

The lives we want to lead: Local Government Association Green Paper for adult social care and wellbeing

Table of consultation questions in full Green Paper

To read the green paper or a summary see <http://www.futureofadultsocialcare.co.uk/>

Question Number	Consultation Question	Response
Chapter 2 Delivering and improving wellbeing		
1.	What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?	<p>Promoting the health and wellbeing of people and communities is already fundamental in the role of local government. Local authorities develop and implement solutions that empower people to live better and more fulfilling lives improving outcomes, enabling access to a wide range of universal support that improve wellbeing across a range of areas including housing, parks and greenspaces, licensing, planning etc.</p> <p>Local government in working with other organisations in an area can have a profound impact on health and wellbeing. However, the need to apply thresholds in order to prioritise resources means that the full potential benefit to improve wellbeing is not currently being met.</p> <p>The challenge within this role continues to centre on how local authorities maintain the investment that strengthens local health and wellbeing whilst facing the realities of reductions in public spending.</p> <p>Coventry City Council is committed to improving the health and wellbeing of local people and discharges this responsibility in a number of ways:</p> <ul style="list-style-type: none"> • Health and Wellbeing Board arrangements that bring leaders together from across health, Public Health and social care together with Elected Members and representatives of the community and patient groups to develop a shared understanding of local health and wellbeing needs, including health inequalities, and how they can be addressed through collaborative leadership. • Warwickshire and Coventry Sustainability and Transformation Plan (STP) Better Care, Better Health, Better Value that acts as the overarching framework for integration between health and social care across Coventry and Warwickshire. The STP programme reports through the Coventry Health and Wellbeing Board. The Council recognises the important role the STP continues to play in bringing organisations together to manage very challenging health and social care demands and deliver on a broad agenda to improve the health and wellbeing of the whole population. • The Coventry and Warwickshire Place Forum - made up of the two Health and Wellbeing Boards and drives key health and wellbeing initiatives including the 2019 Year of Wellbeing.
Chapter 3 Setting the scene –the case for change		

<p>2.</p>	<p>In what ways, if any, is adult social care and support important?</p>	<p>Social care is important as it provides care, support, and safeguards for those people in our communities who have the highest level of need and for their carers. Good adult social care and support transforms lives and helps people to live the best life they can in a variety of circumstances. It enhances health and wellbeing, increasing independence, choice and control. One of the major success stories of our age is that people are living longer - we should celebrate this and also recognise that this increases the importance of social care and support in providing the kind of care and health services we need in the future.</p> <p>Social care responds to a wide range of needs - from an 18-year-old with autism who needs support to leave home to an 80-year-old with dementia who needs protection as well as personal care. It touches the lives of millions of people – almost one fifth of the adult population of England has experience of social care - as part of the paid workforce, as unpaid informal carers or as a recipient of services.</p> <p>Social care and support is also a ‘connector’ to other public services, especially the NHS but also local housing and community services. It works in partnership with community groups, voluntary and private providers and organisations that represent people who use services.</p> <p>Social care also contributes to economic growth as well as meeting social needs. Most care providers are small businesses that form a sizeable chunk of the local economy.</p> <p>The value and importance of adult social care in Coventry is highlighted in the following examples:</p> <p>Enable people to be remain independent and well, and lead fulfilling lives The Council provides short-term support to help individuals regain their independence after a period of ill health or when facing a change in circumstances. A team of Occupational Therapists, Social Workers and home support care workers help individuals to regain confidence in carrying out essential tasks to enable everyday daily living. After receiving this support we have found that many people don’t need any further help, or only a little. In the first six months since the service started there have been 108 people referred. A total of 66 people referred to the service did not go on to receive long term care.</p> <p>For people with learning disabilities and their family’s primary prevention strategies are being used to reduce the negative impacts of learning disability in society, improve people’s access to community and universal services, tackle disablist perspectives and prevent abuse.</p> <p>Investing in community preventative and Discharge to Assess services help to reduce demand on health service Under jointly commissioned arrangements with Coventry & Rugby Clinical Commissioning Group (CRCCG) social care has been instrumental in the design and delivery of short-term reablement pathways that seek to enable people to leave hospital in a timely manner and continue their recovery from illness within their own home and community; maximising independent living and preventing premature admission to long-term residential care in the longer-term.</p>
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		<p>Support carers to stay healthy and well while maintaining their role</p> <p>Carers are one of the greatest assets of Coventry and supporting carers to get the support they need, when they need it, is integral to the delivery of effective Adult Social Care. This year there has been an increase in both the amount of Joint Assessments (where a carers' needs have been assessed alongside the needs of the person they care for) and a rise in separate Carers' Assessments, which is reflective of the overall increase in requests for initial support. The increase in separate carers' assessments is a positive reflection that carers' needs are being considered and planned for on an individual basis.</p>
<p>3.</p>	<p>How important or not do you think it is that decisions about adult social care and support are made at a local level?</p>	<p>It is vital that decisions (strategic priorities, service architecture, operational practice and commissioning/contracting) about adults social care delivery are taken at a local level based on knowledge and evidence across a range of factors including statutory responsibilities, population growth and trends, care and support need and demand, the supply and configuration of care provision including acute healthcare and community preventative support, availability of housing and accommodation, availability of universal services and community assets and voluntary and third sector support arrangements. Furthermore, in the context of changing social care needs, particularly increasing complex needs, control of decision-making through local authorities underpins the ability to liaise with other agencies to ensure appropriate safeguarding and protection of the most vulnerable adults. As highlighted above local approaches such as the Community Promoting Independence scheme are effective in utilising the assets available to enable people to live as independently as possible, achieve better outcomes and avoid unnecessary reliance upon services.</p> <p>Decision making at a local level creates local accountability and enables decisions to be made in the context of local circumstances and needs. The Care Act 2014 places the statutory responsibility to meet needs in the local area and it is important that this existing, and recent statutory requirement is maintained.</p>

