

# The Care Act 2014: Consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support

## Response of: South East Strategic Leaders, South East England Councils and South East Councils Adult Social Care

March 2015

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### 1. Executive Summary

- 1.1. This is a joint response of South East Strategic Leaders (SESL), South East England Councils (SEEC) and South East Councils Adult Social Care (SECASC), which together represent County, Unitary and District authorities across the South East and over 9.6 million residents<sup>1</sup>. We support Government's ambition to create a modern care and support system fit for the next generation and to give people greater certainty over care costs.
- 1.2. To help us deliver, it is imperative that regulations, guidance and funding take into account the unique combination of South East characteristics, including:
- **Our large population** – Funding formula has tended to overlook the impact on services of the South East's large population of 9.6m people, projected to increase to just under 11m by 2034<sup>2</sup>.
  - **Our large elderly and ageing populations** - The South East has the largest and most rapidly ageing population in England. Projections for the next 23 years show numbers of over 75s and over 85s more than doubling.
  - **Our high number of self-funders** - The King's Fund estimates the South East has the highest proportion of self-funding care home residents at 55%. In some areas this reaches 80%. Our councils will therefore face higher numbers of care accounts and volumes of appeals than others.
  - **Our high cost base** – The South East's high land, property and salary costs mean it costs more to deliver services and daily living costs are higher than in other areas. Difficulty recruiting care workers could also add to increased costs in the future.
  - **Our rural population** - The South East has a high proportion of rural communities, where it is more costly to deliver public services.
  - **Our high numbers of carers** - The South East is home to a large number of carers.
- 1.3. **The impact assessments underestimate the costs to South East councils in several areas:**
- **Market equalisation** – the care cap assessment does not address the additional costs arising from the impact of reforms on the care market. High numbers of self funders switching to cheaper council commissioned care will push up prices, with significant South East impacts given our large numbers of older people and self-funders. Cost risks could lead providers to withdraw from the market, narrowing choice. We welcome recognition of price shift as an issue and urge the Department of Health (DH) to work with the sector to understand the implications in full and make arrangements for meeting these new cost burdens and to address market sustainability issues.
  - **Costs of community care** – there are additional costs of community care and support provided alongside home care that are not considered.
  - **Take up** – increased public awareness combined with the South East's high number of affluent self-funders means take up of council help is likely to be higher than DH's predicted 80%.
  - **Unit costs and volume of appeals** – a variety of factors will contribute to a higher volume of appeals and greater costs than those estimated. In particular, funding formula should take into account our high volume of self-funders, who have a greater incentive to appeal.
- 1.4. **Government should make provisions in the Spending Review to fund in full the costs of reform, which will be higher in the South East due to our unique combination of characteristics. Beyond this, Government should commit to review funding throughout the first year of implementation to ensure the commitment to cover all costs of reform is honoured. Government must also secure a sustainable, long-term funding solution for future social care provision.**

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<sup>1</sup> Includes SESL member councils Swindon, Wiltshire and Central Bedfordshire.

<sup>2</sup> ONS (May 2014) 2012-based sub-national population projections. 'South East' includes SESL member councils Swindon, Wiltshire and Central Bedfordshire.

