with a budget in the region of £4 billion.

A joint plan for health and social care across the North West London boroughs has been agreed focussing on five areas; improving health and wellbeing; better care for people with long term conditions; better care for older people; improving mental health services and safe high quality and sustainable hospital services. A number of initiatives have been put in place across the region including:

- Joint NHS and council multi-disciplinary teams are working together to improve care for diabetics, older people and people with mental health needs. Over 55 000 patients with long term conditions have a collaborative care plan providing coordinated care.
- North West London is also investing in ensuring that it has the right workforce to deliver integrated services and improve outcomes for example training London Ambulance services resulting in more people cared for at home rather than A&E.
- All boroughs are modernising IT systems to help them to be more effective. They are also looking providing clinical support to care homes through new technology.

# State of the care market in London

## Highlights on the state of the care market

- London has seen an increase in the number of providers closing their businesses.
- The number of providers choosing to re-register their nursing homes to residential homes is increasing – reducing the number of nursing homes available.
- There has been an increase in providers who provide services to local authority funded service users choosing to hand back their contracts to local authorities.
- Recruitment and turnover in the sector is becoming increasingly challenging.

The consequences of underfunding the sector has meant that in some areas the care market has become very fragile. National figures<sup>11</sup> illustrate that, from April 2017 to April 2018, the number of nursing homes decreased by 1.4 per cent, with a drop of 0.2 per cent in the number of nursing home beds (347 beds).

A recent trend has also been for nursing homes to re-register as residential homes, possibly due to difficulties in recruiting enough nurses and the complexities in the conditions that their service users will often present with.

These national trends are also replicating themselves across the capital. The fragility in London's care market has meant that there is an increased dependency on informal carers. The informal sector of family and friends plays an important role in providing support to people who need it. While the Care Act 2014 increased support to existing carers transformation of the sector should include a national programme

on development and empowerment of the voluntary and informal sector of family and friends so they can play an increased role in the delivery of care services in the home.

## London Care Market Facts (2017)

- 4,200 organisations involved in providing or organising care.
- 67 per cent provided non- residential services.
- 33 per cent provide residential services.
- 57 per cent were small organisations employing 4 or less employees.
- 90 per cent had fewer than 50 or less employees.
- Only 5 per cent employ more than 100 employees.
- Contributes £38.5 billion nationally to the economy and £5.24 billion to London's economy.
- £19.4 billion wage bill nationally and £2.42 billion in London.

*(Source, Skills for Care, 2018 London Report)*

11 CQC State of Care Report (2018) [https://www.cqc.org.uk/sites/default/files/20171011\\_stateofcare1718\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20171011_stateofcare1718_report.pdf)

Skills for Care London report (2018) <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/Regional-reports/Regional-report-London.pdf>

Investment in prevention has also been reducing as focus and priority has been on ensuring that immediate needs are met.

The issue of self-funded versus state funded care has also risen on the agenda as state funding has increasingly become more restricted as a direct reflection of the funding pressures that councils have faced.

Across the country there are substantial variations in the proportion of people using services who are funded by their local authority. CQC data suggests that the areas with the lowest reliance on self-funded care are the North East and London, with the South West and South East at the other end of the scale. This is attributed to the fact that London has a higher number of service users with higher incomes and properties have a higher value in London. However, as reflected by the changes in demographics above, the number of people that councils in London are supporting is expected to increase and to continue to increase over the coming years.

### **Impact of provider closures**

Nationally, directors' are concerned about the prospect of providers facing financial difficulty. 65 per cent of directors are concerned about their ability to meet the statutory duty within existing budgets in 2019/20 in later years this increases to 95 per cent (ADASS Budget Survey 2019).

The period covered by the survey of Directors of Adult Social Services in 2018<sup>12</sup>, found that nearly a third of councils had experienced homecare providers handing back contracts in homecare or homecare providers that

had closed their businesses this increased to nearly half in the ADASS Budget Survey 2019. Nationally the closure in 2019 impacted 7,019 people which was an increase from the 3,290 impacted in 2018.

In London, over the same period, Directors of Adult Social Care Services reported that they were receiving more requests from providers who were choosing to end their contracts with local authorities. The combined worth of the contracts that were handed back to local authorities has been in millions.

