

Adult social care funding and integration survey

Research report
July 2018



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Contents

Summary	2
Introduction.....	2
Summary of results	2
Introduction	5
Methodology	5
Adult social care funding and integration survey.....	8
Funding adult social care	8
Current progress on integration.....	12
National integration programmes	16

Summary

Introduction

The adult social care funding and integration survey was conducted by the Local Government Association's (LGA) Research and Information Team. The survey aimed to capture and represent the views of council leaders and portfolio holders for adult social care on the future of funding for adult social care, the future of the national initiatives for integration and the progress made on integration.

An email invitation to participate in an online survey was sent to 290 leaders and portfolio holders for adult social care or their equivalents in English councils with adult social care responsibilities. It was available to complete between 1 and 27 July 2018. The final overall response rate achieved was 29 per cent of the leaders and portfolio holders contacted, which covered 52 per cent of English councils with adult social care responsibilities.

Summary of results

Funding adult social care

- More than eight out of 10 respondents (83 per cent) said there was a major problem in their own area in terms of the funding of sustainable adult social care and almost all (96 per cent) thought there was a major problem nationally.
- More than four fifths (82 per cent) said they tended to agree or strongly agreed that the risk (and therefore the cost of needing adult social care) should be pooled amongst all adults.
- Nine out of 10 respondents (89 per cent) believed that taxation should be part of the solution to adult social care funding.
- Nearly three quarters (74 per cent) tended to agree or strongly agreed that any additional money raised should be ring-fenced for adult social care.

Current progress on integration

- Nearly nine out of 10 (88 per cent) felt they had made progress, to a moderate or great extent, in agreeing a common purpose and vision for all health and care partners.
- More than four fifths (81 per cent) felt they had made progress, to a moderate or great extent, in developing a place-based approach.

- Four fifths (80 per cent) felt they had made progress, to a moderate or great extent, in progressing personalised care and support.
- Nearly four fifths (78 per cent) felt they had made progress, to a moderate or great extent, in improving coordination or integration of services.
- Nearly three quarters (73 per cent) felt they had made progress, to a moderate or great extent, in developing integrated or joint commissioning arrangements.
- Seven out of 10 (70 per cent) felt they had made progress, to a moderate or great extent, in developing shared governance and accountability arrangements.
- Nearly three fifths (58 per cent) felt they had made progress, to a moderate or great extent, in managing down or reshaping demand.
- Nearly nine out of 10 respondents (88 per cent) said the council was, to a moderate or great extent, a key driver of local care integration.
- More than four fifths (84 per cent) said the health and wellbeing board (HWB) was, to a moderate or great extent, a key driver of local care integration.
- Around four fifths (81 per cent) said the clinical commissioning group was, to a moderate or great extent, a key driver of local care integration.
- Two thirds (66 per cent) said NHS England was, to a small extent or not at all, a key driver of local care integration.
- Almost all (96 per cent) said that a shared vision of person-centred, place-based care and support was, to a moderate or great extent, a key driver of the local plan for good integration.
- Four fifths (81 per cent) said shared values and culture across the health and care system was a key driver, to a moderate or great extent.
- Four fifths (80 per cent) said the same of equality of partnership between health and care leaders.
- Locally, the top three barriers were: local financial challenges (94 per cent), workforce challenges (91 per cent), national direction/pressure to meet national targets (89 per cent), lack of community provision and provider market fragility (83 per cent) and late, changing inconsistent or unclear national guidance (81 per cent).

National integration programmes

- Almost nine out of 10 respondents (89 per cent) felt that the Better Care Fund (BCF) had been fairly or very helpful in joining up care and support locally.
- Out of a set of options for the future of BCF, the most popular proposal was that the BCF should continue in its current form but with greater scope for local agreement and fewer national targets: four fifths of respondents (80 per cent) tended to agree or strongly agreed.
- More than four fifths (82 per cent) tended to disagree or strongly disagreed that the BCF should be abolished and funding returned to councils and the NHS, with no duty on each to pool funding to further local integrated care services
- More than three quarters (77 per cent) tended to agree or strongly agreed that the sustainability transformation partnership (STP), integrated care system (ICS) and BCF policy and programmes should be aligned, and all health and well-being boards (HWBs) required to develop their own integrated arrangements.
- Just over a quarter (27 per cent) tended to agree or strongly agreed that STPs should be put on a statutory footing.

