Scrutinising the Transformation of Adult Social Care:
Practice Guide

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Local Government Association

Putting **People** First
Transforming Adult Social Care

The Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services. The Centre received funding from the Department of Health to run a three-year support programme for health overview and scrutiny committees of social services authorities as they develop their power to promote the well-being of local communities through effective scrutiny of healthcare planning and delivery and wider public health issues.

Acknowledgements

Contents

Adult social care is undergoing major changes to transform the way services are designed and delivered. This guide discusses key elements in the transformation programme that will allow overview and scrutiny committees (OSCs) to assess the extent to which their local authority is planning, commissioning and delivering better social care. The aim is to enable OSCs to consider the whole process of reform, to see how the elements fit together and how they impact on each other and the wider provision of social care and health. The guide will also be of interest to other councillors, including the executive lead for adult social care, to local authority officers and to organisations with an interest in social care such as local involvement networks (LINks).

This good practice guide is a companion publication to *Ten questions to ask if you are scrutinising the transformation of adult social care*, a shorter introduction to the issues published by the Centre for Public Scrutiny and the Improvement and Development Agency in 2009. The ten questions in the first document are structured around the key priorities drawn from the milestones for the first stage of transformation up to April 2011 set out by the Putting People First Consortium – the Association of Directors of Adult Social Services (ADASS), the Local Government Association, the Improvement and Development Agency for local government (IDeA), the Department of Health and other stakeholders. (ADASS, LGA, DH, September 2009). Where they apply directly, the milestones are given in the sections below. In addition, this guide includes more detailed information on social care transformation and on how the key areas could be used as the topics for in-depth review.

There is a glossary at the end which gives definitions and explanations of some common terms currently in use in the social care field. Where these terms appear for the first time in the main text, they are highlighted in **bold.**

Background

Adult social care is on a journey to make the support it provides of higher quality, more responsive to people's needs and wants, and more cost effective. Radical reform based on the cross-government concordat, *Putting People First*, is taking place. The objectives of this reform include:

- adult services departments working with the NHS, wider local government partners and other agencies so that people with social care needs are supported through *universal* as well as specialist services
- a strategic shift in care and support away from intervention at the point of crisis to a proactive and *preventative* model centred on improved well being and maintaining independence
- commissioning strategies which balance intensive care and support for those with high-level complex needs with investment in *prevention and early intervention*/**re-ablement**
- a shift to *choice and control* for individuals through **self-directed support** and the opportunity to control a **personal budget** or direct payment
- an increasing emphasis on treating people with *dignity and respect* and a more explicit systematic understanding of what that means.

As long-standing councillors and scrutiny officers will be aware, many of the aspirations in *Putting People First* are far from new; the **personalisation** agenda – individualised, flexible care that promotes independence – has been the aim for at least thirty years. However, there are several factors which make this latest stage of reform highly significant, with an impact potentially as far reaching as the care management reforms of the early 1990s. These factors include the following:

- *Putting People First* reforms require fundamental changes to the ways services are commissioned, managed and delivered. These are being implemented across the system – in contrast, for example, to the introduction of **direct payments**, which was grafted onto existing systems.
- Social care now has a much wider remit beyond the provision of care to those in need. Directors of Adult Social Services have a responsibility to promote the wellbeing and inclusion of vulnerable groups in their areas. To do this they must work with Directors of Public Health and with Directors across the Council and partners to respond to the identified needs and approaches that will promote good health and independence in the general population. This involves gearing resources across councils, and with partners in other statutory, voluntary and private sectors through mechanisms such as local strategic partnerships and local area agreements.
- The work of social care and the NHS is becoming ever more integrated, supported by developments such as a shared regulator (the Care Quality Commission), a common assessment framework, and personal budgets in healthcare.
- Adult social care is now receiving sustained national government attention, reinforced by the publication of the Green Paper on care and support and alternative proposals for the future funding of social care advanced by all three major political parties.
- Raised expectations of service quality from informed and assertive customers, together with the demographic increase in older people, require substantial improvements in service delivery.

All this means that the years up to 2011, the period of the Social Care Reform Grant, are crucial for establishing adult social care services fit for the current and next generation of people with social care needs. In light of this, it is clear that scrutiny and oversight of adult social care reform is vital.

Approaches to scrutiny

The ultimate measures of success of the transformation agenda, as set out in *Putting People First*, are that everyone will be able to:

- live independently
- stay healthy and recover quickly from illness
- exercise maximum control over their own life and, where appropriate, the lives of their family members
- sustain a family unit which avoids children being required to take on inappropriate caring roles
- participate as active and equal citizens, both economically and socially
- have the best possible quality of life, irrespective of illness or disability and
- retain maximum dignity and respect.

These are the outcomes that OSCs will need to have in mind when carrying out any scrutiny that relates to this agenda. However, the transformation agenda has many aspects, and councillors have a choice of reviewing the whole agenda or focusing on specific topics. Taken together, the sections in this guide would provide an oversight of how well different elements of local reform fit together. Separately, they could provide topics for more in-depth reviews.

Scrutiny committees could also choose to look in more detail at how specific national policies that are part of the transformation agenda are being implemented locally. For example, they could carry out in-depth reviews on any of the following topics.