<p>4.</p>	<p>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?</p>	<p>Examples include:</p> <p>Community Preventative Support – Voluntary and Third Sector In April 2018 the Council and CRCCG implemented a new range of community preventative support arrangements to enable people most in need to maintain their independence and live well in the community with access to universal services. The model has been designed to offer outcome-focused and flexible preventative support around four priority groups (carers, people with physical impairments or dementia, people with mental ill health and adults with learning disabilities) so that people can actively take steps towards maintaining their health, wellbeing and independence.</p> <p>This work has delivered innovation in the preventative support made available to people in the community. For example, a collaborative model of support for people with mental ill-health is enabling flexible approaches to target support more effectively, including housing-related support and community interventions, alongside an entirely original form of targeted early help for people with hoarding behaviours.</p> <p>Dementia Promoting Independence This service is a specialist short-term home support service for people living with dementia. This may include support from a dedicated dementia specialist and therapist. This service was tendered, following a successful pilot, with new contracts commencing April 2018 for the duration of up to 5 years. This short term service has been specifically designed to support people living with dementia to go directly home following a hospital stay or to help prevent an admission.</p> <p>Housing with Care dementia specialist scheme – Arden Grove The scheme consists of 33 self-contained flats offering a modern living space, kitchen and bedroom with en-suite facilities. The scheme also has communal living facilities to enable social interaction underpinned by the 'Eden Alternative' care model, which moves away from traditional HwC models of support and provides a more structured approach to enable people living with dementia to live independently in a safe environment. There are a very limited number of such schemes across England adopting this approach.</p> <p>Improving quality of care services A number of care home improvement initiatives are in place in collaboration with our NHS partners including "React to Red Skin" pressure ulcer prevention and treatment accreditation and 'Say No to Infection', a programme which accredits homes for infection prevention and control. React-to-Red' has 24 care homes accredited along with 'Say No to Infection' that has 9 care homes accredited. All accredited homes have been avoidable pressure ulcer free since accreditation.</p>
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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?

Adult Social Care consistently had a £2m+ overspend per annum in Coventry for the 3 years up to 2016/17 and even with the significant additional resources the Council approved in its budget (see below), was only underspent in 2017/18 due to the introduction of the iBCF and Spring Budget resources.

	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m
ASC additional Council Investment	6.6	9.9	13.9	18.0
Partly Funded by Adult Social Care Precept	(2.1)	(5.5)	(9.2)	(9.4)

5.

Funding challenges have arisen largely as a result of supporting people with care and support needs, the increasing costs of care and the impact of legislative change, for example, Deprivation of Liberty Safeguards (DOLS). Gross spend on packages in 2017/18 increased by 2.3% compared with 2016/17 with approximately 40% being spent on residential and nursing care and 36% on home support.