- 1.5. We support the recommendation of the Independent Commission on Local Government Finance for a review on meeting the funding challenge for social care.
- 1.6. **The approach to Independent Personal Budgets (IPBs) must be proportionate, pragmatic and strike the right balance between being permissive and prescriptive.** Our members recognise the difficulties with both DH options. A more prescriptive approach will require additional funding whereas a more flexible approach based on averages is likely to be difficult to administer and lead to more appeals. **If this is the preferred option, DH should work with the sector to understand how an approach based on averages would work at local level.**
- 1.7. **We welcome local discretion and flexibility in regulations for care accounts. Government must allow reasonable time between publication of detailed guidance and implementation of care accounts** otherwise there is high risk that local authorities will not be legally compliant on 1 April 2016.
- 1.8. We are concerned that the DH supported BBC care calculator, which uses Personal Social Services Expenditure (PSSEX) data which includes council overheads, will lead to over-estimates of what councils should include in residents' care accounts. **As well as correcting this, Government should be more proactive in clarifying and countering misleading information in the national press.**
- 1.9. **There is a risk that more people will divest themselves of assets to increase the contribution that councils pay towards the cap.** While this issue is not new, what is new is the focus on obtaining early independent advice when people first consider their care needs and the ability to cash in personal pensions. Examples in draft guidance refer to people who divest themselves of assets 1-2 weeks prior to entering care but changes could result in people making such arrangements much earlier.
- 1.10. South East councils have different views on the DH options for working age adults and we refer you to individual council responses. **If the Minimum Income Guarantee is equalised for working age adults, this must be fully funded.** Introduction of a zero cap for people under 25 would benefit a small minority, create an anomaly with the benefits system and introduce a cliff edge. Consequently there may be a case for applying the £72,000 cap to all ages. **Fairness could be further enhanced by ensuring that individuals of any age who receive personal injury compensations to help pay for long term care are required to draw on these funds to meet the costs of their care.**
- 1.11. **Given significant variation in land, property and everyday costs around the country, we question whether it is appropriate to apply a national rate for daily living costs.** An alternative approach is needed which more accurately reflects higher South East costs. We recommend that DH explores the potential of linking accommodation costs with local housing allowance rates, which already reflect local factors.
- 1.12. **We are generally supportive of the extension of existing requirements for third party top-ups to cover first party top-ups** on the basis that it encourages greater personal choice and independence.
- 1.13. **We support the extension to means tested support. Councils must be fully funded to meet the additional costs of providing financial support to a greater number of people.**
- 1.14. **We do not think a new appeals system is needed to allow people to challenge care and support decisions, so do not see this as a priority for 2016.** This view is unanimous across the sector. We have serious concerns over the costs to councils of establishing and administering a process for handling appeals that will result in duplication at a time when social care funding is already insufficient to meet demand. Drawing on the input of regional Complaints Officer bodies, it would be more beneficial and cost effective to build improvements into the existing local resolution framework and ensure consistency of good practice than to introduce a duplicate bureaucracy that adds complexity and confusion.
- 1.15. **There will still be need for additional funding to meet the cost burden to South East councils of responding to the anticipated increase in complaints as more people access council support.**

## 2. About our submission

2.1. This is a joint response of South East Strategic Leaders (SESL), South East England Councils (SEEC) and South East Councils Adult Social Care (SECASC), which together represent County, Unitary and District authorities across the South East and over 9.6 million residents<sup>3</sup>. This submission focuses on the strategic issues of most concern to our members and is intended to complement more detailed responses of individual South East councils.

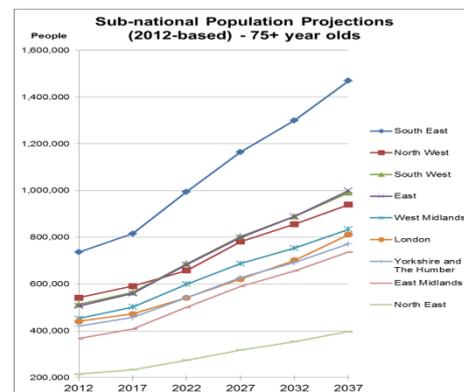
2.2. SESL, SEEC and SECASC welcome the opportunity to respond to this consultation and support Government's ambition to create a modern care and support system fit for the next generation and to give people greater certainty over care costs. We welcome the collaborative approach that the DH has taken to the development of regulations and guidance to support effective local implementation. Many of our members have been active in supporting the DH to better understand the impact of reforms across the South East and have participated in a sector-led consortium of 12 councils which have invested in work to understand the costs risks of reform.

