directors of adass adult social services

ADASS submission to the Health Select Committee inquiry into public health

1. About the Association of Directors of Adult Social Services

1.1. The Association of Directors of Adults Social Services (ADASS) is a registered charity which aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy.

1.2. The membership is drawn from serving directors of adult social care employed by local authorities in England. Associate members are past directors and our wider membership includes deputy and assistant directors.

1.3. We are the recognised voice of leaders in social care. Our objectives include:

- furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time.
- furthering the interests of those who need social care services regardless of their background and status and
- promoting high standards of social care services

1.4. We would be happy to provide further information on the comments provided in this consultation response.

2. Summary of response

2.1. Following the implementation of the Heath and Care Act in 2013, ADASS welcomes the transfer of public health responsibility to local authorities. Local government is the best place with the levers to underpin good health and reduce health inequalities. This creates huge opportunities for local authorities to make a stronger impact on improving the health of local areas. For example, life expectancy; how well we live; and reducing health inequalities between people, communities and areas in our society.

2.2. However, we are extremely concerned about the significant reductions to the public health budget. We believe that these in-year reductions may undermine the objectives we all share to improve public health, keep pressure off the NHS. Whilst we understand that measures need to be taken to reduce public debt, we believe that taking a significant amount of money from public health will be counterproductive and will result in people's needs going unnoticed until they become acute, or unmet, resulting in a need for more intensive and high cost services. For example, an inpatient stay in hospital costs £3,283[1] which is considerably more expensive than community care. This shows that further cuts to public health spending will be a false economy.

2.3. The reductions in Public Health funding are compounded by reductions in adult social care, and primary, community and mental health care: all the

[1] Kings Fund, Infographic http://www.kingsfund.org.uk/audio-video/public-health-spending-roi

functions that keep people out of hospital. They run counter to the emphasis on prevention and early intervention in the Five Year Forward View, the Care Act and the draft NHS Mandate.

3. Funding pressures

3.1. Local authorities have faced significant reductions to their public health budgets: their budget was reduced by £200 million, 6.2% for each council. The Autumn Statement puts further pressure on public health budgets as there will be reductions to local authority funding.

3.2. Councils contributed an additional £56 million to public health over and above the ring-fenced budget from other council services (such as housing and leisure, for example). Potential impact of the in-year reductions is that it may therefore act as a deterrent to contributing resources from other funding streams in the future. Following the spending review this has deepened as it has identified a 3.9% per annum real terms decrease, totalling nearly 20% in the life of this Parliament.

3.3. In future, greater certainty of funding for longer periods would enable local authorities to make longer terms plans for commissioning public health services alongside social care.

3.4. The reductions in Public Health funding are compounded by reductions in adult social care, and primary, community and mental health care: all the functions that keep people out of hospital. They run counter to the emphasis on prevention and early intervention in the Five Year Forward View, the Care Act and the draft NHS Mandate.

3.5. Local authorities are conscious that these pressures go hand in hand with the need to align their budgets with target allocation for funding. This is a difficult balance to strike without knowing the pace of change for moving towards target allocations. It also presents challenges of equal significance locally in terms of the scale of change and reduction that will be required. In some local authorities, it is notable that over 50% of public health spending is with NHS provider organisations.

4. The effectiveness of local authorities in delivering the envisaged improvements to public health

4.1. Prior to the Health and Care Act some local authorities were looking at taking the lead with public health services. This meant applying local government rigour to procurement, contract management and financial procedures, but also embedding public health knowledge and expertise in council services to maximise the improvement of public health services across a local system.

4.2. Many of the contracts inherited by local authorities from primary care trusts had not been reviewed for a number of years and there was little evidence of active contract management. Local authority procedures for performance management and procurement rules have helped them to make changes that lead to better outcomes. Many local authorities:

- reviewed all inherited contracts
- decommissioned services that were no longer fit for purpose
- commissioned new approaches based on a fresh analysis of need

- supported the provider market to respond effectively to change

4.3. A clear example of this is in alcohol licensing in Hackney. The public health team has developed a procedure that identifies applications that present a high health risk (largely off sales of alcohol at cheap prices), supports representations from others including the Met Police, and complements the Council's wider approach to managing the evening and night-time economy. The Public Health team now makes regular representations to licensing committees and has recently started to see success in applying conditions such as minimum unit prices.