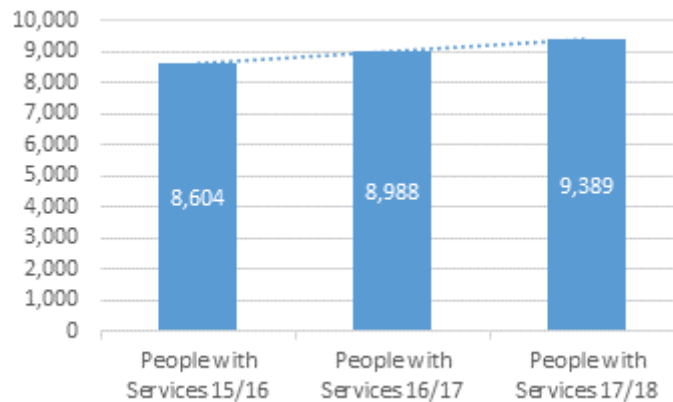


Figure 1: People Supported by Adult Social Care in Coventry

		<p>The adult social care gross budget for 2018/19 is £117M of which circa £24M is funded through Grant income and transfers from health therefore unsecure. In terms of impact the Council spend on home support and housing with care combined for 2017/18 was £22.7m net – should grants cease the impact would therefore be beyond significant.</p> <p>Looking forward, the Budget Report 2018/19, approved by Council in February 2018, incorporates anticipated reductions in funding over the next 3 years. The position is particularly uncertain for financial year 2020/21 which could be subject to the combination of a new national Spending Review, a revised allocation model within the Local Government sector and a new national Business Rates model.</p> <p>As a result there is huge uncertainty around Local Government funding which makes it impossible to provide a robust financial forecast at this stage. Nevertheless, initial assumptions and existing trends are sufficiently firm to indicate that there will in all certainty be a substantial gap for that year (£21m) and as the largest single area of budget Adult Social Care is likely to experience additional impact as a result of this.</p>
6.	<p>What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?</p>	<p>One of the core requirements on the local authority is to ensure that eligible needs assessed under the Care Act 2014 are met. In the context of funding challenges faced this has resulted in a reduced investment in preventative services that contribute in the longer term to reduced needs. It could be argued that this is short term thinking, however, with a reality of having to ensure eligible needs are met, increasing demand and complexity of demand and reducing resources there are few other options. The funding challenges have also helped to stimulate different service models – for example, we have worked hard to develop services that have a more enabling focus and reviewed our approach to how we support people when they first make contact.</p> <p>The iBCF and social care precept provided essential funds but with short term timescales cannot be used to underpin improvements which required resources over a longer period. The uncertainty of future funding plus the continued funding challenges also make proper engagement with the provider market on improvements challenging as providers are less willing to invest in improvement when they are uncertain of the future financial context.</p>

7.	<p>What, if anything, are you most concerned about if adult social care and support continues to be underfunded?</p>	<p>The growing demand for services for adults with complex needs coupled with limited and high cost of available provision continues to be a concern. The trajectory indicates the demand for long term care and support will continue to rise. As local authorities are required to set a balanced budget in the absence of a sustainable and realistic funding solution this will mean either a scale back of other services, and, noting that these are also under pressure and issues of resourcing Childrens Social Care are also growing in national recognition there are limited places left to go. In respect of use of reserves these can only be spent once and using reserves to underpin revenue spend is simply not sustainable and further destabilises the social care and support system.</p> <p>Fundamentally, continuing to underfund adult social care and support risks the financial viability of local government and is likely to have impact ultimately on all people living in the local area and partners.</p> <p>The local factors driving this concern include:</p> <ul style="list-style-type: none"> • Coventry has a relatively young population but the number of older residents is increasing and the age of the population will start to increase. In particular, those aged over 85 and over is expected to grow by 22% in the next 10 years. • The increasing number of older residents is related to increasing life expectancy amongst Coventry residents. However, on average Coventry residents are living a significant period at the end of their life in poor health. • As the population ages more people will be living with multiple health conditions that require support. • The numbers of working age people with complex physical or learning disabilities living into adulthood will continue to increase as life expectancy increases. Having a workforce and providers who employ staff with the specialist skills required to provide care and support for those people with complex needs remains a challenge to be addressed. • The levels of deprivation in the city, although improving is likely to remain relatively high and those living with lower levels of wealth are more likely to develop poor health. • There is a projected 21% increase in the number of those aged 75 years and over between 2017 and 2025 who will be living alone. Those who are socially isolated are between two and five times more likely to die prematurely than those with stronger social ties.
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8.	Do you agree or disagree that the Care Act 2014 remains fit for purpose?	<p>Agree.</p> <p>Introduction of the Care Act 14 as a single legislative framework enabled some important and much needed changes in the delivery of adult social care. The legislation (although only partly implemented) remains fit for purpose but the issues in meeting the aspirations of the care act remain at least as challenging as when it was implemented.</p> <p>Some of the particularly positive elements of the Act included:</p> <ul style="list-style-type: none"> • Placing prevention and well-being at the core as a whole council responsibility • Placing the needs of carers on the same footing as people needing care and support • Requiring social care delivery, including information and advice, to prevent, delay and reduce the need for care and support, which has led to investment in short-term care and reablement services • A greater emphasis on personalising care and support including ensuring everyone understands the cost of their care through the use of Personal Budgets and how they can have more control by using all or part in other ways i.e. Direct Payments • The right to request an assessment of care and support needs and how these can be met regardless of whether people are eligible for local authority funded care or if they pay for it themselves • New national eligibility criteria that confirms the financial threshold and assessment process for determining who is responsible for meeting the cost of social care
9.	What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?	<p>The most significant element of the Care Act that has neither been funded nor fully implemented relates to the prevention agenda. As described in Q6 above, investment in preventative services have reduced and whilst this may not have the same impact as cuts to mainstream day to day support services in the first instance, the long term impact of reductions may be substantial with the impact not felt for a number of years.</p> <p>While the Act is fit for purpose it is a legislative framework that was not fully funded and therefore expectations around implementation cannot be met from the current resources made available to adult social care.</p>