One of the causes for the closure and handing back of contracts was that several of the providers felt that the rates they were getting paid were not enough to enable them to operate in a sustainable and safe manner. Councils have been working hard to increase and pay providers competitive rates to help stabilise their local markets.

Responses to the ADASS Budget survey 2018 showed that the average hourly rate paid for home care in London ranged between £13.54 in the lowest paying borough and £21 in the highest paying council (actual lowest rate paid was £11.07 and highest actual hourly rates paid in London was £44.60).

When a large provider fails it has wide spread repercussions on the sector, particularly on those people who use these services.

In recent months several large providers have failed, including Allied Health and Four Seasons.

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12 ADASS Budget Survey (2018) <https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>



### London's response to improve and better support the care market

- Local and regional networks enabling sharing and learning.
- All boroughs have an approach to under-stand/monitor provider risks taking into account market share, price of contract etc.
- Improving commissioning standards/ behaviours across London to help mitigate exposure of individual boroughs in the event of a closure and to ensure that they are supporting providers in their areas.

Allied Health was one of the largest home care providers in England. In April 2018 Allied Health held 150 contracts with local authorities in England, Scotland and Wales. In total Allied Health cared for 13,500 elderly and vulnerable patients across the UK with 8,700 employees.

Of these Allied Health Care contracts, nine were with London boroughs. Therefore nearly a third of London boroughs were impacted - putting in extra resources to ensure that the concerns of all the people affected were addressed.

Every time there is a provider failure it impacts both the council and the residents and service users. It often causes lots of concern and worry for people during a vulnerable stage of their lives. For the councils affected, particularly in the event of a large provider like Allied Health, it can often add more pressure onto already

challenged budgets as they seek to ensure that they respond to everyone's needs quickly.

Since the failure of Southern Cross in 2011, councils across London now all have robust contingency plans to manage care and protect vulnerable residents in incidences of provider failure.

### Workforce changes

The state of the workforce in adult social care is a growing area of challenge. London has seen the number of jobs in the sector increase by 17 per cent and by nearly 6 per cent between 2016 and 2017. The level of employment in the adult social care sector represents 4 per cent of total employment in London (Skills for Care, 2018).

Recruitment and turnover in the health and adult social care workforce is becoming increasingly challenging, particularly recruitment to certain roles in the sector. In 2017/18 vacancy rates reached 15 per cent in London (Skills for Care 2018)<sup>14</sup>. Vacancy and turnover rates for all staff groups are generally higher in domiciliary care agencies than in care homes. However, broken down by professions, the highest vacancy rates are among the regulated professions that include registered nurses, occupational therapists, allied health professionals and social workers. Like other regions, London has seen a growing dependency on agency, bank and locum staff to mitigate the risks caused by vacancies.

14 Skills For Care London Report (2018) <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/Regional-reports/Regional-report-London.pdf>

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The workforce in London is particularly challenged due to a number of factors including:

- The higher cost of living and working in London
- The higher cost of land has cost implications on the care provided
- The close proximity of boroughs means that recruitment is more challenging across the capital as all boroughs are competing and recruiting from the same pool of workforce.
- Invaluable staff knowledge and experience has been lost following restructures and redundancies resulting in an increasing overworked workforce.

A further challenge facing the adult social care workforce is that the health work force is often in receipt of higher pay, making attracting people to work in adult social care more difficult. According to ADASS Budget survey (2019) the primary driver for residential and nursing care costs is not only the impact of implementing the national living wage but also by the need to pay higher fees to aid recruitment and retention of the workforce making it more attractive.

As part of transforming the way health and care services are delivered in London, key partners and stakeholders have come together as part of the London Workforce Board to explore ways that can work together to improve the health and care workforce across London.



# London's top priorities for adult social care over the next five years

## Highlights on priorities

- Increased investment in prevention and early intervention to help people stay healthier for longer; Integration of health and adult social care – working towards improving care pathways for service users and investment in demand management helping to ensure that the people that need support are able to receive it are amongst London's top priorities for social care.
- It is becoming harder for councils to manage the tension between prioritising statutory duties towards those with the greatest needs and investing in services that will prevent and reduce future needs.

Adult social care across London is changing and councils need to ensure that they adapt and change to meet the needs of their communities. In a London Councils survey (Appendix A), councils across London were asked to identify their top three priorities for adult social care over the next five years. The top area identified as priority for local areas was prevention and early intervention. Over the past few years prevention and early intervention has been an area that has faced reductions in investments as priority for services has had to be on meeting the current demand. There has been a growing tension between prioritising statutory duties towards those with the greatest needs and investing in services that will prevent and reduce future needs.