## 3. South East context

3.1. **To help us deliver, it is imperative that regulations, guidance and funding take into account the unique combination of South East characteristics, including:**

- **Our large population** – At 9.6m people, the South East has England's largest population, projected to increase to just under 11m by 2034<sup>4</sup>. The impact of such a vast population has often been masked by percentage comparisons instead of looking at absolute numbers. For example, the South East has 484,000 children and older people living in income deprivation. When considered as a percentage of our large population (5%) this is often dismissed as a significant funding factor, although it is the 4<sup>th</sup> highest total in England<sup>5</sup>. Government formula that focuses on percentages overlooks the impact on services of the South East's vast and growing population.
- **Our large elderly and ageing populations** - The South East has the largest and most rapidly ageing population in England. Older people are projected to make up a greater proportion of the population over the next 23 years, with numbers of over 75s and over 85s more than doubling as the figures below show<sup>6</sup>. The sheer scale of our population and number of elderly residents is increasing demand for health and care services, which is placing significant, additional cost pressures on South East councils.

SOUTH EAST	2014	2037
Total population	8,852,000	10,307,000
People aged 65+	1,649,000	2,684,000
% of population 65+	18.6%	26.0%
People aged 75+	768,000	1,469,000
% of population 75+	8.7%	14.3%
People aged 85+	237,000	587,000
% of population 85+	2.7%	5.7%



- **Our high number of self-funders** - The King's Fund estimates that the South East has the highest proportion of self-funding care home residents at 55%, compared to the UK average of 45%. Surrey County Council estimates that it has around 80%. While it is difficult to predict the number of self-funders who will approach their council for an assessment under the new system, it is likely that many will want to start accumulating costs towards the care cap and take advantage of local authority rates. High numbers of self-funders are also likely to increase the volume of appeals faced by South East councils, particularly given the relative affluence of many South East self-funders, which means they have a greater incentive to appeal.

<sup>3</sup> Includes SESL member authorities Swindon, Wiltshire and Central Bedfordshire.

<sup>4</sup> ONS (May 2014) 2012-based sub-national population projections. 'South East' includes SESL member councils Swindon, Wiltshire and Central Bedfordshire.

<sup>5</sup> SEEC (2015) Data Dashboard. 'South East' excludes SESL members outside the traditional 'South East' area.

<sup>6</sup> Ibid.

- **Our higher cost base** – The South East is a high cost area with significantly higher land, property, salary and everyday costs than other parts of the country. As a result, it costs more to deliver services in the South East, with employers needing to compete with higher salaries paid in London. Difficulty recruiting care workers is likely to lead to increased costs in the future. South East service users in home care settings also face higher daily living costs compared to those in other parts of the country.
- **Our rural population** - The South East has many sparsely populated rural communities, where it is more costly to deliver public services. This issue is widely documented with additional costs arising from longer distances, limited opportunities to achieve economies of scale and the need for more service delivery hubs.
- **Our higher numbers of carers** - The South East is also home to a large number of carers. There are 920,796 unpaid carers in the South East, 634,445 more than the North East (286,351). This further increases demand for health and care services in the South East<sup>7</sup>.

## 4. Funding

4.1. South East councils have long supported the principles of reform and that people should be protected from catastrophic care costs. Although these reforms will introduce a significantly higher cap on care costs than recommended by Sir Andrew Dilnot, benefiting one in eight people who face the highest care and support costs, it will still create significant costs for the public purse. **It is therefore vital that Government makes sufficient funding available to meet these costs, which are higher in the South East compared to other areas due to the unique combination of characteristics outlined above.** As well as making sufficient funding available, Government should support us to minimise administrative costs recognising that any money spent on unnecessary administrative burdens reduces vital frontline care and support services.

