



PRINCIPLES FOR HEALTH AND SOCIAL CARE REFORM

Policy Report
Number

ONE

September 2013

solace.org.uk

Background

Demographic pressures are driving up the need for care and support. As is widely noted¹, the proportion of older people in the population is on a rapid upward trajectory as the demographic 'bulge' of the baby boom generation approaches old age.

By 2030 demand is also projected to rise rapidly amongst younger adults with learning disabilities (32.2%) and physical or sensory impairment (7.5%)².

While there have been isolated instances of failure, local authority social care services are generally considered to be high quality. Over 70% of local authority Chief Executives and senior managers surveyed by Solace indicated that they believed their local services to be 'effective' or 'very effective' and 93% said they would recommend them to their own family and friends.

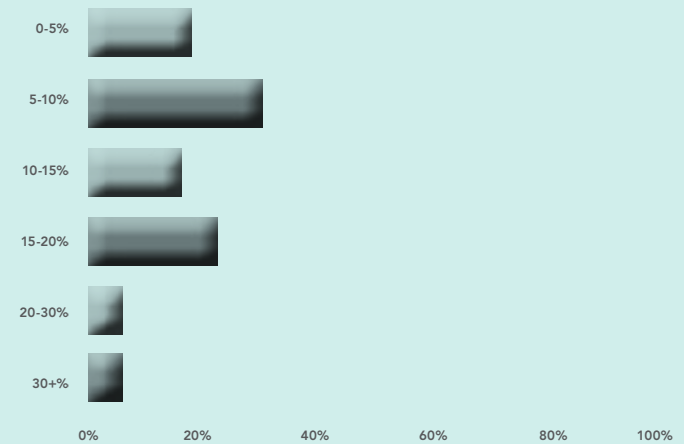
However, this quality is increasingly challenged by rising demand juxtaposed with ever tightening public expenditure. Over 50% of authorities surveyed by Solace indicated that they had cut spending in cash terms on adult social care by 10% or more since 2010 – with more than two-thirds of authorities anticipating a further cut of at least 10% in the next 5 years³.

Meanwhile, the health service is facing an unprecedented challenge in the coming five years. Clinical Commissioning Groups

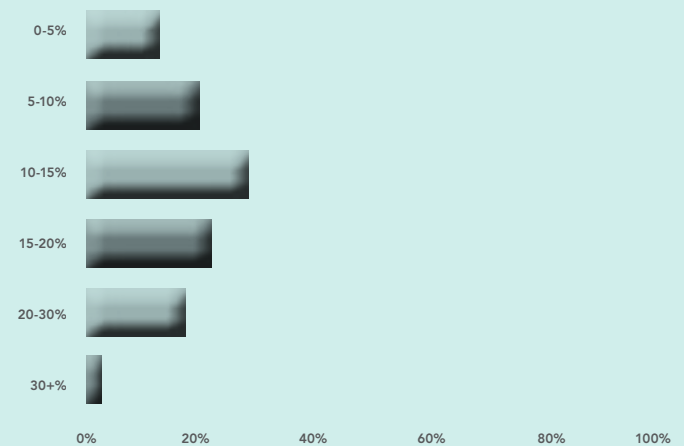
(CCGs), still in their infancy, are being faced with commissioning challenges that much more mature, long-established health service bodies have tried and failed to tackle. There is widespread agreement that commissioning must move towards more community-based approaches and a large shift is needed to pull spending out of acute services and into early intervention. However, such decisions remain clinically challenging and politically more so.

The public faces an ever more complicated care and support system. Private providers, community organisations, social enterprises and others now deliver services in a complex health and care economy. Funding reforms will cap catastrophic care costs, but the system still looks complex and bewildering to many. Solace members report a growing feeling that many residents are unaware of some of the complexities in the funding arrangements for social care. For example, survey evidence from a care and housing charity last year indicated that nearly a quarter of respondents were unaware that social care is means-tested at all⁴.

What level of cash reductions have you made on your adult social care budget since May 2010?