There is a recognition that to manage demand there is a need to prioritise early intervention and prevention that will help to keep people healthier for longer and delaying the need for support from the council.

However, as budgets reduce, it is becoming harder for councils to manage the tension between prioritising statutory duties towards those with the greatest needs and

## London's top three priorities for adult social care over the next five years

- i) Increased investment in prevention and early intervention to help people stay healthier for longer.
- ii) Integration of health and adult social care – working towards improving care pathways for service users.
- iii) Investment in demand management helping to ensure that the people that need support are able to receive it.

*(Source: London Councils Survey)*

investing in services that will prevent and reduce future needs. In London, directors of adult social care are planning on spending over £107 million in 2017/18 on wider prevention services that can be accessed by people whose needs do not currently cross the national eligibility threshold. This is projected to rise to £109 million in 2018/19.

## CASE STUDY 6: Demand management through Telecare – London Borough of Hillingdon

Hillingdon has shifted to a model of care incorporating assistive living technology and reablement services to reduce reliance on residential care. This transformational approach seeks to deliver an improved quality of life, helping more people to live independently in their own homes.

Hillingdon's approach has been to offer community service alarms to residents providing reassurance that help is available in an emergency. The equipment provided ranges from basic alarms to more complex devices that can sense if there is a personal risk to someone for example when someone falls or an environmental risk for example flooding, and it can also provide prompts and reminders for medication.

Not only has the scheme enabled people to stay in their homes longer but has helped the council to manage the dependency on residential homes helping to generate financial savings for the council.

The second priority area identified was the integration of health and adult social care. Councils are committed to transforming the way that they deliver services and to improve the experience of service users particularly those who use both health and care services.

The third priority for adult social care departments was the need to improve demand management helping to making their services sustainable and available to those that most need the support. Councils are already implementing different schemes to help them better manage the local demand for services. For example, Hillingdon has implemented a telecare and reablement service to help it manage the growing demand on adult social care. Through this

initiative the council is shifting service provision away from institutionalised care towards home based support, risk prevention and early intervention.

Councils also identified the following areas as priorities over the next five years:

- Market management and development to ensure that their local care markets are responsive to the needs of their local communities.
- Exploring and increasing housing options was also identified as a priority area by some councils.
- Safeguarding.
- Workforce development.
- Personalisation.
- Financial sustainability.

## Changing adult social care

Ensuring that funding pressures are addressed in the social care sector will help to make the sector sustainable over the long term. However, in addition to addressing funding pressures there are other opportunities that need to be developed further to ensure that their benefits can be maximised as they would have implication for social care delivery. These include opportunities that could be derived from public health and prevention, devolution and the adult Social Care Green Paper.

The next section of the report explores some of the longer-term opportunities for addressing the pressures that the social care sector is facing.

# The role of public health

## Highlights on public health

- Public health and prevention must play a bigger role in the delivery of health and social care services as it can help to keep people healthier for longer. The role of public health in helping to manage demand for social care and health services is therefore a critical one.
- Boroughs are successfully reducing new incidences of HIV across the capital saving the NHS around £6.5 million.

While medicine and nursing are vital for helping and supporting people when they fall ill, work in public health contributes to reducing the causes of ill-health and improving people's health and wellbeing. Public health is about helping people to stay healthy and protecting them from threats to their health.

The role of public health in helping to manage demand for social care and health services is therefore a critical one. The overall vision is to promote greater health and well-being in a sustainable way, while strengthening integrated public health services and reducing inequalities. In order to achieve this vision, the public health approach involves working with other sectors to address the wider determinants of health. To work efficiently the health and care system must link the three different parts of the system together – health, social care and public health. However, like health and adult social care, public health also has its challenges.

Public health responsibilities were transferred to local government in 2013<sup>15</sup>. In 2013/14 and 2014/15 local authorities received annual increases to their public health budgets of up to 5 per cent. However,

since October 2015, London boroughs have experienced annual reductions to their public health budgets far in excess of the previous increases. In parallel, London has experienced demographic growth significantly higher than the rest of England, meaning the fall in per capita funding for public health services in London has been more significant than other parts of the country. This has been exacerbated by a very substantial increase in demand for some services. Despite these circumstances, London has delivered some dramatic improvements in the efficiency and outcomes flowing from public health.