4.2. **We support the partnership approach that the DH continues to take to working with the sector to understand the cost pressures on local authorities arising from the Act. However, the impact assessments which accompany the consultation underestimate the costs to South East councils in a number of critical areas:**

- **The care cap impact assessment does not address the additional costs arising from the impact of reforms on the care market and wider risks around market sustainability.** At present there is a significant difference between the rate paid by local authority-placed and private residents. Under the reforms, more people will be eligible for council funding and a significant number of self-funders are likely to opt for their local council to arrange their care at cheaper local authority rates. These additional people are likely to expect to pay the council rate for residential care rather than the higher private rate. This will inevitably put pressure on providers who, in turn, may attempt to increase the rate that local authorities pay for residential care, raising local authority costs significantly.  
These pressures will be exacerbated in the South East due to our high cost base and large numbers of older people and self-funders. Surrey County Council, for example, estimates that this 'market equalisation' will increase its costs by £100m-£150m per year. Surrey County Council is part of a consortium of 12 local authorities, involving several South East councils and representing 25% of the population, which have commissioned research to evidence the significant cost risks associated with market equalisation. Costs risks could result in unsustainable business models for providers, which may lead providers to withdraw from the market. This would lead to a narrowing of market choice, contrary to reform intentions. **We welcome that DH now recognises market price shift as an issue and urge that the department works with these councils to understand the implications in full and make arrangements for meeting these new cost burdens.**
- **The impact assessment does not fully reflect the costs of community care and support provided alongside or instead of home care prior to a service user entering residential care.**
- **It is possible that the level of take up in the South East could be higher than the 80% assumed in the impact assessment.** This is due to a combination of increased public awareness resulting from more active communications / media coverage and high numbers of relatively affluent self-funders, who have a greater incentive to start calculating costs towards the care cap.

<sup>7</sup> SESL, SEEC & SECASC (August 2014) Response to DH Consultation on draft regulations and guidance for implementation of part 1 of the Care Act in 2015/16

- **We are concerned that the impact assessment for the proposed new appeals system significantly underestimates the unit costs and the volume of appeals.** The impact assessment is based on estimated “blanket costs” and includes insufficient detail about the criteria for funding individual authorities. To reflect the true costs to South East councils, for example, **it will be vital to take into account our very high numbers of self-funders in calculating the likely volume of appeals and funding required.** Given their relative affluence, self-funders in the South East will also have a greater incentive to appeal. Other factors that will contribute to higher volumes of appeals and costs in the South East are set out in the section below on appeals.

4.3. **The DH should continue to work with the sector to fully understand the cost implications of reforms. Based on this evidence, Government should make provisions in the forthcoming spending review for additional funding to ensure councils can meet implementation costs in full. Beyond this, Government should commit to review funding provision throughout the first year of implementation to ensure that the commitment to fully funding reform is honoured.**

4.4. **In addition to implementation funding, we continue to call on Government for a sustainable, long-term funding solution for the future provision of care and support services.** Last year the Commission on the Future of Adult Social Care in England estimated that even with no changes to entitlements, spending on social care is expected to rise by £3bn by 2025. Evidence from the LGA shows that social care will account for 60% of council tax by 2019/20. The Independent Commission on Local Government Finance recently called for a further review on meeting the funding challenge for social care. **We support this recommendation and believe it is necessary if we are to move towards a sustainable health and social care system for future generations.**

## **5. Independent personal budgets (IPBs)**

5.1. Due to the South East’s very high numbers of self-funders, the cost and administrative burden of implementing IPBs will be greater in the South East compared to other parts of the country. **It is important that the approach to IPBs is proportionate, pragmatic and strikes the right balance between being permissive and prescriptive.** A very prescriptive approach whereby councils are required to complete a detailed care and support plan for every self-funder would increase costs to South East councils significantly and would require additional funding. It would, however, have the benefit of being consistent with the existing approach to calculating Personal Budgets (PBs). Using a system of averages is more permissive but has two key disadvantages; first, it is likely to be difficult to administer locally and second, by introducing greater local flexibility and ambiguity, this option is likely to lead to a higher volume of appeals.

5.2. Using a system of averages is likely to be difficult to administer for several reasons. For certain service users with, for example, very high or low levels of need, there may be an insufficient number of peers from which to derive an average. Moreover, the local authority will not only need to find enough peers with similar care needs but should also match levels of carer support, family support and community support, all of which are factors considered as a basis for providing personal budgets under the current system. This would be a difficult matching process which would need to be repeated every time the person’s care needs changed materially. The assumptions necessary in such an approach would increase the likelihood of appeals, particularly as there would be no cost to the appellant but potential for significant financial gain over the longer term.