Chapter 4. The options for change

10.	Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?	<p>Beyond the issue of funding the following key issues should be resolved:</p> <ol style="list-style-type: none"> 1. The path to further integration is clearly important and valuable as a means to improve outcomes – so much feedback is based on how difficult the system is to navigate and how confusing all of the different organisations involved are. This is not just a challenge that exists between health and social care but also between the number of health organisations that exist. 2. The limitations of integration also need to be understood and accepted, or measures put in place to address – for example, health services are free at the point of use whereas social care is chargeable. Health and Care are also on different legislative footings and therefore operate to different requirements. As long as these structural differences remain achieving full integration will always be constrained. 3. The impact of Brexit on the care sector will only be truly understood post event, however with a significant proportion of people working in the care sector coming from overseas the impact of Brexit could see more challenges around workforce resourcing, which funding for social care on its own will not resolve. 4. In an environment of resource scarcity much of adult social care and support has focussed on assessment against eligibility criteria and finding cost effective means of meeting eligible needs. There are various ways in which local authorities have approached the delivery of adult social and support and the absence of any national view on ‘what good looks like’ or agreed best practice models means that large local variances will continue to exist. 5. The concept of a single social care and health record is an important one and will probably be the single biggest step to integration and seamlessness – it will required investment over time and effort over time. Taking whatever steps necessary to enable the investment and the time to reap the benefits would be a significant advantage. 6. Managing public expectation in light of significant numbers of people not planning for old age and having a presumed reliance on the state must be resolved. If funds cannot be made available then people will have to take a greater responsibility for their future health and care.
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<p>11.</p>	<p>Of the above options for changing the system for the better, which if any, do you think are the most urgent to implement now?</p>	<p>All six options described are with merit however the focus in terms of urgency should be on ensuring that people who are eligible for care and support can have these needs met – this is a legal requirement on local authorities enshrined within the Care Act 2014. Once these fundamental issues are addressed then issues of cap and floor and free personal care can be considered.</p> <p>Therefore, in terms of the options for urgent implementation we would suggest:</p> <p>Option 1: Pay providers a fair price for care – this is important as so much of the discussion is dominated by fees and simple year to year financial sustainability. Only when there is some stability brought to fees and providers have a level of confidence that they have financially viable businesses can we really embark on a serious discussion regarding long term improvement. We would suggest that the ambition be reframed as a ‘locally sustainable price for care’ to recognise that local care economies are varied and what is a sustainable market price in one may not be in another. Elements within this option should include guidelines on how care fees are apportioned to different costs centres including: staff pay, development, infrastructure, management, overheads and profit/central contributions. The importance of ensuring a fair wage is paid to support a stable workforce and encourage more people to commence careers in social care should also be incorporated into this option.</p> <p>Options 3 and 4 combined: We would not support the provision of care for older people above the provision of care for working age adults so both options should be combined. All people who require care and support should have equality of access. We would support the sentiment that in dealing with the availability issue people’s independence would improve as would a reduction in the deterioration of people’s conditions. This would in turn support informal carers to continue their caring role. We would also affirm that local authorities should not just be ‘organisers of care’ but should work with people to enable them to reduce the need for ongoing care and support and use their own assets and strengths to meet as much of their needs as possible.</p>
<p>12.</p>	<p>Of the above options for changing the system for the better, which if any, do you think are the most important to implement for 2024/25?</p>	<p>We do not consider that the issues of funding social care and support to a point where there are sustainable local markets and there is resource to meet the care and support needs of people that require it can be left in abeyance until 2024/25.</p> <p>The wider issues regarding personal contributions to the cost of care – whether this be cap and ceiling, free personal care or any other proposal yet to emerge need to be tackled and cannot be put off forever more. Setting a clear timescale for addressing the issue of personal contribution so that it is resolved by 2024/25 should be the longer term imperative. Any extension of entitlements would need to be accompanied by a clear and agreed resource plan with clear demonstration of the benefits to be achieved.</p>