What level of cash reductions do you anticipate making on top of this in the next five years?



Finally, as integration moves up the political agenda, the very distinction between health care and social care is coming under increased scrutiny. System leaders and national organisations are beginning to talk in terms of 'seamless, holistic care' where individuals are not passed from 'hospital pillar to social care post'. The Government has committed to fully joined up health and social care across the country by 2018⁵. The LGA has advocated for place based public service budgets, focussed around individual need and extending joint commissioning across health and social care. More fundamentally, the boundary between the medical and the social itself is blurring as people's needs become more complex and less easy to 'pigeon-hole'.

It is in this context that we believe the status quo is untenable. Without transformation, service quality will suffer and our health and social care system will become increasingly unresponsive to the rapidly changing needs of our population. Inspections and regulatory regimes will continue to identify failure only after the event. The spending of restricted public funds will become more and more inefficient as acute health and care services continue to increase their share of a rapidly diminishing pot of resources. Most importantly of all, we will continue to treat symptoms and not causes; conditions and not people.

1. For example in Spending on health and social care over the next 50 years: Why think long term?, John Appleby, Kings Fund, 2013
2. Paying for social care: Beyond Dilnot, Richard Humphries, Kings Fund, 2013
3. Solace Social Care Survey, 2013 – This survey ran for two weeks in August 2013. The survey was sent to all Solace members from 195 upper-tier authorities (i.e. county councils, unitary councils or London boroughs). We received 58 responses.
4. Millions of Britons ignorant of care costs, press release, Anchor Trust, 2012
<http://www.anchor.org.uk/about-anchor/anchor-news/millions-britons-ignorant-care-costs>
5. People will see health and social care fully joined-up by 2018, press release, Department of Health, 2013
<https://www.gov.uk/government/news/people-will-see-health-and-social-care-fully-joined-up-by-2018>
6. Rewiring adult social care and health, Local Government Association, 2013

A 21st Century Wellbeing System

If the twentieth century was dominated by acute care and the medical model of illness, the twenty-first century will be dominated by wellbeing and the social model of health.

Breakthroughs in health care have brought down mortality due to illness and disease – with more people surviving cancer, heart attacks and serious accidents. However, the challenge of the twenty-first century is increasingly about the management of long-term conditions. Diabetes, Alzheimer's disease and heart disease are all projected to increase significantly over the coming decades. If the last century was about preventing premature death, the next will increasingly be about preventing, delaying and managing lifelong illness and disease.

The traditional boundaries between acute and primary care, health and social care, will continue to break down. In their place will be a twenty-first century wellbeing system. The system will offer personalised and integrated care, intervene earlier to help keep people independent for longer and take a universal, place-based approach to promoting wellbeing and tackling the social determinants of health. This vision of a holistic wellbeing system is widely shared.

Integration

In a twenty-first century wellbeing system, health and care support will be co-produced, holistic and coherent. As the LGA argued in its 'Rewiring adult social care and health' pamphlet, this will draw together the physical, mental and social needs of individuals into an integrated 'personal wellbeing plan' and seek to, wherever possible, enable them to participate and contribute in wider society.

One of the critical components of achieving this vision is the integration of health and social care. This does not always mean institutional or financial reorganisation. Rather, local organisations can find new ways to collaborate in order to achieve a person-centred health and care system. This vision of an integrated, holistic system is increasingly shared across political and organisation boundaries. The Government⁷, other mainstream political parties⁸, the LGA⁹ and the Kings Fund have all indicated that further integration is fundamental to health and social care reform.

Organisations commissioning and providing health and care services will need to work together to deliver holistic, person-centred packages of support which 'hide the wiring' between different systems and funding pots. Whatever the architecture of the underlying organisations, individuals will experience a single, seamless care journey. This journey will encompass all of their needs, will work with them to establish quality of life goals and identify the best ways of reaching these. Individuals will not need to repeat their story time and again, as information will be shared appropriately. Indeed, with the rapid progression of information technology, individuals will be increasingly empowered to choose what personal information is shared and with whom, through a personal care record.

