



Submission to LGA Social Care Green Paper

About the DCN

The District Councils' Network (DCN) is a cross-party member led network of 200 district councils. We are a Special Interest Group of the Local Government Association (LGA), and provide a single voice for district councils within the Local Government Association.

District councils in England deliver 86 out of 137 essential local government services to over 22 million people - 40% of the population - and cover 68% of the country by area. District councils have a proven track record of building better lives and stronger economies in the areas that they serve. Districts protect and enhance quality of life by safeguarding our environment, promoting public health and leisure, whilst creating attractive places to live, raise families and build a stronger economy. By tackling homelessness and promoting wellbeing, district councils ensure no one gets left behind by addressing the complex needs of today whilst attempting to prevent the social problems of tomorrow

The District Councils' Network warmly welcome the opportunity to respond to the LGA's social care green paper and firmly agree that action is urgently needed to address adult social care crisis, the single largest problem facing local government services and their financial sustainability. We are pleased that the LGA is encouraging all councils to take part in this consultation, recognising the importance of all types of councils being involved in shaping the solutions to social care in the future. The approach taken with this response is to address the questions of particular relevance to district councils.

The District role in prevention and importance of local delivery

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

District councils already play a crucial role in helping to improve the health and wellbeing in local areas. But this vital role is not always recognised in terms of funding despite the significant savings that districts can make in reducing the burden on adult social care through our prevention role. In the future the preventative role of councils must be better recognised and funded.

Our responsibilities and services reduce the burden on adult social care and the NHS, they help prevent residents needing to access services both in the short and long term. Districts contribute to health in two main ways, creating an environment conducive to wellbeing and also through direct action. As the Housing, Planning and growth authorities, we hold many of the levers key to our community's health and wellbeing. In addition, our local leadership and closeness to communities allows us to take direct action through social prescription and advice services to improve wellbeing and reduce demand. Through our service areas and discretionary activities we can help people can stay at home, healthier, more independent and needing fewer hospital services.

District councils are key to delivering the prevention agenda; we act at a scale where it is possible to solve problems rather than simply manage caseloads. The delivery of services such as social housing, revenues and benefits, means we are able to address complex

issues and prevent problems before they escalate. We recognise that to truly solve issues requires addressing a diverse and often interwoven range of factors. For example, to tackle and prevent homelessness often requires a wide range of support services such as debt advice, retraining and skills, housing advice and addressing physical and mental health.

Local government should provide the opportunity to develop a strong partnership between all agencies and organisations working to improve the lives of older and vulnerable persons, and enabling both voluntary and paid resources to provide support and create a preventative environment delaying the need for social care support until it is necessary. As local leaders we are also able to signpost to other specialist services and partners including GP and mental health services, third sector and volunteering groups and legal advice. We are able to use our local relationships to help vulnerable residents by negotiating with and acting as a conduit between agencies and partners. For example, ensuring residents were aware of the changes introduced with universal credit and linking them to DWP where necessary.

Districts provide direct funding through grants, funding advice, and assistance to enable the third sector to operate and are a key source of sustainable funding. Districts provide indirect assistance through enabling groups to access community or district run leisure and community facilities in which a whole plethora of social programmes are delivered. eg physical activity programmes, networking events e.g. bridge clubs, U3A support, Lunch Clubs etc all of which address the social isolation issues.

The community development activity undertaken to recreate community links e.g. Community associations, street associations, neighbourhood watch plus, good neighbour schemes, look after neighbour schemes, all are supported through Districts and create the ability to build community capacity and cohesion. At a time that Social care funding is more targeted at the heavy end of services there are increasing risks that this support to the wider preventative agenda will be lost.

The needs of an ageing demographic mean it is more important than ever that funding is spent keeping people well and safe in their own homes and empowered to care for themselves independently. Achieving this will not be possible without the district contribution, our service areas significantly impact the wider determinants of health and are crucial to addressing the increased pressure on primary care.

What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?

Case Study 1: Lightbulb Scheme, Blaby District Council

Lightbulb has been transforming housing support in Leicestershire. In the context of a countywide Integration Programme, housing, health and social care partners recognised a major opportunity to radically redesign existing services. Moving away from a historically fragmented set of services, partners constructed a new integrated housing offer focused on health and wellbeing outcomes such as maximising independence in the home and preventing falls.

Alongside this home based support offer, Lightbulb's established Housing Enabler Team is already working in the Leicestershire hospitals to support discharge and prevent readmissions.