5.3. Our members recognise the difficulties with both options and we refer you to individual council responses for a full representation of viewpoints. If a more permissive approach is deemed preferable, **we recommend that imminent work is undertaken with the sector to understand how an approach based on averages would at local level. The results of this “testing” should inform the final approach set out in regulations and guidance.**

## **6. Care accounts**

6.1. **We welcome the local discretion and flexibility built into the regulations governing care accounts.**

**It is important that Government allows a reasonable time lapse between publication of detailed guidance and implementation of care accounts otherwise there is high risk that local authorities will not be legally compliant come 1 April 2016.** In the absence of detailed guidance, councils are not in a position to confirm detailed specifications with IT providers, who are only part way through system development. Once systems are developed, time will be needed for local authority testing prior to going live. Our members are doing all they can to ensure systems are in place for 1 April 2016 but with Government guidance not expected until October 2015, we are very concerned that current timescales are unrealistic. It is therefore imperative that Government publishes detailed guidance as early as possible and continues to engage with and exert pressure on providers to deliver for the sector. As well as IT systems, councils will need to make significant investment in training and development to ensure staff are confident using new systems and providing sound advice.

- 6.2. **We are also concerned that the DH supported BBC care calculator will lead to ill informed expectations about the amount that councils should include in residents' care accounts.** This is because the BBC calculator uses Personal Social Services Expenditure (PSSEX) data<sup>8</sup>, which comprise full costs including council overheads. As a result, the rates used in the tool are higher than the averages currently paid to the market. Residents will expect councils to include higher amounts in their care accounts than will in fact be the case. This is likely to fuel a greater number of appeals on IPBs and PBs. **As well as correcting this, Government could helpfully adopt a more proactive communications programme, clarifying and countering any significantly misleading information in the national press.**
- 6.3. **There is also a risk that more people will divest themselves of assets in order to increase the contribution that councils pay towards the cap.** As a result of enhanced provision of information and advice, more self-funders will be advised to obtain early independent financial advice about funding their long term care. Independent financial advisors may suggest strategies that will benefit individuals at the expense of the council. Proposed new flexibilities in respect of personal pensions will add to a person's ability to arrange their assets and income to maximise their council's contribution to care costs. While this issue is not new, what is new is the emphasis on obtaining independent advice when an individual first considers their care needs and the ability to cash in personal pensions. **The ability of councils to successfully claim a person has deprived themselves of assets to avoid charges is impeded by the Care Act. Examples in draft guidance refer to people who divest themselves of assets 1-2 weeks prior to entering care whereas the Care Act could result in people making such arrangements at a much earlier stage.**

## 7. Working age adults

- 7.1. **South East councils have different opinions on the consultation options and we refer you to councils' individual responses for a full reflection of views.** This in part reflects a consensus that none of the options offer a flawless solution. **If either option 2 or 3 is selected, Government must make sufficient funding available to councils to finance equalisation of the Minimum Income Guarantee (MIG) for working age adults.** West Berkshire council estimates that an increased MIG and change in capital thresholds will cost the council just over £1m per annum. Analysis by West Berkshire council also reveals that introduction of a zero cap for residents below the age of 25 would only actually benefit 7 residents. West Berkshire council has 73 under 25 year olds in the system. Taking into consideration the proposed MIG equalisation, the council is left with 17 clients that would still be chargeable and could benefit from the zero cap. 10 of these are in residential care and so would still have to pay daily living costs and the remaining 7 are in the community with benefit income. It would only be these 7 who would benefit from the zero cap.

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<sup>8</sup> Personal Social Services Expenditure data captures information about the money spent on adult social care by the social services departments of councils with adult social services responsibilities in England. It is an annual return submitted to the Health and Social Care Information Centre.