Such an approach could build closely on the Government's proposed 'Education, health and care plan' for children with special education needs (SEN). Currently being piloted in the SEND Pathfinder areas, this plan brings together support provided by

health services, the council and education providers into a single, coherent and holistic plan for a young person. It is underpinned by joint LA and NHS commissioning and personal budgets to enable choice and control.

Personalisation

Alongside a 'wellbeing plan' which integrates physical, mental and social needs will be one which is truly personalised to an individual's chosen goals. Personal budgets for social care, and increased choice in health services, will enable individuals to work with appropriate support to identify their own vision of 'wellness' and to choose their own path to achieve this. This approach, again, has widespread support from major political parties and sector organisations. Two thirds of Solace members believe that their authorities have already grasped the personalisation agenda 'effectively' or 'very effectively'.

7. Caring For Our Future: reforming care and support, HM Government, 2012

8. Labour Party Commission on health and care

9. Rewiring adult social care and health, Local Government Association, 2013

A diverse care marketplace will require new and innovative models of service delivery; providing everything from domiciliary home care to peer networks and technologically assisted self-support. Solace members responding to our survey report that there are a large range of new models under investigation in their authorities: from telecare and assistive technology to befriending services and 'casserole clubs'. These models will challenge traditional views of what care and support can look like.

Early intervention and prevention

There is now a broad recognition in public policy that the balance between 'reactionary' and 'preventative' spend must change. This can be seen in numerous policy areas: in children's services, in employment and in public health. Although full implementation has often proved difficult, this recognition rests on the insight that by working alongside people and communities early on, the need for expensive and intrusive support later on can be avoided. Perhaps more importantly, families stay together, people get back into work and they remain healthy and free from chronic conditions for longer.

In adult social care, this recognition of the need for change can be found strongly amongst Solace members. Of those surveyed, 90% wish to spend less

on residential care and 90-95% wish to spend more on preventative services, assistive technology and re-ablement and rehabilitation services.

In a twenty-first century wellbeing system, integrated health and care services will intervene early, enabling people to quickly regain independence. Models like fall prevention services already get people quickly back on their feet, improving quality of life and avoiding the often rapid decline which can follow one-off accidents.

Further investment in this area will deliver even wider benefits as services and support move away from 'acute' settings further upstream. Reformed primary care, community capacity and preventative or re-ablement services will all promote independence, as well as lowering demand and securing the future stability and viability of the health and care system.

Achieving greater early intervention and prevention will also rely on more effective, joined-up information, advice and guidance (IAG). This is critical to empowering residents to better navigate the health and care landscape – in turn facilitating greater personalisation, earlier support and more self-help. This approach has already been successful in other areas; for example in public access channels providing one-stop information on local authority services.

Integrated IAG across public, private and third sector bodies will enable residents to more directly access the services and support networks that will help them to stay healthy and independent for longer. These may be less traditional support networks provided by community groups and third sector organisations as well as more traditional publicly funded 'care services'.

Universal services, prevention and behaviour change

The return of public health to local government also offers the opportunity for an integrated, place-based approach to wellbeing which takes the challenge of behaviour change seriously. A twenty-first century wellbeing system will work well beyond the traditional bounds of public health, reaching into planning and economic development. This is already recognised by many local authorities, with high levels of involvement from a variety of organisations in local wellbeing strategies; from charities and the third sector (95%) and CCGs (88.5%) to community groups (80%) and mental health trusts (75%).

Such a system will work alongside communities to embrace the Marmot principles and begin to tackle the social determinants of health. This will be as much about employment and housing as smoking cessation or diet. It will embrace the full scope and scale of the Marmot recommendations for policy action including action on: the early years and early intervention agenda for children, improving employment opportunities and standards of living & creating and developing healthy and sustainable communities¹⁰.