Introduction

The adult social care funding and integration survey was conducted by the Local Government Association's (LGA) Research and Information Team. The survey aimed to capture and represent the views of council leaders and portfolio holders for adult social care on:

- the future of funding for adult social care
- the future of the national initiatives for integration, particularly Better Care Fund and improved Better Care Fund, sustainability and transformation partnerships and integrated care systems
- the progress made on integration.

Methodology

The survey was conducted by the LGA's Research and Information team using an online form. An email invitation to participate in the survey was sent to 290 leaders and portfolio holders for adult social care or their equivalents in English councils with adult social care responsibilities. It was available to complete between 1 and 27 July 2018. The vast majority of councils submitted a response from either the leader or portfolio holder only, and this is reflected in the response rates section below.

The final overall response rate achieved was 29 per cent of the leaders and portfolio holders contacted, which covered 52 per cent of English councils with adult social care responsibilities.

Table 1 shows response rate by council type. The response rate was highest from shire counties (81 per cent / 22 councils) and lowest from London boroughs (30 per cent / 10 councils).

Council type	Completed	Response rate (%)
Shire County	22	81
English Unitary	29	52
Metropolitan District	18	50
London Borough	10	30
Total	79	52

Regionally, response was highest from the East of England (89 per cent / eight councils) and lowest from Greater London (30 per cent / 10 councils) (Table 2).

Region	Completed	Response rate (%)
East of England	8	89
East Midlands	8	73
South West	11	69
Yorkshire and the Humber	10	67
West Midlands	9	64
North East	6	50
South East	8	42
North West	9	39
Greater London	10	30
Total	79	47

Where tables and figures report the base, the description refers to the group of people who were asked the question and the number in brackets refers to the number of respondents who answered each question. Please note that bases vary throughout the survey.

Where the response base is less than 50, care should be taken when interpreting percentages, as small differences can seem magnified. Therefore, where this is the case in this report, the raw values are reported, in brackets,

¹ That is, proportion of councils for which a response from either the leader or the portfolio holder for adult social care was received, by type.

² That is, proportion of councils for which a response from either the leader or the portfolio holder for adult social care was received, by region.

alongside the percentage values.

Throughout the report percentages in figures and tables may add to more than 100 per cent due to rounding.

Adult social care funding and integration survey

This section contains analysis of the full set of results.

Funding adult social care

Respondents were asked, in light of the challenges facing the funding of sustainable adult social care over the next five to 10 years, how they would describe the scale of the funding problem in both their own area and in England as a whole. More than eight out of 10 respondents (83 per cent) said there was a major problem in their own area and almost all (96 per cent) thought there was a major problem nationally. Please see Table 3.

Table 3: ...in your opinion how would you describe the scale of the funding problem for adult social care in...		
Response	Your own area (%)	Nationally (%)
No funding problem	1	0
A minor funding problem	4	1
A moderate funding problem	11	1
A major funding problem	83	96
Don't know	1	1
Total	100	100

Base: all respondents (84)

Respondents were asked about their views on whether the risk (and therefore cost) of needing adult social care should be pooled amongst all adults, or whether it should be left to only those adults who develop a social care and support need to contribute financially according to their means. More than four fifths (82 per cent) said they tended to agree or strongly agreed that the risk should be pooled amongst all adults and nearly seven out of 10 (69 per cent) said they tended to disagree or strongly disagreed that the risk should be left to those who develop care and support needs to pay what they can afford. See Table 4.

