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15 December 2015

Dear Colleague

I felt I needed to write to you as Council cabinet member for Adult Services in the aftermath of the recent "Care Summit" that was co-hosted by RCVDA and the Council and which looked at the pressures and also the opportunities to develop the adult care sector in this Borough.

As I am sure you appreciate well, our adult services are one of the most vital and most personal and delicate services this council delivers.  We do this via a combination of our own specialist social work staff and their office support, and also at arm’s length by the invaluable work of home care staff and residential home based staff employed by a number of commercial care companies and Voluntary Sector social enterprise.  We also have our own dedicated staff employed in a number of day centres for the elderly and for those service users with learning disability.    We also have specialist staff with expertise in mental health, blindness and sight impairment, deafness and physical disability.

We also work closely with NHS staff, such as occupational therapists and specialist discharge team nurses.  We also have our own hospital based social workers at James Cook Hospital shared with Middlesbrough Borough Council.  We also contract with social enterprises and the VCS as needed for one off or time limited specialist services and for support and training needs.

 A lot of current work is geared to developing new models of care.  It is clear that models based on reactive care delivered at home after hospital discharge, or models where hospital discharge followed by a move to a residential nursing home is not enough in itself, and can lead to service failure and re-admission to crowded and unsuitable wards.    This is why we are now working with partners in housing such as Coast and Country Housing or the 13 Group in the development of specialist intermediate group living schemes which give personal individuality and personal living space in an overall environment where care can be given on a "campus" model surrounding the housing units.  Our Adult Services are by their very nature, the greatest call on revenue within the council second only to the total council wage bill.   It is, along with our support for our children, probably the most important community service we discharge

The VCS sector too, is crucial to the development of adult care.  Some VCS groups are in fact direct providers of forms of care in the community, whilst others have ambitions to become so.   Much VCS work is highly innovative and they often have the time and space to develop more flexible, person centred services in both the home and community setting.

The reason for writing is to update you following the recent successful "Care Summit" co-hosted by the council and RCVDA.   At that session the pressures from the present backdrop of a growing demographic pressure as the "baby boomer" generation were graphically outlined.  The tragedy is that successive governments have failed to rise to this challenge, merely delaying the issue by referring consideration to a variety of commissions and think tanks, all of whom have pointed out the obvious, but to a non listening Treasury.

In recent years, all the care agencies - councils, care companies, the VCS and advocacy groups - have been constantly lobbying government, lobbying intensified by the introduction of the new National Living Wage, which puts especial pressure on the care sector.  The outcome of this was the snap announcement by the Chancellor in the Autumn Statement of giving the ability to local authorities to impose a 2% precept at budget time which is specifically earmarked for measures to meet the cash pressures these councils face, and which cannot be spent elsewhere.

This is at least a recognition of the level of need, although it is a blunt and rather regressive way of dealing with the issues.   Think tanks like the Independent Kings Fund have said a far better model would be one based on a formula which looks at the age demography of a council area backed up by observable health and well being indices.    This compares with the straight 2% measure which is seen as being based on a council's Council Tax base, thus meaning that areas with a wealthy base (mainly in the South) will benefit, whilst those in the North with a lower base and higher need, will lose.   However we have what we have, and one of the big issues - probably the biggest issue - we will have to face in coming weeks and months will be the decision whether to take up or reject this precept offer.

The alternatives are stark.   To accept it would help build up the capacity of adult care, and via that the capacity of the local VCS in that sector.   It would help to at least sustain the quality of life of service users, their families, friends and carers.    However, although a "precept" it is one only payable by residents of the Borough and is not backed by any extra spending by central government.    This of course would be a precept bearing down on many people who are not wealthy, including families hit by the recent SSI and Boulby Potash job losses.

If we were to accept the offer and put forward the precept, my view was that ideally we should use this cash for developmental work around re-ablement and intermediate care as this is very much the future direction we need to take, and builds up our wider partnership working around more socially desirable outcomes.    However, the small print, seems to indicate that this precept can only be used for addressing current pressures and if so, we will have to live within that envelope.   This would still be socially desirable and positive for those we all care for.

I would be interested in hearing from those groups, organisations and agencies working within the VCS umbrella within the Borough as to their views as to whether we should accept the offer of imposing this precept, and, if we did, how best it could be applied.

I look forward to hearing from the sector.

Yours sincerely

**(Councillor)  David Walsh**