Outcomes

- Following the roll-out in October 2017, **89 per cent of service users have reported an improvement in their physical and mental health under the new scheme**. A reduction of just one fall for every 17 residents saves the local health and care economy £21,000 per year.
- With Lightbulb now rolled out across Leicestershire, more service users will be able to take advantage of the benefits, including a much reduced waiting time for housing adaptations, fewer people involved in each case and a vast reduction in delivery cost.
- **Analysis on 357 patients experiencing improved care and an 84 percent reduction in NHS costs, worth up to £550,000 in savings over a one-year period.**

Case Study 2: Early Help Hub, South Norfolk and partners

The Help Hub at Long Stratton has been built up over three years and has 15 agencies with 27 services supporting the hub. The four main partners in the hub are South Norfolk Council, Children Services, Cambridge Community Services and Police with input from a range of other statutory and voluntary sector partners.

The health hub emerged after the local children's safeguarding board asked South Norfolk's Chief Executive for help to achieve better outcomes by 'bringing people together around early help' as they needed someone outside of the County Country and the 'usual suspects'. Speaking to families, it was clear that social care was not assessing people until after it was too late.

The aim was to rethink how care was provided by changing the way multiple agencies worked. But more importantly, it was about encouraging families to become part of their own solution, and communities to be more involved and supportive.

This approach included a commitment to:

- Deliver timely and practical support that meets residents' needs.
- Provide swift access to support for all residents, young or old, for those who don't meet the threshold for social care.
- Work collaboratively, with a one culture approach to sharing information and intelligence
- Work with families and individuals in their localities as one single team to offer a holistic and tailored support package.
- Deliver a no wrong door culture, where residents have simpler access to support services.
- Align resources and remove duplication to maximise the utilisation of our resources.

Outcomes

- In the last year partners have directly **supported 2514 people** through listening, understanding their needs and ensuring the right agency provides the level of support they need
- Integrated Commissioning joint funding has made it possible **for "community connectors" to see over 8500 people in the community**

- The jointly funded early help domestic abuse worker with the Police has resulted in **supporting 212 victims and their families over the last 2 years, a 50% reduction in calls to the Police and a combined fiscal, social and economic impact of £773,136.**

Case study 3: HERO advice service, Sevenoaks District Council

Sevenoaks District Council created the outreach HERO service (Housing, Energy, Retraining and Options); to help achieve sustainable wider social change in the district, alleviate homelessness issues and enable those on benefits to gain employment.

The Project works proactively, aiming to reach individuals at an early stage, maximising opportunities to prevent homelessness and delivering sustainable outcomes. The HERO Officers work to empower and support vulnerable individuals and households to plan their short, medium to long term futures as well as crisis support.

Outcomes

- **Since 2009, HERO has assisted over 1,500 clients** with benefits & debt (62%), housing (25%), training & employment (8%) and other advice (5%)
- On average, HERO reduces debt or rent arrears by around £600 per person
- Over 40% of clients are supported to receive the correct welfare and benefit payments, with one HERO client receiving £3,000 in backdated benefits
- HERO has assisted 13% of clients per annum back into training, employment or volunteering
- HERO has recovered rent arrears for a housing association and a neighbouring Council of over £12,000 per annum

How important or not do you think it is that decisions about adult social care and support are made at a local level?

Local leaders have a unique understanding of the challenges facing their communities, and by engaging local partners in decision making helps ensure that resource and funding for adult social care is targeted where it is most needed.

To achieve the government's vision of greater personalised care and the building of wellbeing and resilience through co-designing health and care systems with citizens and communities requires strong local leadership and oversight. If there is to be a more strategically resourced role for VCSE organisations going forward "which thinks and acts whole-person, whole-family and whole- community" It is key that social care is delivered at the community level allowing the person and/or family to develop and build strong community networks through the VCSE sector.

Ensuring there is dialogue in district/county areas promotes a whole systems, integrated approach to care which benefits from local insight and more strategic service delivery¹. While counties hold the statutory responsibility for ensuring good public health, practically, district councils hold crucial levers that can improve health and impact on each other's health related outcomes. For example, a failure to prevent homelessness or respond to it effectively will drive up demand for expensive health and social care services. Pressure on social care budgets will impact on homelessness and create significant increase in demand for

¹ Hertfordshire Partnership, 2017, update from Hertfordshire Public Health Strategy

emergency housing, rough sleepers and anti-social behaviour incidents - all of which are district responsibilities.

In addition, the role of communities in improving population health and driving down demand on adult social care is rightly receiving an increased level of attention and recognition by policy makers. However, the success of this agenda hinges on truly localised leadership to mobilise and support residents. As a Kings Fund report evidences² district council can provide this leadership and have critical connections and functions in supporting families and communities.

Financing the District role in prevention

What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?

What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?

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

There must be a long term solution to properly fund social care in the future, which provides substantial and sustainable additional funding for social care instead of simply recycling existing funding within local government, which will never meet the future cost pressures of an ageing population.

The district council role in adult social care is not formally recognised through central funding and district councils are not directly funded in relation to statutory public health requirements. With increasing pressures on district council budgets, there remains real uncertainty of how public health interventions delivered at a local level will be funded in the future.