Table 4: In your opinion, should the risk (and therefore cost) of needing adult social care be pooled amongst all adults, or should it be left to only those adults who develop a social care and support need to contribute financially according to their means? Please let us know the extent to which you agree or disagree with the following statements³

Response	Pool the risk amongst all adults (%)	Leave it to those who develop care and support needs to pay what they can afford (%)
Strongly agree	46	4
Tend to agree	36	13
Neither agree nor disagree	7	11
Tend to disagree	7	29
Strongly disagree	1	40
Don't know	2	4
Total	46	100

Base: all respondents (84)

Nearly nine out of 10 respondents (89 per cent) believed that taxation should be part of the solution to adult social care funding concerns. Please see Table 5.

Table 5: Do you believe that taxation should be part of the solution?

Response	Per cent (%)
Yes	89
No	11
Total	100

Base: all respondents (84)

Respondents were asked the extent to which they agreed or disagreed with a number of statements, assuming that taxation would be part of the solution.

- Nearly three quarters (74 per cent) tended to agree or strongly agreed that the additional money raised should be ring-fenced for adult social

³ It was assumed that, as now, means-tested support would be available for those who could not afford to contribute, under either system

care.

- More than four fifths (82 per cent) tended to agree or strongly agreed that additional taxation should be raised from the adult population as a whole.
- Nearly two thirds (65 per cent) tended to disagree or strongly disagreed that additional taxation should be raised from particular groups, for example people over a certain age.

Table 6 shows these results in more detail.

Table 6: Assuming taxation were part of the solution, to what extent do you agree or disagree with the following statements?						
Response	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
The additional money raised should be ring-fenced for adult social care and support (%)	54	20	8	8	6	4
Additional taxation should be raised from the adult population as a whole (%)	48	34	10	2	2	4
Additional taxation should be raised from particular groups, for example people over a certain age (%)	5	12	12	30	35	6
There should be a combination of the options above (%)	18	22	24	11	18	7

Base: all respondents (84)

Respondents were asked the extent to which they agreed or disagreed whether various options should be considered as part of the solution to securing the long-term financial sustainability of adult social care and support. The possible solutions included taxation, charging, reprioritising existing funding for the same group of people and reprioritising other areas of funding. The greatest support was for increased income tax. The five most popular options were:

- increases to Income Tax (70 per cent tended to agree or strongly agreed)
- separating accommodation costs from care costs and funding accommodation in the same way as housing (66 per cent tended to agree or strongly agreed).
- means testing universal benefits such as winter fuel payments and free TV licence (66 per cent tended to agree or strongly agreed).

- reprioritising/reducing other areas of national government spending (65 per cent tended to agree or strongly agreed).
- increases to National insurance (63 per cent tended to agree or strongly agreed).

For the full list of responses please see Table 7.

Table 7: To what extent do you agree or disagree that the following options should be considered as possible solutions to securing the long-term financial sustainability of adult social care and support?						
Response	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Taxation						
Increases to National Insurance (%)	26	37	12	11	10	5
Changes to National Insurance (ending the exemption for people above state pension age) (%)	28	24	13	15	16	4
Increases to Income Tax (%)	40	30	11	10	6	4
Increases to Council Tax (%)	5	10	12	33	37	4
Continuation of the adult social care precept (%)	16	30	13	19	17	5
Social insurance – deferred from your estate and/or 'pay as you go' (%)	16	30	17	18	11	8
Charging						
Charging for residential care accommodation costs for those in receipt of NHS Continuing Healthcare (%)	12	29	12	20	18	8
Separating accommodation costs from care costs and funding accommodation in the same way as housing (%)	10	56	11	4	7	12
Including the value of a person's home in the financial means test for homecare (as with residential care) (%)	17	33	7	20	19	4
Reprioritising existing funding for the same group of people						
Means testing universal benefits such as winter fuel payments and free TV licences (%)	35	31	7	10	12	5
Redesigning the Attendance Allowance system to provide a new means-tested Care and Support Allowance specifically directed to meet lower level needs (%)	14	45	14	11	6	10
Reprioritising other areas of funding						
Reprioritising/reducing other areas of national government spending (%)	31	34	19	8	2	5
Reprioritising/reducing other areas of local government spending (%)	5	12	18	24	36	5
Further retention of business rates (%)	35	27	14	11	8	5

Base: all respondents (83)

Current progress on integration

Respondents were asked about the extent to which they were making progress with their partners on a number of aspects of integrating adult social care in their areas.