In recognising the financial constraints the public sector now faces, a twenty-first century wellbeing system will also work more closely with community groups, charities and wider civil society. It will facilitate more self-help, signpost to community support and encourage strong and sustainable communities which are less reliant on state support.

This will involve utilising all the tools available to encourage and develop more self-sustaining communities. An integrated, local wellbeing agenda will drive, for example, improved leisure services,

an increase in integrated housing and support for community groups running intergenerational activities. These will all be part of a system which seeks to develop strong and sustainable communities and reduce reliance and demand on traditional health and care services.

This will not be easy. It will mean suggesting that the next time it snows; our residents spend a few extra minutes clearing their elderly neighbours drive. It will mean withdrawing entirely from some of the roles we have built up over recent decades and asking volunteers to take our place. This may feel, and to a large extent is, a financial necessity forced upon us by unprecedented financial settlements. However, we may be able to make a virtue of such necessity. Strong and sustainable communities are happier, they are more integrated and they have a better sense of solidarity.

Alongside this increased focus on community based support, in future there will also be recognition that we need a re-balancing of the rights and responsibilities of the state and the individual.

While people will always have the right to live as they choose, the state cannot always be expected to bear the responsibility for the consequences of this choice. This precedent is already set in parts of our health services; for example with policies governing who receives limited organ transplants.

A twenty-first century wellbeing system will engage the public in a wider conversation about how to balance the equal rights of all our residents to public services with people's individual responsibility for their health and wellbeing.

This will encourage a broad approach to wellbeing and the development of self-sustaining communities while also having a realistic discussion about what the state can and cannot afford. Whilst transformation of health and care services will be necessary to achieve a twenty-first century wellbeing system, it will not be sufficient. Without this universal approach to wellbeing and sustainable communities, demographic pressures will continue to drive up health and care costs to an unaffordable level.

¹⁰ Fair Society, Healthy Lives:
The Marmot Review, 2010

The Role of Local Authorities

Local Authorities have a unique place within the wider health and care system. They commission adult social care services and hold local responsibility for ensuring the safeguarding of vulnerable people.

In many cases they are the commissioners or deliverers of services most likely to spot early signs that someone may need further support – for example through housing or benefits advice. Further, they are democratically elected bodies who bring a culture of transparency and openness to decision-making and scrutiny across the whole system.

They therefore have a critical role to play in a twenty first century wellbeing system. Focussed interviews with several Chief Executives, and wider surveying of Solace members indicate that they believe Local Authorities have four critical roles in health and social care:

- Market making and commissioning social care services.
- Safeguarding vulnerable people
- Quality assuring and opening up local health and care services to external challenge and scrutiny
- Acting as ‘system leaders’ at a local level

Market making and commissioning

Local authority care and support services are increasingly rationed. The majority of authorities offer care services only to those with ‘substantial’ needs and severely limited financial resources. The Care Bill will introduce national eligibility thresholds and funding reform will bring more people within the safety net of financial assistance. Nevertheless, if local authorities are to remain the local leaders of place they need to recapture a role which encompasses the whole community. This future will not be as a traditional service deliverer; instead it will be as a facilitator, market-maker & quality assurer.

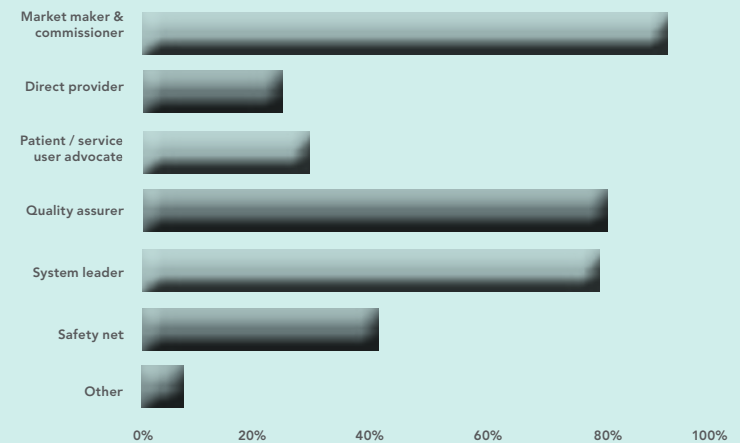
The market for providers of care and support is increasingly pluralistic. In-house provision, private companies, social enterprises, charities, mutuals and spin-outs are now involved in delivering a wide variety of activities and services; from traditional ‘home care’ to peer support networks.