At present, the social care funding crisis has been dealt with in a piecemeal way, with funding diverted between government priorities to deliver short term fixes rather than addressing complex underlying issues. As well as creating uncertainty for local authorities, recycling funding between government priorities is detrimental to long term sustainability. For example, the reduction in New Homes Bonus Funding through the introduction of the 0.4% baseline removed £70 million of funding to district councils in order to fund adult social care authorities. It also meant that over 50 councils with social care responsibilities found themselves worse off. This approach overlooked the importance of housing services to health and hindered the ability for districts to deliver preventative services and reduce demand on the social care system.

Building a sustainable model for the funding of adult social care is one of the biggest domestic public policy challenges faced by the Government. Strengthening the approach to prevention has never been so urgent. Demand on public services has reached an unsustainable level as funding pressures increase at the same time as a rise in need – with an ageing population, sharp health inequalities and increasing levels of multi-morbidity. The only way to sustain public services and improve outcomes in the longer term is to invest in preventing ill health.

At a time when, due to the demands on the social care system in particular, many County Councils are struggling financially, it is crucial that the system is not further destabilised by

² Kings Fund, 2015, The district role in health, a time of challenge and opportunity

more reductions in funding to District Councils that would undermine their ability to do work on prevention that reduces the burden on County council authorities and saves money for both social care and the NHS.

A recent report³ by the District Councils APPG showed parliamentary support for the introduction of a council tax precept for district councils. A 3% precept would reflect the key role that districts play in prevention and demand reduction for the wider public sector across the country. This is in addition to existing council tax arrangements for district councils. If all districts raised an additional 3% prevention precept on their existing council tax charge, this has the potential to raise up to an additional £42m funding per year (based on an approximate £5.42 increase on the district council charge on an average Band D property).

For every £1 spent on prevention, the Kings Fund report⁴ indicated that districts can make up to £70 worth of savings on health spending in the long term. For example:

- By adapting 100,000 homes to meet the needs of older people, districts could save the NHS £69 for every pound spent.
- Investing in sport, leisure and recreation – core district functions – not only delivers health benefits but can generate £11.2 billion a year in savings, £1.7 billion of which is thought to be via savings to health care-associated costs.
- By improving 100,000 homes to protect older people from the cold weather districts could save the NHS £34.19 for every pound spent.
- The average cost to the State of a fractured hip is £28,665. This is 4.7 times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls.

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

Public health services remain fundamentally important to driving down demand on acute end care. In 15 years we will have more than 2 million people aged over 85 – a big rise from the current 1.3 million which represents a huge challenge for NHS service provision. This steep increase means it is more important than ever that efforts are focused on improving the health of communities, keeping people well and safe in their own homes. As set out previously in this response and illustrated in the examples provided, the district role in public health is crucial and should be fully recognised and appropriately funded to drive down demand on primary care.

Accountability in the NHS

In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?

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

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

³ APPG for district councils, July 2018, Delivering the District Difference

⁴ Kings Fund, 2015, The district role in health, a time of challenge and opportunity

The DCN is supportive of the LGA call for greater democratic accountability within the NHS. District councils, despite their key influence over their population's health, have no statutory representation on either health or wellbeing boards or STPs. Gaining local support for health services is key to the success of the integration agenda and district councils, who are closest to their communities, act as a key democratic link which should be fully engaged to ensure community buy in of local care provision.

The government has made clear the green paper will consider a holistic approach to health, rather than viewing services in a silo, including issues such as housing⁵. As the housing, planning, leisure and economic growth authorities, districts will be key partners in delivering this agenda. We have significant influence over many of the wider determinants of health, understand and support communities through direct action and have much to offer through consultation on Health and Wellbeing and STP boards.

In addition, the footprints for CCGs are often better aligned to the geographies of district councils, either alone or a group of district authorities. Strengthening the link between districts and the STP process will reap positive benefits for the preventative agenda, delivering person centred health services and reducing demand⁶. For example, to meet the challenges facing adult social care the provision of good quality, suitable housing will be critical for keeping people safe and well in their homes and community. Currently, only 2 STP plans currently reference housing and engagement with district councils, who deliver this service, is inconsistent across the country. The cost of poor housing on the NHS is estimated at 1.4bn a year. A recent Kings Fund report highlights that "housing is one of the core local services that STPs and Integrated Care Systems (ICS) need to engage with at a strategic level as they develop population health systems."⁷

⁵ HC Deb 7 December 2017 c1239 and PQ 126945 9 February 2018

⁶ APPG for District councils, July 2017, Report on district councils collaboration and devolution

⁷ Kings Fund (2018) Housing and Health – opportunities for sustainability and transformation partnerships