7.2. A further difficulty with the preferred option is that it creates an anomaly with the benefits system. This is because under the benefits system, service users with eligible needs under the age of 25 are supported by the council in a supported living environment. Such people would typically qualify for Personal Independent Payments (PIP) which in part is intended to provide support for the person's care needs. Modelling by Royal Borough of Windsor and Maidenhead found that the average resident under 25 funded by the council in a supported living environment would contribute £35 a week from their PIP benefits towards the costs of their care and support paid for by the council. If they received a zero cap, they would not be charged for their care despite receiving their PIP in part to meet the costs of that care. RBWM suggests the individual would benefit from £1,820 per year, or £91,000 over a 50 year qualifying lifespan. In contrast, a similar person who developed an eligible need at the age of 25 would still contribute £35 per week from their PIP to the costs of their care and therefore be £91,000 worse off over their lifetime.

7.3. **In light of these considerations, there may be a case for applying the £72,000 cap to all ages.** This would also remove the issue of introducing an arbitrary cliff edge. Fairness could also be enhanced by ensuring that individuals of any age who receive personal injury compensations to help finance long term care are required to draw on these funds to meet the costs of their care. At present individuals with eligible needs benefit from 'double support' from both the court and the council. **To reduce the cost burden to councils and create a more equitable system, councils should be able to take into account both capital and income in personal injury cases.**

## 8. Daily living costs

8.1. **We believe there is good reason to support further consideration of the level and approach to daily living costs.** The South East is a high cost area with an average house price of £320,000, £60,000 above the UK average. The South East's house price index has increased by 7.4% since its peak before the financial crisis – the greatest percentage increase outside of London<sup>9</sup>. The proposal to apply a set rate of £230 per person per week for accommodation costs in the South East grossly understates service users' daily living costs. It therefore **overstates** the amount that service users are likely to be contributing to their care costs. **Given the significant variation in land, property and everyday costs around the country, we question whether it is appropriate to apply a national rate for living costs. An alternative approach is needed which more accurately reflects higher South East costs. We recommend that DH explores the potential of linking accommodation costs with local housing allowance rates, which already reflect local factors.**

## 9. First party top up payments

9.1. **We are generally supportive of the extension of existing requirements for third party top-ups to cover first party top-ups** on the basis that it encourages greater personal choice and independence.

## 10. Extension to means tested support

10.1. **We support the extension to means tested support** as residents with assets slightly under £118,000 would still be paying substantial amounts towards their care costs up to the cap. **It is imperative that councils are adequately funded to meet the additional costs of providing financial support to a greater number of people** who, as a result of this change, qualify for help towards their care costs.

## 11. Appeals

11.1. **We do not think that there is a need to introduce a new appeals system to allow people to challenge care and support decisions. We therefore do not see introducing appeals as a priority for 2016. We have serious concerns over the costs to councils of establishing a new appeals system that would result in a duplicate process of handling appeals alongside existing complaints systems at a time when social care funding is already insufficient to meet demand. Rather than enhance existing processes for redress, the proposed appeals system risks detracting from the design principles and intended purpose of reform, particularly proportionality and early resolution.**

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<sup>9</sup> ONS (July 2014) *Comparison of regional house price indices before and after the financial crisis*

