**Ministers should reflect on their impact on productivity**

Many council leaders will have been spluttering into their tea at the latest requirement from the secretary of state for levelling up, housing and communities, Michael Gove, that councils should prepare productivity plans as a condition of £500 million additional funding for children’s and adult social care announced at the end of last month.

Their incredulity will be that this instruction comes from the government with hardly an unblemished record of its own. It also suggests councils have been twiddling their thumbs managing demand during 14 years of cuts.

Their reality is a share of the almost £2bn gap in key services like social care and homelessness identified by the Local Government Association, the built in assumption of pushing up council tax during a cost-of-living crisis, and a problem of long-term sustainability manifesting itself in a growing number of councils declaring insolvency.

The last-minute sticking plaster on top of the announced financial settlement is becoming a regular feature. It usually comes with a notional ringfence for winter pressures, workforce reform, capital, or transformation of some kind. There is generally some ruse to fetter the discretion of councils on where it is most needed, the most enduring of which is the Better Care Fund initially launched in 2015, without irony, to reduce the barriers created by separate funding streams into health and local government.

The government might pause to reflect on how their own track record on this has promoted productivity, particularly in adult social care and local government’s role in public health.

Their ambition was clearly spelt out in the Care Act 2014. Councils have a duty to promote wellbeing and take steps to prevent, reduce or delay demand for social care at a population and an individual level. This statutory role assumed investment in information and advice and preventative measures across a spectrum of public health and community services, available to all irrespective of means. It also promoted strengths-based approaches and greater personalisation. The logic was that such investment would pay off in the medium term by fewer individuals needing money spent on them as individuals, rather than being supported by universal or targeted measures whether in health or social care.

This duty was balanced by their responsibility to shape and sustain the social care market in their patches. This required maintaining fees at a reasonable level and helping providers recruit, retain and develop their staff.

Faced by recurring cuts in funding, councils have struggled to do either part well. The government has addressed some of the symptoms with short-term injections of cash but failed to help the patient towards full health. Productivity plans will surely just sit at the bottom of the patient’s bed recording their declining functioning.

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