- Nearly nine out of 10 (88 per cent) felt they had made progress, to a moderate or great extent, in agreeing a common purpose and vision for all health and care partners.
- More than four fifths (81 per cent) felt they had made progress, to a moderate or great extent, in developing a place-based approach.
- Four fifths (80 per cent) felt they had made progress, to a moderate or great extent, in progressing personalised care and support.
- Nearly four fifths (78 per cent) felt they had made progress, to a moderate or great extent, in improving coordination or integration of services.
- Nearly three quarters (73 per cent) felt they had made progress, to a moderate or great extent, in developing integrated or joint commissioning arrangements.
- Seven out of 10 (70 per cent) felt they had made progress, to a moderate or great extent, in developing shared governance and accountability arrangements.
- Nearly three fifths (58 per cent) felt they had made progress, to a moderate or great extent, in managing down or reshaping demand.

Please see Table 8 for the full set of responses.

Table 8: In your opinion, to what extent are you making progress with your partners on good integration in your place?

Response	To a great extent	To a moderate extent	To a small extent	Not at all	Don't know
In agreeing a common purpose and vision for all health and care partners (%)	51	36	10	1	1
In developing shared governance and accountability arrangements (%)	24	46	23	6	1
In progressing personalised care and support (%)	16	64	18	1	1
In developing a place-based approach (%)	30	51	14	1	4
In managing down or reshaping demand (%)	13	45	39	3	1
In developing integrated or joint commissioning arrangements (%)	26	46	25	1	1
In improving coordination or integration of services (%)	21	56	19	3	1

Base: all respondents (80)

Respondents were asked the extent to which various organisations were engaged as key drivers of integrating care locally. The organisations least likely to be seen as driving local care integration were the sustainability and transformation partnership (STP) and NHS England.

- Nearly nine out of 10 respondents (88 per cent) said the council was, to a moderate or great extent, a key driver of local care integration.
- More than four fifths (84 per cent) said the health and wellbeing board HWB was, to a moderate or great extent, a key driver of local care integration.
- Around four fifths (81 per cent) said the clinical commissioning group was, to a moderate or great extent, a key driver of local care integration.
- Around seven out of 10 (71 per cent) said health providers were, to a moderate or great extent, key drivers of local care integration.
- Just over half (54 per cent) said the integrated care system (ICS) was, to a moderate or great extent, a key driver of local care integration.

- Just over half (53 per cent) said the STP was to a small extent or not at all a key driver of local care integration.
- Two thirds (66 per cent) said NHS England was to a small extent or not at all a key driver of local care integration.

Please see Table 9 for the full set of responses.

Table 9: In your opinion, to what extent are the following organisations engaged as key drivers of integrating care locally?

Response	To a great extent	To a moderate extent	To a small extent	Not at all	Don't know
The health and wellbeing board (%)	31	53	14	3	0
The sustainability and transformation partnership (STP) (%)	14	34	34	19	0
Integrated care system (ICS) (%)	19	35	29	18	0
The council (%)	41	46	8	1	4
NHS England (%)	6	20	43	24	8
Clinical Commissioning Group (CCG) (%)	25	56	14	4	1
Health providers (%)	14	58	24	3	3

Base: all respondents (80)

Respondents were asked about a number of components of their local plans and the extent to which these were key drivers of good integration.