<p>13.</p>	<p>Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?</p>	<p>None of the options in their current form would deliver what is important for the future as they are focussed on immediate issues of sustainability and ensuring that resource is available to meet needs. These issues are clearly critical but when thinking about a possible future for adult social care and support the focus should be on enabling people to meet their needs in ways that do not rely in the long term provision of care and support through a traditional supply market. This is not just a social care and support issue but an issue for local government in using the totality of its resource to enable effective communities.</p> <p>The core principles of the care act are well-being and prevention and what is important for the future is to develop the adult social care and support system to have the capacity and resources to work with people to enable them to remain healthy for longer and where support is required this is provided in a way that supports people to maintain and, where required, regain the maximum possible degree or independence. Supporting informal networks – whether families or carers or wider social support networks is critical to this as is investing in community resilience and capacity building activities so that alternatives to traditional services exist. The role of technology as an integral part of both prevention and meeting care and support needs where they arise needs to be fundamental to a future system.</p>
<p>14.</p>	<p>Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?</p>	<p>As so much of the provision of effective social care and support is dependent on workforce a comprehensive sector wide workforce development and career progression programme should be considered. This should not just be concentrated for care staff, care managers and social workers and therapists but also commissioners and contract managers who are fundamental to shaping future systems.</p> <p>Taking a workforce approach is also likely to make social care and support more attractive as a career and set some clear expectations for providers of care and support regarding the development and career progression models they are to have in place.</p> <p>There needs to be a significant communication plan that resets realistic expectations linked to the future delivery option so for example if free personal care is the option being pursued this must be set within a realistic expectation of what is free and what is expected to be supported by the individual friends/family/community.</p>

15.	What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?	<p>The role of individuals, families and communities in supporting wellbeing is critical, often understated, and frequently taken for granted – the existence and importance of these networks are demonstrated through most people generally only approaching adult social care when these informal networks and arrangements become too stretched and start to breakdown. It is often the quality of the social care response at this point that determines the ongoing relationships with services.</p> <p>Through taking strength based approaches to social work the role and contributions of the individual, families and communities is likely to become more transparent. However, the role should not be for the local authority to try and step in and 'manage' these networks, rather to know they exist and support them in their critical role.</p> <p>In terms of broader wellbeing the links between isolation and poor health outcomes (including mental health) are proven. Supportive families and communities are essential for all of us in terms of our wellbeing and not just in the context of social care.</p>
16.	Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?	<p>Based on the information provided the Council consider it premature to express a 'preferred option' from those described and more detail would be required on impact before a considered view could be given.</p> <p>The pre-cept level setting process is complex and the impact varies upon people across the local area. The Council has already increased Council Tax by 6% and this has not resolved the ongoing issue of pressure on social care therefore this approach should not be seen as a national funding solution</p> <p>Whilst arguably there is sufficient resources at a national level to fund adult social care, the funding issues we are experiencing is as a result of decisions at a national level to prioritise other areas of government spend.</p> <p>Should additional taxation be used as a means to raise additional funds it is imperative that this is progressive taxation.</p> <p>As an alternative to additional taxation the government could consider tackling issues associated with tax avoidance.</p>

