

East Midlands Council Meeting on Health, Wellbeing and Adult Social Care

Cllr Izzi Seccombe's speech

Introduction

Good morning ladies and gentleman. Thank you so much for inviting me to speak today on a number of important issues facing councils. I'll be touching on the current progress on Sustainability and Transformation Plans and what the future holds for health and social care. But first I want to address the key issue for health and social care, which has barely been out of the news all winter: the crisis in health and social care.

Health and care funding crisis

All over the country we have seen the pictures and heard the stories of people stuck on trolleys awaiting beds, people in stuck hospital beds waiting for community health and social care support, and people struggling to cope on their own or care for vulnerable family members in the community.

I've spent many hours talking to Government Ministers, the media and national commentators to highlight the urgent need for new funding for

adult social care. Let me give you some figures from the LGA's budget submission to illustrate the challenge facing local government.

- Local government is facing a funding gap of £5.8 billion by 2019/20, of which £1.26 billion is a shortfall in adult social care funding.
- In addition to the £1.26 billion adult social care funding gap, providers of social care urgently need an additional £1.3 billion just to stabilise what is an incredibly fragile care market in many parts of the country.
- In total, we are facing a £2.6 billion gap in adult social care funding by 2019/20.

This pressure is already having a devastating impact on social care services: the Directors of Social Services Budget Survey showed that in six months up to July 2016, 48 out of 152 councils had experienced at least one home care provider ceasing trading. And 77 councils had experienced at least one residential or nursing home ceasing trading. In many other areas, providers are handing back contracts to councils or saying that they will only provide services to people who pay for their own care.

It is also having a major impact on other services. Councils **have** prioritised adult social care and support services but at the cost to other local services. Inevitably universal services like libraries, leisure, and bus services have had to deal with deeper reductions to in order for councils

to protect social care. These, of course, are preventative in the widest sense and contribute to wellbeing.

The LGA has been very clear that December's local government finance settlement was simply not an adequate response to an urgent situation. It is essential that genuinely new additional funding is invested in adult social care. The two measures included in 2016 to provide a short-term stop gap for funding adult social care do not go far enough and both measures are problematic.

The late reallocation of New Homes Bonus funding in 2017/18 to create the Adult Social Care Support Grant simply moves money from one set of council budgets to another. It leaves over 200 councils having to deal with an unexpected gap in their budgets late in the budget setting process. More than a third of social care councils, those the measure was intended to help, are worse off as a result of this shift. So in some cases, it is robbing Peter to pay Paul and in others, it's robbing Paul to pay Paul less than he had originally!

The council tax precept flexibilities – allowing councils an additional 1 per cent to add to the 2 per cent precept to support adult social up to a maximum of 6 per cent over three years - offer some potential for

additional funds in the short-term but overall, councils will be no better off in terms of annual income by 2019/20.

We've welcomed the new Government review of care and health being led by the Cabinet Office. But it must identify long-term solutions and resist the temptation of providing further short-term fixes that don't actually provide any new money. The scale of the pressure facing adult social care, and its implications for older and disabled people, demands bold thinking. Over the past five years, councils have consistently shown that we are the most innovative part of the public sector, able to plan and deliver services in new ways, which reduce costs but maintain quality and outcomes. We are keen to work with Government to address, once and for all, how we can continue to offer accessible, effective and high quality services to some of society's most vulnerable citizens.

I could spend all morning talking about the urgency of the funding crisis in social care but let's move on to STPs now.

STPs – current progress?

We've done a summary of common themes of all 44 STPs and here's what we've found.

Political engagement varies greatly, largely due to willingness of the NHS to include elected members rather than any reticence of elected members to be involved. Where regular engagement with councillors and the public has taken place, the plans appear to give a greater consideration of the whole-system.

Only four of the 44 STP areas have local authority lead officers. Around half the plans include HWBs, scrutiny committee or cabinets in their governance structures, though a majority have local government representation on programme boards, most usually council chief executives. Remember though this does not mean that every council has a place at the table or even if they do, that elected members are involved.