- Almost all (96 per cent) said that a shared vision of person-centred, place-based care and support was, to a moderate or great extent, a key driver of the local plan for good integration.
- Four fifths (81 per cent) said shared values and culture across the health and care system was a key driver to a moderate or great extent.
- Four fifths (80 per cent) said the same of equality of partnership between health and care leaders.
- Seven out of 10 (70 per cent) said integrated operational structures for **commissioning** were key drivers to a moderate or great extent.
- Two thirds (68 per cent) said integrated operational structures for **provision** were key drivers to a moderate or great extent.
- Just over half (53 per cent) said that shared finances were a key driver to a moderate or great extent.

Please see Table 10 for the full set of responses.

Table 10: In your opinion, to what extent are the following components key drivers of your local plans for good integration?

Response	To a great extent	To a moderate extent	To a small extent	Not at all	Don't know
Shared vision of person-centred, place-based care and support (%)	71	25	4	0	0
Equality of partnership between health and care leaders (%)	48	33	18	3	0
Shared values and culture across the health and care system (%)	56	25	16	3	0
Integrated operational structures for commissioning (%)	28	43	28	3	0
Integrated operational structures for provision (%)	19	49	26	6	0
Shared finances (%)	19	34	33	15	0

Base: all respondents (80)

Respondents were asked about local barriers to good integration. In terms of the proportion of respondents saying something was a barrier to a moderate or great extent, the top five barriers were:

- local financial challenges (94 per cent)
- workforce challenges (91 per cent)
- national direction/pressure to meet national targets (89 per cent)
- lack of community provision and provider market fragility (83 per cent), and
- late, changing inconsistent or unclear national guidance (81 per cent).

See Table 11 for the full set of responses.

Table 11: In your opinion, to what extent are the following barriers locally to good integration?

Response	To a great extent	To a moderate extent	To a small extent	Not at all	Don't know
Problems with data sharing for populations and individuals (%)	41	34	19	4	3
Workforce challenges (%)	46	45	8	1	0
Lack of agreement between health and care leadership (%)	23	36	29	10	3
Local financial challenges (%)	63	31	5	0	1
National direction/pressure to meet national targets (%)	54	35	10	1	0
Mechanisms to share or pool funding (such as section 75 arrangements) (%)	10	30	28	29	4
Late, changing, inconsistent or unclear national guidance (%)	41	40	14	1	4
Lack of community provision and provider market fragility (%)	40	43	15	3	0
Lack of emphasis on personalisation and/or personal health and care budgets (%)	6	34	41	16	3
Fragmentation in legal or regulatory frameworks making it harder for organisations to work with each other (%)	41	26	24	6	3

Base: all respondents (80)

National integration programmes

Almost nine out of 10 respondents (89 per cent) felt that the Better Care Fund (BCF) had been fairly or very helpful in joining up care and support locally. See Table 12.

Table 12: In your opinion, how helpful or unhelpful is the Better Care Fund (BCF) in joining up care and support locally?

Response	Per cent (%)
Very helpful	24
Fairly helpful	65
Not very helpful	5
Not at all helpful	5
Total	1

Base: all respondents (79)

Respondents were also asked how helpful they found various aspects of the BCF in 2017-19. The most helpful aspect of BCF 2017-19 had been the improved BCF additional funding, where 94 per cent said this was fairly or

very helpful. More than four fifths (81 per cent) also said local health and wellbeing board leadership of the agreed plan was fairly or very helpful. The least helpful aspect of BCF 2017-19 was the nationally set target for reducing delayed transfers of care, where seven out of 10 (70 per cent) said this was not very or not at all helpful. See Table 13 for the full set of responses.

Table 13: And in thinking about some of the elements within the BCF, how helpful/unhelpful have you found the following aspects of the BCF in 2017-19?

Response	Very helpful	Fairly helpful	Not very helpful	Not at all helpful	Don't know
Local HWB leadership of agreed plan (%)	37	44	11	4	4
BCF national guidance (%)	6	37	41	8	9
Nationally set target for reducing delayed transfers of care (%)	6	22	38	32	3
Improved BCF additional funding (%)	62	32	3	0	4
High Impact Change Model for Managing Transfers of Care (%)	13	48	18	5	16
Support from Better Care Support Programme (%)	8	32	27	6	28

Base: all respondents (79)

Respondents were asked to consider the extent to which they agreed or disagreed with a number of statements relating to the future of BCF.