17.	Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?	The funding streams that enabled the IBCF to be put in place has supported short term sustainability and mainstreaming this to local government could be a means of ongoing additional resource. The most important requirement is long term sustainable funding to enable longer term planning and development of services as opposed to the current short term funding solutions which impact negatively on attempts to stabilise and improve services.
18.	What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?	<p>Such initiatives may sound attractive at first consideration, however careful consideration needs to be given to the actual as opposed to intended consequences. Lessons can be learnt from the closure of the Independent Living Fund (ILF) where on implementation it was found that large amounts of ILF funding were supporting social care needs. The recent outcome of the consultation on Housing Benefit payments for Supported Housing indicates that proposals to change funding mechanisms need to be carefully thought through and consulted on with an open mind.</p> <p>In respect of Attendance Allowance a specific consultation would be required to understand the impacts and if an eventual shift to local government was the outcome then the additional costs to administer such payments would also need to be accounted for and not an automatic assumption of 'savings' simply through a transfer of responsibility.</p> <p>In terms of 'lower level needs' the definition of this needs to be thought through as the concept of low level need was removed to coincide with the introduction of the care act and national eligibility.</p> <p>It would be good to bring together the wider benefits to reduce complexity, however with the problems seen with universal credit this would need to be done in a clear and transparent manner which does not reduce the overall benefit.</p> <p>There could be a benefit in local management of welfare benefits in the opportunity to offer a system which is less complex and one which supports people who find it difficult to access benefits and services currently.</p>

19.	What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?	<p>The tests of Wellbeing, Fairness, Sufficiency, Sustainability, Clarity and Subsidiarity are balanced and considered. However, it may be appropriate to consider the prioritisation of fairness within this set of tests. The reasons for this being the inherent injustice people feel when they need to significantly deplete their savings and property due to a social care condition, i.e. dementia. Whereas free at the point of use care is available for health related conditions.</p> <p>The notion of Wellbeing is welcomed ‘do the solution/s help advance the core aims of improving and supporting people’s wellbeing, putting the individual at the centre of their care and support, and investing in the social and economic outcomes of our communities?’ but perhaps some more thought to how this test is applied would be helpful to ensure expectations were realistically set. This point is worth consideration as the immediacy issues are in respect of resourcing social care and support to meet the needs of people within localities – this what we have to do. This often falls short of the broader improving well-being aspiration which may require additional resourcing, at least in the medium term. The links with public health are significant here and consideration then needs to be given to the extent to which this is an issue confined to the resourcing of Adult Social Care and Support or an issue equally spread across Public Health funding.</p>
20.	In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?	<p>There appears to be a general acceptance that adult social care funding needs to be a non-partisan issue. Adult Social Care funding is an issue that no party alone has been able to resolve to date. Any solution is unlikely to take effect overnight and may span more than one election period so cross party support is essential to deliver the level of change and reform required to make the system both sufficient and sustainable.</p> <p>Strategic cross party thinking is needed to consider the crisis in the system.</p>