Not surprisingly, most STPs focus predominantly on the financial challenges of the acute sector but the level of detail in financial planning varies greatly. At least two-thirds of the plans identify the social care financial gap but do not factor this into a system-wide approach to service planning or financial balance.

While some areas have gone to great efforts to consult the public and service users, the majority have not undertaken specific engagement. Overall, public engagement has been a significant weakness of the

process but many areas are now embarking on engagement and consultation.

In terms of prevention all draft plans acknowledge the importance of investing in prevention, but many lack sufficient detail. Most focus on specific prevention measures such as smoking cessation and immunisation, with only a third including a commitment to tackling the wider determinants of health, such as employment and housing.

The majority of STPs include some proposals for system reconfiguration, with acute and urgent care downgrades, reviews of A&E, maternity and stroke and plans for fewer services covering larger areas services most commonly featured. Most plans also see a greater role for primary care through the creation or expansion of 'community hub' type models, offering pharmacy, mental health, outpatient services, social care, community and voluntary services, and prevention, with GPs taking a more central role.

Reduction in community hospitals is a common theme many plans: there are sites that will maintain bed capacity, others will reduce and there are some sites set for closure. Other key areas of focus included estate rationalisation, better workforce integration, back office consolidation and a greater role of digital technologies.

This is very much a national thumbnail sketch of STPs, which may or may not reflect your local plans. It's clear that STPs are a work in progress and even the best still have a challenge ahead of them in engaging local citizens in an honest conversation about the challenges facing the health and care system and what has to change to get better outcomes, better quality services and achieve financial sustainability.

The LGA is supportive of the goals behind Sustainability and Transformation Plans – to develop a place based strategy which addresses the triple challenges of improving health and wellbeing, improving quality and safety and achieving financial sustainability. The plans have the potential to become a significant step towards reshaping local health and care services for the benefit of communities, and LGA has argued that local government must be an integral partner in this process. Health and wellbeing boards are the only place where local political, clinical and professional leaders come together and they can be pivotal in driving change, if they are involved fully in the process.

We're also clear that STPs cannot be effective if they do not recognise whole-system pressures. Most importantly, the challenges facing the NHS cannot be alleviated without ensuring that social care is adequately funded. There needs to be adequate investment in community and

preventative services to transform the quality and experience of care, rather than simply focusing on acute services.

I'd be very interested to hear your experience of STPs. Look out for the LGA survey of elected members so that we can get a better sense of extent to which they have been involved in the development of STPs and how confident they are that their STPs realistically addresses the challenges to their local health and care system.

Concluding thoughts – what's the future for health and social care?

My time is almost up so I wanted to finish by highlighting three key challenges for health and social care, none of which will come as a surprise to you.

- Funding will continue to be a major concern for health and social care. We've been pressing hard for new money for adult social care and many senior figures in the NHS have also vocal about the financial crisis in the NHS and we will need to wait for the Budget in a few weeks to see whether our message has hit home. But there's no question that time is running out: without new money, it is difficult to see how the system is sustainable.
- Integration will continue to be a major policy driver for health and social care, despite the recent National Audit Office's critical report on the effectiveness of the Better Care Fund. As leaders of places and

representatives of our citizens councillors have a crucial role in driving forward integration initiatives. We've developed a range of tools to support health and wellbeing boards to critically assess their own capacity, commitment and capability to up the scale and pace of integration. Local areas will also have the opportunity to 'graduate' from the Better Care Fund. For those areas where integration is most developed and ambitious, they will be able to move beyond national reporting and most of the national conditions.

- Most STPs include proposals for service reconfigurations and the development of new models of care. Elected members a dual responsibility in relation to major proposals for change: they need to work with NHS partners to ensure that the proposals really will improve local services and health and wellbeing outcomes; they also have far greater experience of meaningful engagement with the community, sharing plans and proposals as they develop rather than presenting the community with a fait accompli. Changes to health services is always unpopular so it will take political bravery to champion them and no small amount of persuasion to take the case for change to the public.

Thank you.