

Response to LGA Green Paper: The Lives We Want to Lead

Newcastle CVS is the lead infrastructure organisation for Newcastle and Gateshead's voluntary and community sector. As well as developing and supporting voluntary and community organisations to be more sustainable and resilient, we organise networks and events and represent the voluntary and community sector in strategic discussions. We carry out research and produce policy studies. We have over 750 member and associate organisations that are local voluntary and community organisations, CICs and social enterprises and operate in Newcastle and Gateshead. A number of our member organisations are actively involved in social care. Our Chief Executive sits on the respective Gateshead Health and Wellbeing Board and the Newcastle Wellbeing for Life Board.

The views and comments presented here are collected from a Newcastle CVS Forum event held on 25 September and an email request to Newcastle CVS members for comments/ views on the green paper. Our response is also informed by ongoing discussions and debate in our forums, events and one to one meetings with voluntary and community sector managers and front line staff that have taken place in the previous twelve months and which have touched on the issues and ideas raised in the green paper.

From a voluntary and community sector perspective there is much to welcome in the LGA's analysis of the challenges facing adult

social care and the proposals to meet those challenges. Whereas we don't necessarily disagree with this analysis, inevitably we have a different perspective – as providers, advocates, campaigners and organisations actively involved in community development and prevention work. Our perspective is also from the North East, an area that has been particularly badly affected by the recession, welfare reforms, and the reduction in Revenue Support Grant to Local Authorities. We have a high number of residents who live in some of the poorest wards in the country, and rely significantly on the public and voluntary sector for services.

“There is a negative impact and increase in need for social care due to the loss of Independent Living Fund, DLA, PIPs, welfare reform, and the introduction of Universal Credit”

It is positive that the green paper frames adult social care beyond being simply a set of purely contracted services and it views social care as also an instrument for economic growth and community connectivity and cohesion. Also the paper recognises (unlike many media commentators) that the majority of spend is for services for adults of working age.

In doing so the green paper implicitly recognises the contribution of the many small and medium sized voluntary and community organisations that do not necessarily provide contracted adult social care services. The presence of these organisations within local

communities, the trust they earn by being created by local people, rooted in and for the community and the opportunities they provide for social activity creates the conditions for wellbeing that the green paper identifies as so important for ensuring everyone receives the care, support and opportunities they need for a good life.

The voluntary and community sector offers a means to link with and involve older people, Black Asian and Minority Ethnic (BAME) communities, people with physical or learning disabilities, people with drug and alcohol problems, with mental health issues and individuals or families trying to manage on low or no incomes. We know these are the groups who often have the poorest wellbeing and health status and the greatest needs.

We agree that how adult social care is currently funded is not sustainable and needs changing, and the demographic patterns show this can only get worse. It is clear that fairness should be central to any new funding mechanism. Increasing income tax and/or national insurance does appear to offer a way of pooling resources and funding social care in fair way that does not unnecessarily burden people on low incomes or few assets.

Many of the residents in Newcastle and Gateshead would fall below the line where they have to contribute towards social care. However it should be a progressive system that is based on the population, rather than individual circumstances.

“While the NHS is free at the point of use and social care is means tested they cannot work together with proper integration. Both need to be on the same footing”

“When people who are asked for a contribution refuse to pay, there is an impact on family carers”

By contrast the Council Tax precept for social care, for example while it may be useful, in practice appears to make a regressive tax, more regressive. It is therefore also important that funding collected nationally should also be redistributed fairly with more resources invested in areas of greater poverty and inequality where health and wellbeing outcomes are likely to be poorest.

“The voluntary and community sector experience is that there are lots of vulnerable older people in community abandoned with an increase in safeguarding concerns”

“For some people there is exposure to increased risk of abuse – not all have family/friends”

“Cuckooing/mate crime issues are increasing and people having to move, with no protective mechanisms, only an annual review, and no key worker”

The disparity of funding between health and social care is well-illustrated, and there has never been a persuasive argument for the cancer patient to be treated as free at the point of use by the NHS, whilst the dementia sufferer is means-tested. As there is a move towards place-based commissioning across the health and social care system, this inequity needs to be removed.

“One day in a hospice is free, paid for by the NHS, while one day in a Day Centre is charged for, to the user unless they qualify for local authority support”

“There is disparity for people with Learning Disability and people with Dementia, who may have specialist workers and support”

“How does this all interlink – social care, NHS, Welfare state whole system, long term conditions?”

It is worth noting here that although the voluntary and community sector can bring

much in the way of provision that can indirectly support adult social care services, there are established voluntary and community organisations that do deliver contracted social care services and that delivery of public service contracts can form part of voluntary organisations' business model.