There are several areas of success for boroughs since they took on public health responsibilities and they will have long term benefits in helping to manage some of the pressures in health and adult social care. For example, we are seeing transformative results emerging around HIV and sexual health, where innovation and borough collaboration is delivering dividends see example below. London is doing far better than the NHS and at a lower cost on several public health initiatives including illegal tobacco enforcement, tackling childhood obesity and smoking cessation anecdotal evidence shows that these initiatives

15 Commissioning of health visiting and Family Nurse Partnership followed in October 2014.



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prevent the escalation of diseases linked to for example smoking which in turn reduces and delays the use of both health and social care services as people who do not smoke can live healthier for longer.

The work London has already done to transform sexual health and HIV services is illustrative of the fundamental improvement boroughs can deliver despite the ongoing reduction in the Public Health grant.

Proposals in the NHS Long Term Plan to unpick the 2012 reforms as they affect Public Health would work against boroughs' efforts to make services more accountable to residents. It is important that the Long-term Plan builds successes achieved by London Boroughs and should endeavour to replicate them in other areas not breaking them down.

#### **CASE STUDY 4: The London HIV programme**

In 2014, London Councils' Leaders' Committee agreed to establish a pan-London HIV Prevention Programme (LHPP), to reduce new HIV infections and increase earlier diagnosis of HIV by:

- Increasing the uptake of HIV testing
- Promoting condom use
- Promoting safer sexual behaviours.

Figures released in September 2018 confirmed HIV rates are continuing to decline, with decrease of 38 per cent between 2015 and 2017. At the same time testing rates have continued to grow:

- 1,675 people were diagnosed with HIV in London in 2017 compared to 2,090 in 2016 and compared to 2,671 in 2013 when councils took over responsibility.
- The 2016/17 decrease represents a fall of 21 per cent in London, compared to the UK wide decrease of 17 per cent.
- London Councils estimates that the decline in new diagnosis since 2015 could deliver savings to the NHS of around £6.5 million per year in London alone.

Following a London public awareness campaign (Do it London) the number of people seeking help and using services has increased. Additionally, the free condom distribution scheme issued five million products to Londoners.

The awareness campaign and the work of boroughs has had a positive impact on the sector reducing new infections in the capital.

# Transforming services

## Highlights on transforming services

- Devolution offers an opportunity to improve health and care outcomes by improving the way that services are delivered. However, the current devolution deal fails to meet all London's aspiration. London needs to further devolution to help drive improvements in the delivery of health and care services across the capital. Commissioning of local services is an area that could be considered in a new devolution deal.
- Delivery of the NHS Long Term Plan will require local government to play a key role in delivering some of the community services outlined. Resources will need to be transferred from the NHS to local government.
- To ensure long term sustainability of the adult social care sector the adult social care green paper must be published and must address the long-term funding of social care.

## Devolution of health and care

While councils have faced the challenge of achieving efficiency savings, they have also been transforming the way that they deliver services. There are several examples across London that reflect creative and innovative transformation delivery models to help improve and manage demand across health and social care.

For two years London health and care partners worked together to fight for a devolution deal for London. A health and care memorandum of understanding was finally agreed in 2017. However, it did not include everything London's health and care partners had aspired to.

London's health and care devolution memorandum of understanding signed in 2017 covers a range of asks for health and care services specifically primary care, acute care, community services, mental health services, social care and public health.

The core aims of the devolution deal have a direct impact on social care services and

## Devolution – how it will transform the way social care is delivered

- Partners from both health and care will work together to make improvements to both the health and care workforce which will help to improve the experiences of Londoners when they use services.
- Creation of financial incentives and commissioning new care pathways across health and adult social care that will enable better integration between partners and improve the services that are delivered providing more services in the community keeping people out of hospital where possible.
- Improve and modernise the NHS estate so that it is put to better use to meet the needs of Londoners.

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how they will be delivered in future. The devolution deal aimed to transform the sector in the following ways:

- Bring an end to services which operate in silos between health and care creating seamless services that will help improve the experience of those that use both health and social care services.
- Aim to provide services and care closer to home
- Partners working together to improve and bring about the better use of NHS buildings and Land.
- Improve health and care outcomes for all Londoners.