Local authorities already have a critical role in commissioning care and ensuring a diverse, high-quality market which meets the needs of their local communities. With

the advent of increased personalisation, this responsibility is expanding as truly personalised budgets are only possible in a varied market. A choice between a small number of block commissioned providers

is not a real choice. Local authorities, alongside other partners, will have a key role in working closely alongside provider organisations in ensuring the local marketplace is diverse and sustainable.

Going forward, what do you see as the key role(s) of the local authority in this space? (Please tick all that apply).



Earlier this year, a survey¹¹ indicated that on a range from 1 (completely ineffective) to 10 (very effective), the average NHS Trust leader rated the usefulness of the commissioner/provider split as 3.1. Sir David Nicholson, the outgoing Chief Executive of NHS England has also called publicly for a rethink on 'the straightforward commissioner/provider split'¹². Solace agrees with health service leaders that the commissioner/provider split cannot, and should not, continue to be practised as rigidly as it has been to date.

New ways to encourage innovative co-produced services will be needed and a workforce skilled in designing and commissioning these services will be required. This workforce will need new skills in outcome based commissioning, strategic understanding of populations and the ability to work with communities and provider organisations.

As part of this market-making and commissioning role, local authorities will also need to ensure they are providing good quality information to help residents choose the support that is right for them.

An effective market in care services requires good quality information, advice and guidance on different types of support. As local authorities have already recognised (with nearly 50% providing this already) it will also involve offering financial advice and planning to self-funders. In the new health and care landscape, councils will need to move beyond simply providing a service to those who clear the eligibility hurdle. Rather they will need to act as market makers, commissioners, advocates, quality assurers and brokers on behalf of their local communities.

Safeguarding

Arguably the most important function of a local authority in social care is the safeguarding of vulnerable people. Councils will remain in the forefront of trying to ensure that their most vulnerable residents are safe and investigating and acting upon signs of abuse or mistreatment. However, they face challenges in achieving this.

As in children's social care, there are challenges facing the social work workforce. High turnover, alongside concerns about the quality and quantity of training, are leaving many authorities facing real issues

of capacity. The work of the Social Work Reform Board was welcome in helping to address this.

Going forward, Solace believes these issues are best tackled through a holistic social work reform programme which builds on the legacy of the Social Work Reform Board. Many similar issues exist in Children's Services and a holistic programme will also help to ensure stronger integration between the safeguarding of children and vulnerable adults.

A 'life-course' approach to workforce reform will also help to ensure that we develop the workforce in a way which ensures they are prepared for the full challenge ahead. Solace remains keen to work with other sector bodies, the Government and the new Chief Social Worker for Adults and Chief Social Worker for Children and Families in developing this approach.

These issues can be compounded by a lack of joined-up working between different organisations in reporting and tackling abuse. Finding the right balance in this area is critical in periods of heightened awareness; councils can find themselves

beset by a wave of referrals – unable to identify the genuine priorities amongst the flotsam and jetsam of individual enquiries. Likewise, several cases in recent years have seen sharing between agencies not happening quickly enough.

Health and Wellbeing Boards will need to establish their leadership in this field early on, championing appropriate cultures of sharing and collaboration to give the best chance of safeguarding some of our most vulnerable residents. Likewise, the sensible and proportionate sharing of information must become commonplace. We therefore agree with the recent recommendation from Localis¹³ that the Government should move to a presumption in favour of the sharing of data between health and care bodies.

Quality Assurance

As the move to personalisation accelerates, authorities will also hold a greater role in assuring standards and quality. 80% of Solace members believe that councils will have a critical future role in quality assurance.