- 11.2. Our members support robust scrutiny arrangements and welcome external challenge. We also support the intention to strengthen early resolution, which helps to improve customer satisfaction while reducing demand for more intensive, costly interventions. South East councils already have robust procedures in place to enable people to seek redress. Councils already undertake internal review where there is a complaint regarding a financial assessment and commission independent complaint investigations in certain instances. **Drawing on the input of regional Complaints Officer bodies, it would be more beneficial and cost effective to build improvements into the existing local resolution framework and ensure consistency of good practice throughout the system than to introduce a duplicate bureaucracy that adds complexity and confusion to existing arrangements.**
- 11.3. **The proposed appeals system would result in significant additional costs burdens for councils which have not been fully considered in the accompanying impact assessment.** Costs would not only arise from administering the system but also through the creation of a market place for independent reviewers who are incentivised to elongate time spent on an appeal. The impact assessment does not reflect the fact that individuals can appeal at multiple stages of the assessment process and significantly underestimates the additional costs that South East councils will face as a result of our very high numbers of self-funders, who have a greater incentive to appeal. Compared to the costs of administering the new system, the benefits appear disproportionate. Of those who made a complaint to Buckinghamshire County Council last year only 1.9 per cent escalated their complaint to the Local Government Ombudsman and had their complaint upheld. Of this 1.9 per cent, only one complaint would have fallen within the proposed scope of the new appeals system, representing a significant minority. In this way the new appeals system goes against the fundamental principle of proportionality.
- 11.4. **Contrary to the overarching aim of reform to create a streamlined, simpler care and support system, the proposed new appeals system would increase complexity and add confusion.** It is not clear how a complaint differs from an appeal or why, for example, there is need for two separate early resolution stages. Introducing an additional system for appeals could also create an unhelpful expectation among service users that they will receive remedial action and potentially undermine the social care profession by allowing an independent reviewer to overrule a professional judgement. It will be difficult to communicate to service users that even where an independent reviewer agrees that an alternative decision could have been reached on the basis of the facts presented, this does not necessarily mean that the original judgement was incorrect or that the local authority will exercise its discretion to take alternative action. **Rather than introduce confusion and undermine professional practice, Government should seek to improve and build trust in the existing system of redress so that there is a single, clear system that people understand.**
- 11.5. **We are also concerned that contrary to Government's intentions, the proposed new system would detract from early resolution.** If service users believe they are entitled to independent review from the outset with no charge or restrictions, this may entrench appellants in their position and deter them from cooperating with the council to resolve their issues in a more collaborative way.
- 11.6. In view of these risks and concerns **we do not believe that introducing a new appeals process should be a priority for 2016/17.** The Care Act will introduce multiple, wide reaching changes for professionals and service users that are already challenging to communicate, and there is already limited funding for implementation and the provision of social care. **We therefore believe that to proceed with these proposals would undermine key reform principles which we strongly support.**
- 11.7. **Regardless of whether a new appeals system is introduced, there will still be need for additional funding to meet the cost burden to South East councils of responding to the anticipated increase in complaints. These complaints will arise from new cohorts, particularly self-funders, increased awareness of care costs and the spike in complaints that usually accompanies the introduction of major system change.**

## ABOUT US

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### South East Strategic Leaders (SESL)



SESL is a partnership of upper tier authorities committed to nurturing the engine room of the UK economy and promoting public service excellence. SESL supports its members to create the conditions within which individuals, communities and businesses thrive. We aim to:

- **Influence** – speaking with a stronger, united voice for South East strategic councils.
- **Inform** – producing robust evidence relevant to practice.
- **Inspire** – connecting people, sharing ideas, sparking innovation.

SESL is chaired by Cllr David Burbage MBE, Leader of Royal Borough of Windsor and Maidenhead.

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### South East England Councils (SEEC)

**South East England Councils (SEEC)** was established in 2009. It is a membership organisation representing all tiers of local authority. The SEEC area covers Berkshire, Buckinghamshire, East and West Sussex, Hampshire, Isle of Wight, Kent, Oxfordshire and Surrey. SEEC's objectives are:

- To strive for a fair funding deal for the South East
- To promote the South East's position as a leading global economy
- To act as single democratic voice for South East interests
- To monitor the pulse of the South East.



SEEC is chaired by Cllr Gordon Keymer CBE, Leader of Tandridge District Council.

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### South East Councils Adult Social Care (SECASC)

The SECASC group is made up of 19 local authorities (Single Tier and County Council) with adult social care responsibilities. The group has been established to inform regional and national debate, sharing good practice information between Lead Members, as well as raising the general profile of adult social care issues.



SECASC is chaired by Cllr Patricia Birchley, Cabinet Member for Health and Wellbeing, Buckinghamshire County Council

**Contact:** Rachel Rothero, Service Director for Commissioning and Service Improvement, Buckinghamshire County Council [rrothero@buckscc.gov.uk](mailto:rrothero@buckscc.gov.uk)

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