Due to a range of challenges and shifts in national focus, devolution has not quite progressed at the pace that had initially been sought.

However, devolution must remain an objective for London health and care partners as there are several examples that illustrate how devolution can help improve the way services are delivered while also having a positive impact health and care outcomes. City and Hackney are an example of what can be achieved through devolution.

#### **CASE STUDY 5: Transformation through devolution at work – Case Study of City and Hackney**

Neighbourhoods Programme: a programme to develop wrap-around, community centred care for patients, the programme splits Hackney into eight neighbourhoods of between 30,000 – 50,000 patients. Services in these communities such as GP surgeries, social care, community and mental health services, will work closely together to create an integrated workforce who will use integrated local data to tailor services to the needs of community groups;

- Neighbourhoods Health and Care Services: A programme to re-design City and Hackney's community services working collaboratively across providers and commissioners;
- Making Every Contact Count: A digital programme to maximise 'every contact' with patients across the health system and support the preventative health agenda.

Budget Pooling: The transformation in City and Hackney is being enabled by the pooling of budgets. Through pooling and aligning some of our health and social care budgets across the system: Our pooled budget for the City is £1 million, and the aligned budget is £17 million. For the London Borough of Hackney, the pooled budget is £50 million, and the aligned budget is £433 million. They are looking to increase the amount of pooling incrementally as the programme progresses.

## The NHS Long Term Plan

The NHS Long Term Plan provides a blueprint for the NHS's priorities and ambitions over the coming years. It focuses on building an NHS fit for the future by delivering on five core ambitions:

i) **Health and Care transformation:**

Transforming the system through the creation of Integrated Care Systems (ICS) by April 2021. Through the formation of ICSs, the NHS hopes to encourage more collaboration between GPs, their teams and community services.

Integrated Care Systems (ICSs) will bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area. The basic principle of an ICS is the coming together of partners to deliver integrated services. Councils will be core partners in the ICSs.

A concern for local authorities will be to ensure that the new arrangement for delivering services continue to enable a local focus allowing for local priorities to be addressed

iii) **Investing in prevention and tackling health inequalities:**

the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

iii) **Creating a workforce that meets demand:**

There will be a rise in investment in the NHS workforce, with the aim of increasing recruiting and training more professionals. This will include thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships.

iv) **Making better use of data and digital technology:**

Invest in making available better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

v) **Getting the most out of taxpayers' investment in the NHS:**

Working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for less money, and reduce spend on administration.

While the focus of the NHS Long Term Plan focuses on the NHS, its implementation will have a direct impact on the councils and the delivery of social care. There is some recognition in the plan that sustainable social care, investment in prevention and tackling health inequalities are central to delivering the ambitions of the plan.

Local government must be core partners in their local areas if the ambitions of the plan are to be fully achieved.

Strong partnerships are key to the delivery of the NHS LTP and this will require early engagement and discussion between the NHS and their local partners. There must also be

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a recognition that for local government to deliver some of the community-based activities outlined in the delivery of the NHS LTP local government will require resources to be transferred from the NHS.

### **The Adult Social Care Green Paper**

Adult social care is one of the largest areas of spend for local government at £2.3 billion across London in 2017/18, representing 17 per cent of total council spend for London and as much as 24 per cent in some boroughs. The ongoing financial pressures compounded with changing demographics have necessitated another look at transforming social care. We therefore welcome the government's announcement for a Green Paper on adult social care.

London Councils has long supported calls to reform adult social care and, in particular, the funding of adult social care. The current system must be simplified with clear roles and expectations set out for the state and the individual. It is important that the Green Paper addresses adequate provision of social care for all service users and not just those whose needs are funded by the state. Therefore, the Green Paper must also take into consideration self-funders as well as those that are on thresholds of meeting the threshold hold for care.

To be successful, the Green Paper must address these key questions:

- i) **Will the system be fair for all social care users across London?** Access to support must be fair and based on needs without anyone being disadvantaged because of age, type of need, or location.

- ii) **Will long-term financial sustainability be achieved for London?** Individual contributions must take account of individual wealth and income without causing intergenerational conflict; funding allocation to local government must be sustainable over the long term.