11. Health Service Journal
<http://www.hsj.co.uk/acute-care/hospital-chiefs-give-thumbs-down-to-purchaser-provider-split/5060819.article>
 12. Health Service Journal
<http://www.hsj.co.uk/news/commissioning/exclusive-sir-david-nicholson-announces-major-review-of-nhs-strategy/5059398.article>
 13. 'In Sickness and in Health', Gwilym Tudor Jones, Localis, 2013

With many residents fully or partially funding their care, this role represents both a necessity and a virtue. As well as contributing to the safety of our most vulnerable residents, it 'recaptures' a universal service offer valued by those ineligible for state financial assistance.

This role as a market assurer allows for a more inclusive approach to issues of quality. Central inspection will always have a role. However inspection can only ever inform about past performance. If a problem is detected, it may have been six or twelve months ago. If it is not, the cost of the inspection is wasted. Through a more collaborative approach with suppliers – allied with a strong culture of accountability and transparency – local government can help to bring an on-going focus on quality to the system.

This approach can be developed by building on the role of sector-led improvement through the 'Towards Excellence in Adult Social Care' programme. Solace is a keen supporter and advocate of

sector-led improvement, both in children's and adult's services and we believe that this approach offers an opportunity to strengthen local government's role (both in breadth and depth) in leading on an effective system of quality assurance and accountability.

This will also mean that on the 'sharper' end of the spectrum, clearer legal boundaries will be needed around LAs roles in the event of provider breakdown. Particularly in light of on-going reforms, we believe Government needs to clarify the responsibilities of different parts of the system going forward.

An increased focus on quality and diversity will also bring a much needed focus on to one of the critical issues facing the care sector. The Cavendish Review, commissioned by the Government and

reporting earlier this year, looked at how to improve the care given by healthcare assistants and unregulated staff in adult social care. The status of care careers is low, workforce skill levels and pay are low, progression routes are limited and turnover is high.

Going forward, local authorities will have to take a view on workforce development even where services are commissioned or outsourced. We agree with the findings of the Cavendish Review that we need an integrated approach which better enables progression, movement between care and health and more specialisation. As well as improving the status and desirability of care roles, this will help develop the future adaptability that will be required of a more flexible health and care workforce.

System Leadership

Strategically underpinning the first three roles in market making, safeguarding and quality assurance, we believe local authorities have a critical role to play in providing 'system leadership' across the health and care system more generally. As local, democratic leaders of place, we believe councils can and should provide a focal point through which all local health and care services can collaborate and integrate.

Health and Wellbeing Boards and Integration

Health and Wellbeing Boards offer the opportunity to achieve this vision. As forums for sharing best practice and discussing joint opportunities; they offer a unique opportunity for conversations about integration, collaboration and the wellbeing of a place. As bodies which sit above particular commissioning organisations; they offer the best opportunity currently available to take an impartial view on the balance of provision needed in a locality. As boards which bring together the managerial and political leadership of key local commissioners; they have the authority and expertise to make the difficult decisions needed to ensure the local health and care economy is sustainable in the long term.

There has been much talk recently about the integration agenda and its implications for the structure of public services. The Kings Fund is currently undertaking a 'Commission on the Future of Health and Social Care in England' which promises to 'fundamentally re-examine the 1948 settlement'. 70% of Solace members surveyed believe that in future the health and social care system should be integrated at a local level – though they remain split on whether means-testing and entitlements should also be brought in line across the two systems.

Over the next decade, it is becoming clear that local authorities will need to become more involved in health commissioning decisions as we seek to integrate health

and social care budgets and pursue efficiencies. Such a localist approach can be seen as an extension of the Government's health reforms and is also in line with the provisional findings of the Labour Party Commission on health and care. It recognises that a service as complex as health cannot be run effectively from the centre. The centre must instead enable it to be run effectively on a local level. It also offers an opportunity to open up decision making and commissioning of health services to greater public understanding and scrutiny. Local authorities have for some time married diverse commissioning and democratic transparency in social care services. Integration offers the opportunity to apply these lessons in an increasingly pluralistic health provider market.