Chapter 5. Adult social care and wider wellbeing

<p>21.</p>	<p>What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?</p>	<p>The LA is responsible through the Director of Public Health for the health and wellbeing of the population. Public Health Services should continue to play a vital role in supporting the prevention of ill health and improving the health and wellbeing of communities. The work of Public Health encourages people to remain healthy and remain able and independent for longer, reducing the need for care and support services. Failure to take prevention seriously will reduce healthy life expectancy and increase the demand on social care services. Public Health possess local knowledge and understanding of need. This is particularly important in the context of community engagement and ensuring hard to reach groups are supported to live well and have access to the various programmes and services available.</p> <p>Public Health departments are concerned with a system wide approach to the prevention of ill health and the increase in population wide mental and physical health. This plays a critical role in the reduction in the demand for services, both now and in the future. This focus needs strengthening, and it is essential that any financial response to the issues within social care and support include a commitment to securing resources for strengthening the role of prevention. Without a clear strategy and commitment to the role of prevention, demand will continue to rise.</p> <p>Public Health commissioned services include treatment and prevention programmes, which already significantly impact on the health and wellbeing of our population, such as Drug and Alcohol Services, Sexual Health Services and 0 to 19's Childrens health services and adult healthy lifestyles services. Public Health commissioned services play a significant role in supporting health and wellbeing throughout the life course, supporting economic productivity and managing demand on health and social care.</p> <p>We support the recognition in the green paper that local authorities should consider how they can use all their resources (not just the ring fenced budget) to improve the health and wellbeing of their residents. It must be recognised that the health and wellbeing of local residents is not the sole responsibility of local government and the funding of other local services also impacts on the population's wellbeing. Other local authority services must also receive adequate funding to support a local approach to improving health and wellbeing.</p>
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<p>22.</p>	<p>What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?</p>	<p>Through a variety of programmes, working in partnership the local authority and voluntary and third sector organisations continue to have an impact on the health and wellbeing of the population. Some examples of the work undertaken recently are set out below;</p> <ul style="list-style-type: none"> • Ignite programme – involving Coventry Law Centre to support families living in poverty with health and wellbeing and financial/benefits advice and guidance to achieve better outcomes for families. • MAMTA Child and Maternal Health Programme, supporting minority ethnic women during and after pregnancy. • Healthy lifestyles - supporting families to live healthier lives as part of a wider prevention approach. • Coventry on the move! Coventry on the move is aimed at encouraging people to get up and active and have some fun thus creating healthier lifestyles and improved wellbeing. • Change Grow Live are a charitable organisation who work with children and young people in Coventry around making positive choices. Supporting young people who might be experiencing difficulties and/or facing risks around sexual health, substance misuse and difficult relationships with their peers by intervening early and delivering supportive interventions they help young people identify their strengths and build their resilience in the hope that they realise their full potential. • Carers Trust Heart of England is commissioned to deliver the Coventry Carers’ Wellbeing service to over 2,000 carers, a “one-stop” shop for carers taking a holistic approach towards the improving the wellbeing of carers. The service provides information and advice, training including holistic training at relieving stress and prioritising one’s own health, counselling, carer peer support groups, including recreational activities and support applying for grants and holidays. The service also facilitates the CRESS the Carers Emergency Response Service, a service supporting carers to develop a contingency plan and the provision of support if there is a crisis. The service has historically been good at engaging the local BAME population with a heavily attended carer peer support group. The service works closely with GP surgeries and the local hospital with a dual aim of supporting the overall health of carers in these settings. The Carers Trust Heart of England also deliver the Young Carers Project, a project dedicated to providing support for circa 1,500 Young Carers, such as activities and 1:1 emotional support. They also support schools in developing their approach towards young carers, identification of young carers and support within school settings. They are currently working with 34 schools in the Coventry area. • The Marmot Programme is a programme of work that undertakes to reduce health inequalities through a multi-agency approach within the city. • Initiatives such as The Year of Wellbeing 2019 and The City of Culture 2021 demonstrate the impact the local authority and other local organisations working in partnership can have on the health and wellbeing of the community. • Whole systems approaches to health and wellbeing challenges such as childhood obesity and physical activity, that recognise the contribution that services, communities and our place can have on improving health and wellbeing. • Other Council Services; Housing, Libraries, recreation and sport, Community Safety, Environmental Health and Protection and Community Development all have an impact on the health and wellbeing of our citizens.
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23.	To what extent, if any, are you seeing a reduction in these other local services?	<p>The significant cuts in resources to local authorities has led to reductions in universal services to focus resource on individual packages of support. This applies to services across the Council that ultimately support community development, cohesion and wellbeing.</p> <p>In 2017/18 the Council and the Coventry and Rugby Clinical Commissioning Group working in partnership jointly reduced the grant funding of community preventative support, achieving a saving of £0.5m. The grant funds the following types of support within the community; support to Carers, support to people with dementia and their Carers, support for mental ill health issues, e.g. complex behaviours (hoarding), community based support for people with learning disabilities.</p> <p>Following a programme of change titled Connecting Communities, also achieving savings, reductions and closures in the following local authority services were implemented: Library Services, Youth Services, Children’s Centres.</p> <p>The Community Development Fund Grant managed by Coventry City Council Community Development Service has ceased this ran for 2 years 2014/2015 and 2015/2016 and provide £100k per year to support small community groups often connecting and supporting older people, families and community life.</p>
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Chapter 6. Adult social care and the NHS

24.

What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?

The fundamental principal of care and support organised around the individual and their family and carers should underpin the way care and support is provided. Essentially, this is the principle of personalised support which has been the default model in adult social care and support for approximately 15 years.

In Coventry and Warwickshire our Health and Wellbeing Boards have developed a joint Health and Wellbeing Concordat which sets out the principles governing the way health and social care organisations are working together to improve the health and wellbeing of our local residents:

http://www.coventry.gov.uk/downloads/download/5184/coventry_and_warwickshire_health_and_wellbeing_concordat_2018.



In summary the principles are:

- Prioritising prevention
- Strengthening communities
- Coordinating services
- Sharing responsibility.

A new model of health and care services for Coventry and Warwickshire is also being developed to transform the way that services for our local communities are designed, delivered and used:

http://www.coventry.gov.uk/downloads/file/27607/coventry_and_warwickshire_-_helping_you_to_help_yourself



We are aiming for most of our work to be focussed on helping people stay well – providing guidance and support, encouraging the use of leisure opportunities, parks and other community assets and tailoring our efforts to take account of local needs and health inequalities. We recognise the importance of education, good work and affordable, decent housing in underpinning our quality of life. We want to make self- help the first and natural choice for everyone who is capable of it, rather than waiting for intervention when things go wrong. Investment in a workforce development approach is essential in making new models work so should therefore be an integral part of the work from the outset.