The NHS and adult social care are co-dependent and failings in one part of the system will impact the other. Therefore, adult social care must be fully funded if it is to be sustainable. Through the NHS Long Term there is certainty regarding funding of the health system over the next ten years. The Green paper must address the issue of long-term funding of adult social care needs to offer the sector some long term certainty and forward planning for services and to further help reduce demand and pressures on the NHS.

- iii) **Will social care in London become more effective for all?** Services must be personalised and more efficient through integration of health and care services, delivering an improved experience for service users.

Publication of the Green paper is expected over the coming months. It is critical that it is used as an opportunity to transform the sector and bring about long-term sustainability.

The NHS Long Term Plan has already been published and it will be a missed opportunity if the Green Paper is not published in time to ensure alignment in the health and care sector. Adequate provision of adult social care is essential for reducing and managing demand and pressures on the NHS.



# Conclusions

The adult social care sector in London has faced a lot of challenges over the past few years and must be commended for ensuring the continuation of the majority of services in the sector.

There have been several funding interventions that have been made over the past few months and will go a long way in easing the immediate pressures that the sector faces.

The challenges and demographic changes outlined in this report make a strong case for the need to ensure that we have sustainable funding and a workforce that is responsive to the needs of the sector.

As a region, London is expected to face higher levels of growth among the key groups of adult social care users and therefore local authorities who are the biggest commissioners of adult social care in London will need to be supported appropriately.

London Councils is calling for the eight actions to be addressed to make adult social care in London sustainable.

1. Government must provide sustainable funding to the sector - **short, medium and long-term funding pressures in London should be fully met by government** – in London this equates to £540 million by 2025.

2. **Increased investment in the health and care workforce to create an equal workforce for the sector** – reducing the pressures experienced by many of those working in the sector making recruitment and retention in the sector easier.
3. **Development and empowerment of the voluntary and informal sector of family and friends** so they can play an increased role in the delivery of care services in the home.
4. **Increase investment of health and care resources into community services and prevention services** improving the overall wellbeing of communities helping people to stay in their homes for longer. This will help to shift demand on the acute sector.
5. Through **national education and empowerment programmes** increase the **role of self-care and self-management** in the sector.
6. There must be **further devolution of health and care** - for example commissioning of local services.
7. **Integration between health and care must deliver better outcomes** for people while ensuring the benefits are felt by both the health and care sector.
8. The Department of Health must **publish its long-term plans for transforming the sector**, particularly the long-term funding of adult social care.

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# Appendix A: Survey sent to London Boroughs (21 councils responded)

As part of London Councils' lobbying on the case for additional funding for adult social care in London we are in the process of developing a State of Adult Social Care report for London.

The report will have three broad aims:

- i. To set out the funding pressures that social care in London is facing.
- ii. Identify and highlight examples that have worked well in the delivery of efficiency savings across London.
- iii. Highlight London borough priorities for the next five years and put forward recommendations for the additional support that is needed by councils in London over the coming years.

Please note that all information submitted will be anonymised. Could you please fill out the questions below providing as much information as you can and return them by 25 January 2019.

## 1. What is your total caseload/how many service users accessed the following services and were supported by the council?

	2017/18		2016/17		2016/15	
	Total number of cases	Expenditure	Total number of cases	Expenditure	Total number of cases	Expenditure
Physical Disability						
Mental Health						
Dementia						
Learning Disability						
Substance Misuse						
Other						
Total service users supported						

2. What areas do you foresee putting the most pressure on your services over the next five years for example, DOLs, learning disabilities, dementia, transforming care etc.?

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3. What are your top three priorities for the delivery of adult social care over the next five years?

Priority 1	
Priority 2	
Priority 3	

4. Could you please let us know what activities that you have put in place have been the most successful in delivering the highest levels of efficiency savings for you. If you are able to, please also tell us the amount of savings you have achieved.

	Description	Levels of savings achieved from the activity £££
Activity 1		
Activity 2		
Activity 3		

	Total savings achieved by your adult social care department from all activities
2017/18	
2016/17	
2016/15	

	Are you aware of your Projected Savings?
2019/20	
2016/15	

5. Is there any additional information you would like to add that you feel would be helpful for this work?

Please return to [anastasia.mulenga@londoncouncils.gov.uk](mailto:anastasia.mulenga@londoncouncils.gov.uk) by 25 January 2019.  
For any queries please call 020 7934 9809

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