Barriers to change

Conversations with several prominent Chief Executives and senior officers pursuing health and care transformation highlight a few key barriers to change. These conversations were supplemented by our survey of Solace members which indicated several key barriers to progress.

The first of these is organisational culture, professional silos and a lack of flexibility in some health organisations. 45% of surveyed Solace members indicated that organisational culture was one of their three main barriers to change and a third chose professional silos. A significant number of the 'other' free text responses (nearly 20%) indicated specific concerns around CCG's and national health bodies and NHS restructuring.

Secondly, a lack of staff capacity or financial resources ranked strongly. Particularly the issue of staff capacity relates to earlier discussions in this report about the need for a future workforce with new skills in outcome based commissioning, strategic understanding of populations and the ability to work with communities and provider organisations. It also relates strongly to the need for a renewed social work reform programme which takes a 'life-course' approach to addressing workforce development and capacity issues.

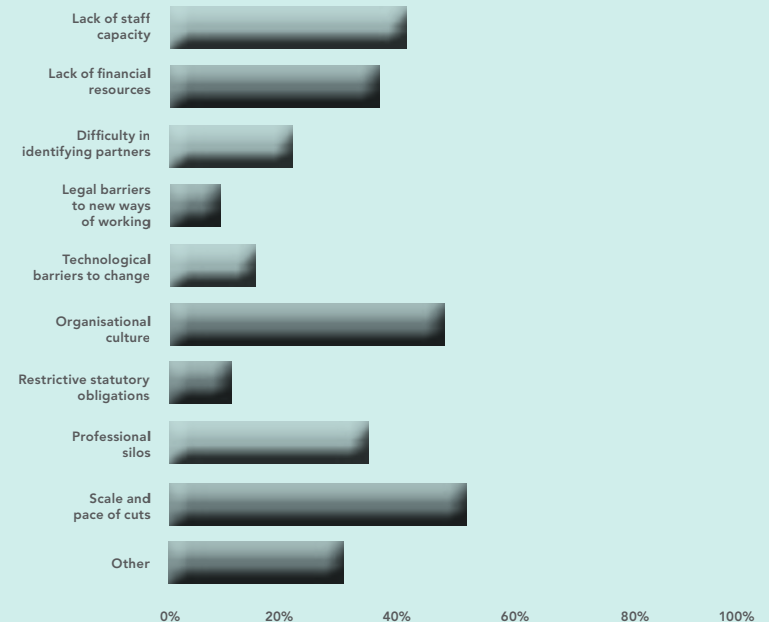
Finally, there are clear concerns about the scale and pace of change (particularly budget cuts) and the impact of this on local partners' ability to undertake the complex, multi-year reorganisations which will be needed to transform the system. Several senior officers indicated in interviews that without a period of stability and certainty, complex and politically challenging decisions will not be made. This view also came through strongly in our survey, with 50% of members indicating that the 'scale and pace of cuts' was one of their three main barriers to transformation. Solace has long advocated the view that strong local leadership is the key factor in ensuring the success or failure of transformational change. Nationally prescribed models will never be as successful as an approach which builds on local relationships, local culture and local priorities. Blackpool is not the same as Brent and does not have the same needs or history.

Differential devolution and the road to reform

In other areas of public policy, the Government accepts the principle of 'differential devolution'. City Deals and Community Budgets are the most visible example of this principle. Diverse areas have been invited to strike bespoke deals with the Government; securing flexibilities and funding in return for clear commitments on economic growth or increased efficiency.

Solace believes this model represents the best way forward for health and social care. The appetite to transform health and social care services is already present in many areas across the country. Nearly two-thirds of Solace members surveyed indicated that their authorities had 'some' or 'extensive' integration of health and social care budgets and commissioning. Nearly 100 local areas applied for the Government's integration 'Pioneer' programme, of whom only fifteen will be selected. In the long term, we agree with the Local Government Association that our ambition must be an integrated, locally driven health and social care system.