"There are meant to be partnerships but they are very one sided; for instance the NHS does not understand that there are costs to a voluntary organisation of hosting NHS staff in a community centre"

The issue of recruitment, training and retention of staff within the voluntary sector is even more difficult than for the public sector. Often voluntary organisations do not have sufficient funding to be able to offer the accredited Living Wage and offer the legal minimum on terms and conditions; often contracts do not pay for staff travel time - unlike the public sector delivery.

It is disappointing that the green paper makes no mention of Social Value in the commissioning of services. Neither does the green paper sufficiently explore alternatives to contracting of social care services, which might open up the adult social care market to a greater variety of voluntary organisations. For example, using grant aid to support grassroots early support interventions within communities. This would also save a significant amount of resources wasted through formal procurement processes.

"Integration: it's a big tent approach but everyone wants to keep what's theirs and there are only crumbs for the voluntary sector, it's very inward looking"

It is important however that policy and decision makers acknowledge that the voluntary and community sector continues to face financial challenges, much as the

public sector does, and that it does not have easy access to a 'magic money tree' of grant funding. In practice, many voluntary organisations are operating on a mix of funding sources that will include contracts, grants and income generation. We face the same cost pressures as other businesses (private and public).

To gain the best from the sector in a redrawn future environment for adult social care, we believe commissioners need to approach the voluntary and community sector with a similarly diverse offer of funding opportunities.

The general impact of austerity in Newcastle and Gateshead, together with the recession and cuts in public services, mean that a number of free and low cost facilities are no longer available as safe places for people to go and meet others. The noticeable impact of isolation and loneliness is being felt across those communities where there has been a loss of places to connect. This then brings more people into needing more formal care and support services, at a higher cost.

We agree that services need to be designed and commissioned at the local level; that local stakeholders, providers, commissioners and most of all service users are best placed to shape social care services

"Loss of lower level/preventative resources (cost/benefits any)"

"Assessments for continuing health care now every six months, progressive conditions, reliance on family".

We agree too that local authorities are well placed to provide local leadership and that elected members do have a connection with local communities that isn't replicated in other branches of the public sector. We would state though as fact that many

voluntary and community groups are also uniquely rooted in their communities and well placed to be an agent of positive change within a newly made, properly funded adult social care system.

Responses from Newcastle CVS Open Forum held on 25 September 2018 to specific sections of the green paper

Section four | Funding for adult social care

Fear social care will diminish and not be there. What happens to those now deemed ineligible?

Those in the circle of need are floundering with unpaid carers or no care; we worry they will end up in hospital which is a disservice to individuals and a cost to society.

There were 9,000 people 10 years ago in Newcastle receiving care; now there are only 4,500 but the need has increased.

Section five | What are the options for change?

All are as important

Paying care providers a fair price is essential. Some care homes will not take local authority clients.

Free personal care is essential to be fair.

- Do you have any other suggestion for how adult social care could be improved and supported in your area?

Quality in care needs to be improved with higher staffing levels in care homes.

The CQC should have increased resources to cover all providers more often and in more depth.

There needs to be better public understanding of what social care is. Many people give the NHS credit for things that are social care work, and support for people in communities.

Children who would have died in the past and are now living but with long term disability are on NHS care benefits and do not pay tax and national insurance. This should be available for everyone who needs it due to disability and ill health. Why should someone who develops long term disability or dementia be penalised?

This is political – more resources and funding is needed, exposed by the crash centrally funded for equality, social care precept not sustainable

Systems – health/social care would system change if integrated? Or is this just a distraction – it's the money.

Section six | How should we pay for these changes?

- Which, if any, of the following options would you favour to fund the proposed changes to adult social care?

1 per cent on National Insurance

This seems to be the best option which also raises the most funds for social care. The government should increase National Insurance by 1% to raise the funds to make social care free at the point of use. But it should be ring fenced so it can be seen where it goes.

The state is relying on communities to help

keep people out of the NHS but communities are not so tight knit. They are pulled - parents to support schools, people to support parks, libraries, etc.

Social care premium

The ideas to have a social care premium for those aged 40 plus was unpopular - why 40? Young adults need social care too.

Charging for accommodation costs

Why should people pay who have worked pay when people who cannot work do not pay?

Who has a right to free services? There are people using the same services and some pay and some do not - it does not seem fair.

Do you have any other suggestions as to how adult social care could be funded?

It is a political choice.

- *A wealth tax for the very rich to support social care*
- *Transaction tax in industry - for example pubs and alcohol retailers to pay for social care and addiction services*

- *Bring back the tax on bookmakers.*
- *Address loopholes - for instance if you work out of the country for 6 months you do not pay tax but still use public services for the other 6 months.*
- *Tax the multi nationals and hidden off-shore economy*
- *Change government priorities?*

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