4.4. Some other ways in which local authorities have embedding public health knowledge and expertise include:

- negotiating free use of community halls with social landlords to run targeted health improvement services, physical activity and cook & eat classes on estates
- advising trading standards on patterns of illegal tobacco use and site inspections
- reviewing planning policies and supplementary guidance for health impacts
- supporting the private rented sector team to identify households at risk of ill health as a result of poor conditions and what to look for on inspection
- training employment advisors in Job Centre Plus on health improvement techniques and services that increase employment opportunities for their clients

5. The delivery of public health functions

5.1. A challenge was the fragmentation of commissioning creating financial risk and siloes across systems. Specific areas this affects are:

- obesity – prevention being local authority funded, treatment being Clinically Commissioning Group (CCG) funded (yet most will need to work with the same providers as the service users would benefit from a joined-up commissioning pathway);
- sexual health – prevention and some aspects of are treatment local authority funded, terminations CCG funded and screening and treatment is NHSE funded;
- children's health – screening and immunisations is NHS England funded, school nursing and health visiting is local authority funded, any treatment is CCG funded.

6. Prevention

6.1. The cuts seem at odds with the Government's expressed desire to strengthen prevention in order to reduce health and social care demand, and ensure the long term sustainability of publically funded services. Public health

invests in a range of prevention services and initiatives that aim to improve health and independence, and reduce health and social care demand.

6.2. Some of these are focused on long term benefits; many others are focused on reducing more immediate demand (one-three years). There is a substantial risk that cutting this investment and these services will increase demand and costs and that this could happen quite quickly, i.e. within the term of this Government. This would have a destabilising effect on local authorities and social care services which have already and are continuing to face huge financial challenges. The Local Government Association estimate that the funding gap facing adult social care is growing on average by almost £700 million a year.[2]

6.3. The annual ADASS budget survey, published in June 2015, showed that 66% of adult social services directors felt that increased prevention/early intervention would be a way to save money in 2015/16.[3] However, due to funding pressures, expenditure on prevention actually reduced last year.

6.4. National governments show little appetite for legislative measures to prevent ill health, for example alcohol minimum pricing and sugar taxes. This is despite the overwhelming evidence which shows it would have a significant impact on some of the causes of ill health.

6.5. Public health interventions help improve outcomes and reduce demand on health and social care, for example Dementia awareness and prevention. This should include use of public health intelligence to risk stratify and target interventions to greatest effect.

6.6. A significant amount of public health funding to local authorities is spent on health treatment (sexual health and drug treatment, mostly in NHS provision) and very high levels of dual diagnosis for mental health issues alongside addiction to drugs and alcohol.

7. Integration

7.1. There is cross-party support within local and national Government that integration of social care and health is the right approach with the intent of improving outcomes for citizens. Recent health and care reforms, the NHS Five Year Forward View and ADASS' Distinctive, Valued, Personal[4] all support further integration. They all recognise the need for health and care systems to be locally led. With the right resources and emphasis on prevention, and mechanisms for greater integration, organisations will be able to:

- Invest more heavily in preventative services that help keep people out of the health service and the formal care system.
- Support the sustainability of the health service, which is widely acknowledged to be struggling due to increases on demand as more

[2] Local Government Association figures http://www.local.gov.uk/media-releases/-/journal_content/56/10180/7425493/NEWS
[3] ADASS, Annual Budget Survey, June 2015
http://www.adass.org.uk/uploadedFiles/adass_content/blogs/presidents_blogs/2015-2016_Ray_James/ADASS%20Budget%20Survey%202015%20Report%20FINAL%20v2.pdf
[4] ADASS, For a fuller treatment of why social care matters see, 'Distinctive, Valued, Personal', March 2015, http://www.adass.org.uk/uploadedFiles/adass_content/news/press_2015/Distinctive%20Valued%20Personal%20ADASS%20March%202015(1).pdf

people are living longer, with more complex needs and greater expectations.

- Continue to play its part in social care's contribution to economic growth. Most care providers are small businesses which are the back bone of the economy. Social care contributes as much as £43 billion to the national economy and supports 1.5 million full time equivalent jobs.

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