25.	<p>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?</p>	<p>It is important that decisions are made in a transparent manner. It will not always be possible for all people to understand the reasons for all decisions but proportionate efforts should be made. The role of local councillors is critical in this as the democratically elected representatives of the communities they serve.</p> <p>Local authorities and their partners have varied routes into local communities that can be used to strengthen involvement and engagement of communities in key decisions. Engagement with our communities needs to extend beyond communication of decisions and should recognise that our communities are assets in their own right that can be mobilised as part of the solution to public service challenges and to develop strong, resilient communities.</p> <p>Many decisions are not universally popular and in these circumstances it is still important that this is done in a transparent way, incorporating appropriate consultation and engagement so that local people understand, although may not agree. Decision makers do need to be answerable, but on a basis that recognises the merit of the decision. A decision maker being criticised for closing a service just because local people may like it and want one nearby would not be an appropriate basis of accountability.</p>
26.	<p>Do you think the role of health and wellbeing boards should be strengthened or not?</p>	<p>The governance and decision-making landscape for health and social care at the local level is complex with a lack of clarity and consensus about the role and authority of the health and wellbeing board in the context of other governance bodies, particularly the STP Board and accountabilities towards different bodies including National Health Service England, Care Quality Commission and Department of Health and Social Care vs local accountabilities to Health and Well-Being Board and Health Overview Scrutiny Committee.</p> <p>Health and Well-Being Boards provide a structure and governance within which decisions can be made across health and social care with the involvement of wider partners. However, in such a complex decision making environment and in the absence of any effective statutory power Health and wellbeing boards risk becoming diluted from their originally intended role.</p> <p>Locally our Health and Wellbeing Boards for Coventry and Warwickshire are meeting regularly as the Place Forum with a strong focus on Upscaling Prevention and recognising that leadership for whole systems approaches to health and wellbeing is best provided by our collective partners. The development of the Place Forum is a significant one and presents a real opportunity to strengthen our approach to health and wellbeing across our geography alongside existing STP governance structures.</p>

27.	Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?	<p>Comments on the three options presented are as follows:</p> <p>Option 1 – STPs required to engage with HWBs in the development of STP plans This is strongly supported. In Coventry, one of the priorities in our Health and Wellbeing Strategy is around promoting health and social care integration, and progress in the development of STP plans is routinely reported to the Health and Wellbeing Board in this respect.</p> <p>However, engagement is a very interpretive word – therefore should this option progress what is specifically meant by engagement needs to be addressed and STPs mandated to do this, for example, would STP plans require approval from HWBB in order to meet NHSE assurance?</p> <p>Option 2 – HWBs could be given a statutory duty and powers to lead the integration agenda at the local level The overlap with this and STPs would need to be clarified along with how a possible statutory duty would interface with existing statutory duties held by individual organisations</p> <p>Option 3 – HWBs could assume responsibility for commissioning primary and community care As HWBBs are whole system it is unclear why responsibility would be specifically given for these services and not others. The mechanisms for enacting this responsibility also required clarity – for example, would HWBBs be budget holders and become directly accountable to regulators</p>
28.	Do you have any suggestions as to how the accountability of the health service locally could be strengthened?	<p>Health service accountabilities are complex with structural accountability to NHSE and CQC and DHSC plus local accountabilities to HOSC and HWBB. It would appear that strengthening local accountability would require a shift of responsibility from national health structure to more local means. Simply adding a more rigorous layer of local accountability to what already exists would be confusing and would probably add to the existing costs of servicing accountability mechanisms.</p>

29.	Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?	<p>All of the suggestions would provide benefits to different parts of the system. Due to the different structure of the health and social care economies across the country it would be appropriate to leave decisions regarding which elements delivered the greatest impact to be made locally.</p> <p>Following initial consideration Coventry would favour;</p> <ul style="list-style-type: none"> • invest in prevention, primary care and community health services, to put in place early help and support that is targeted in a manner that reduces system demand • invest in joined-up infrastructure, such as ICT and assistive technologies, and shared information to support the delivery of joined up support joint workforce development activity to enable this is practice <p>In respect of investing it should be noted that investment would need to be over a period of time required to see results</p>
30.	Do you have any other comments or stories from your own experience to add?	<p>There are numerous examples the Coventry City Council has from people who have not had a good experience of health and social care. However, in proportion to the number of people supported the number is small indicating that despite the immense challenges many people do actually receive good support.</p>