- Two thirds of respondents (67 per cent) tended to disagree or strongly disagreed that the BCF should continue in its current form, with nationally set requirements, targets and funding flows.
- Four fifths (80 per cent) tended to agree or strongly agreed that the BCF should continue in its current form but with greater scope for local agreement and fewer national targets.
- Nearly three fifths (57 per cent) tended to agree or strongly agreed that the BCF should return to its original purpose as a pooled fund to support greater integration of out-of-hospital care and support.
- Just under half (48 per cent) tended to disagree or strongly disagreed that the BCF should be abolished and funding returned to councils and the NHS, with a duty on each to pool funding to further local integrated care services.
- More than four fifths (82 per cent) tended to disagree or strongly disagreed that the BCF should be abolished and funding returned to councils and the NHS, with **no duty** on each to pool funding to further local integrated care services

See Table 14 for the full set of responses.

Table 14: In thinking about the provision of BCF in the future, to what extent do you agree or disagree with the following statements?						
Response	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
The BCF should continue in its current form, with nationally set requirements, targets and funding flows (%)	4	13	15	47	20	1
The BCF should continue in its current form but with greater scope for local agreement and fewer national targets (%)	37	43	9	5	5	1
The BCF should return to its original purpose as a pooled fund to support greater integration of out-of-hospital care and support (%)	23	34	22	11	9	1
The BCF should be abolished and funding returned to councils and the NHS, with a duty on each to pool funding to further local integrated care services (%)	19	18	11	33	15	4
The BCF should be abolished and funding returned to councils and the NHS, with no duty on each to pool funding to further local integrated care services (%)	4	4	9	29	53	1

Base: all respondents (79)

Respondents were fairly evenly split over whether they considered the sustainability and transformation partnership (STP) to be helpful in furthering local integrated care ambitions. Just under half found it both fairly or very helpful (46 per cent) and not very or not at all helpful (49 per cent), respectively. See Table 15 **Error! Reference source not found..**

Table 15: In your opinion, how helpful/unhelpful is the working of your local STP in furthering local integrated care ambitions?

Response	Per cent (%)
Very helpful	13
Fairly helpful	33
Not very helpful	25
Not at all helpful	24
Don't know	5

Base: all respondents (79)

In thinking about the development of integration policy, respondents were asked to consider the extent to which they agreed or disagreed with a number of statements.

- More than three quarters (77 per cent) tended to agree or strongly agreed that STP, ICS and BCF policy and programmes should be aligned and all HWBs required to develop their own integrated arrangements.
- Three quarters (76 per cent) tended to agree or strongly agreed that HWBs should be given a statutory role in developing or approving STP plans.
- Two thirds (66 per cent) tended to agree or strongly agreed that STPs should be abolished and HWBs put in a leadership role.
- Seven out of 10 (72 per cent) tended to disagree or strongly disagreed that that BCF should be abolished and STPs put in a leadership role.
- Over half (52 per cent) tended to disagree or strongly disagreed that STPs should be put on a statutory footing.

Please see Table 16 for the full set of responses.

Table 16: In thinking about the development of integration policy, to what extent do you agree or disagree with the following statements?

Response	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Align or merge STP, ICS and BCF policy and programmes and require all HWBs to develop their own integrated arrangements (%)	35	42	8	8	6	1
Put STPs on a statutory footing (%)	11	15	19	27	25	3
Give HWBs a statutory role in developing or approving STP plans (%)	43	33	10	6	8	0
Abolish STPs and put HWBs in a leadership role (%)	41	25	14	10	8	3
Abolish BCF and put STPs in a leadership role (%)	4	5	15	22	51	4

Base: all respondents (79)

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