What are the main barriers to change in your local care system? (Please choose up to three options.)



Differential devolution allows integration and transformation to continue at scale and pace in areas which have already made rapid progress. It ensures that these opportunities can be grasped by areas which wish to grasp them, without being slowed to the lowest national denominator. Areas like Manchester, pursuing an ambitious reform of their local health and care economy, could lead the way in showing what is possible. Those with complex CCG geographies or other unique local challenges could take a slower, more measured approach if they chose – learning from early adopters.

Such an approach offers us the opportunity to innovate, and to generate understanding and learning about what works when developing integrated, local systems. It allows local areas to learn from the best models available internationally, fit them to a local context and develop new evidence about how best to pursue genuinely transformational change. This in turn benefits the wider local government and

health sector, as understanding develops and there is an increase in the quality and quantity of evidence supporting both the benefits of integration and the best ways of achieving it. This approach is one of sector-led innovation, with transformation and integration driven from the bottom-up – contrasting the dogmatic, top-down centralism of Whitehall.

We have seen from the Community Budget and Pioneer programmes that relatively small, concentrated pilots leave large unmet demand across the wider sector. Both programmes also risk focussing on resources and efficiency at the expense of a more radical, transformational approach. We believe that every area with enthusiasm and a credible local ambition should be set free to pursue radical redesign.

If we are to truly achieve a health and care system fit for the twenty-first century, we must set the early adopters and pioneers free to radically transform local services.

Key principles governing health and social care reform

1. While recognising that local areas will and should evolve differently, Solace is clear that the preferred goal for health and social care reform is shared commissioning, shared budgets and shared management teams with local Health and Wellbeing Boards providing strategic, local leadership across the system.
2. The health and social care system needs a radical shift in the scope and scale of integration and transformation, with a 'differential devolution' approach which encourages all interested localities to push forward with locally driven plans for transformation.
3. National Health Service organisations should provide continued and clear leadership in encouraging CCGs, NHS Trusts and other health bodies to pursue integration and collaboration with the local government sector.
4. The pursuit of even greater integration should be modelled around the notion of integrated wellbeing plans; both at the level of person and place. 'Personal wellbeing plans' should encompass an individual's physical, mental and social care needs. Holistic wellbeing plans, led by Health and Wellbeing Boards, should then tackle the wider determinants of health and wellbeing across whole areas.
5. Local authorities should ensure continued investment in sharing best practice around innovative care and support models to support increased personalisation of social care.
6. Local authorities and their partners should play a critical role in providing integrated information, advice and guidance services. These will enable individuals to exercise greater choice and control and encourage self-help.
7. The health and social care system needs a review of the strict commissioner/provider split and how it is practised across local government and the health service.
8. Health and Wellbeing Boards need to take a clear leadership position encouraging the appropriate sharing of intelligence across health and care bodies. This should be allied with a Government move to making a presumption in favour of such information sharing.
9. A national conversation is needed with taxpayers about what can be honestly expected of health and care services in an era of austerity. This should particularly focus on the balance of universal rights to access and personal responsibility for health and wellbeing.
10. A new focus on wellbeing and developing strong, sustainable communities is the only approach which will assure the future fiscal sustainability of the health and social care system.

Acknowledgements

This paper was produced by Andy Hollingsworth with support from Graeme McDonald.

We would like to thank everyone who took the time to complete the Solace Social Care Survey and those who spoke to us formally or informally about the content of this report.

The following deserve special thanks for speaking to us through the interview process, or reading drafts of this report and providing much appreciated advice and guidance:

- Geoff Little (Manchester City Council) and Will Blandamer (GM Public Services Reform Team)
- Graham Burgess (Wirral Council)
- Joanna Killian (Essex County Council)
- Martin Reeves (Coventry City Council)
- Tony Hunter (North East Lincolnshire Council)