- *Valuing People Now* (DH 2009a), the strategy for improving services for people with learning disabilities

- Local implementation of the *National Dementia Strategy* (DH 2009b)

- Other mental health issues.

- Issues for an ageing society.

- The contribution of **universal services** to independence and well-being, including information and advice for those who self-assess and self-fund.

- Specific technologies and/or strategies to support people to live independently in their homes, eg telecare, reablement.

- The *National Carers Strategy* (DH 2009f) and what is being done locally to support carers.

- The transition for young disabled people from education to supported living and implementation of the programme *Aiming High for Disabled Children* (DCSF 2009).

In addition, Members of OSCs will know the characteristics of their own area that determine the priorities for scrutiny of social care issues.

Personalisation is an almost universally popular approach, supported by key stakeholders including people who use services, voluntary organisations, professionals and politicians of all parties. However, although it is supported in principle, implementation has been more problematic. Councils are being required to make tough choices including service decommissioning, and radical change to working responsibilities. Scrutiny can be used to assess the short term impact of change in relation to ultimate aims and longer term effects.

One way in which OSCs can add value is by comparing the view of services held by service commissioners and providers with that held by service users, people who care for them and people not currently receiving services or support. An important source of information to assist this comparison will be the working relationship between OSCs and local involvement networks. This guide is also designed to help that comparison, by drawing attention to areas in which perceptions may differ.

In the striving for continuous improvement it is easy to forget that social care has many positives and, although it may sometimes fall short in practice, is based on the values of respect and empowerment. We hope that this guide and the scrutiny work it informs will provide an opportunity to celebrate some of the positives of adult social care.

The following sections consider the kind of good practice that OSCs should look for in relation to the issues discussed in the companion 'Ten questions' document. The overall question from that document in each of the ten areas is repeated below for consistency.

Of course, there is not universal agreement about what exactly should count as good practice in an area that is in a process of development. However, the milestones agreed by ADASS, LGA, IDeA, DH and stakeholders, reproduced below, provide a useful benchmark, and some principles and approaches are beginning to emerge as most likely to lead to better outcomes for council-funded and self-funded users of service and carers. Where relevant,

indicators from the current National Indicator Set are also listed – they will provide a prompt to OSCs to check how their own council is doing against its agreed indicators and what the contribution of Adult Social Services has been through the Local Area Agreement. Under each of the ten headings, we give an indication for OSCs as to issues which they could examine in some depth. The issues covered in the 'Ten questions' document are expanded and discussed in greater detail within each section.

Whole-system reform

Is the council taking a strategic, joined-up approach which is regularly evaluated and overseen at a senior level?

Councils have begun to make significant progress towards reform, but they will have prioritised different issues and OSCs cannot expect to see all the elements in place until 2011 and beyond. What they can expect to see is that the council is managing the process effectively and that the pace of change is accelerating.

Good practice
The important considerations for scrutiny are that:

- priorities can be justified and their place demonstrated within an overall strategy

- there is a local project plan for the implementation of the transformation with clear projections and targets to reach locally identified milestones

- the strategy and its implementation are regularly overseen by the council executive and high level partnerships

- there is a dedicated transformation team or other co-ordinating mechanisms working within a robust planning framework

- there is clarity about the business models that will need to be adapted to support the transformation

- there are effective quality assurance and benchmarking arrangements, including membership of local/regional networks to support transformation

- there is a system in place to manage the risks associated with the transformation including the risks for individuals and financial risks

- there is a workforce strategy that supports the transformation

- all the above have been developed with strong, ongoing involvement of people who use services, carers and other stakeholders

- councils are taking into account advice on any legal issues involved in the operating systems for putting people first (see ADASS guidance October 2009).

The term "whole system" is used to refer not just to a holistic approach to people's social care needs, but to an integrated approach to the whole of health and social care. *Putting People First* confirms that reform can only be delivered through partnerships across central and local government. Lord Darzi's *High Quality Care for All* (DH 2008) also makes it clear that only through working in partnership, and focusing on people will the NHS and local government help improve people's health and wellbeing. To assess how strategic and "joined

up" the council's approach is, OSCs will need to look at issues of partnership, including:

- the Local Area Agreement and the contribution of adult social services
- partnership working with the Primary Care Trust (PCT) and NHS trusts, including any arrangements in relation to specific services for joint commissioning and/or integrated service provision
- in relation to prevention and wellbeing, relationships with the Director of Public Health and his/her team at the PCT and with other relevant services, including the Fire and Rescue Service (for example, in collaboration on falls and accident prevention)
- in relation to universal services, relationships with other directorates of the council, such as housing, leisure and lifelong learning services, including arrangements to refer people onwards from social services to other services, where such needs and aspirations are identified in their care plan, in the course of an assessment or through enquiries
- a strategic approach to relationships with the voluntary sector, including its role as a community voice and advocate for people's needs and its role as provider of services
- in two tier areas, the extent to which county and district councils are working together in developing a 'whole system' approach, for example in relation to housing-related aspects of social care and well-being.

Undertaking a scrutiny review of whole-system reform

Following a discussion with the Director of Adult Social Services, scrutiny committees could:

- look at relevant strategic planning documents for social care transformation and evaluate how well they lay out and justify high-level priorities and objectives, based on needs assessment, business models and implementation timetables; and how clear they are about responsibilities for action
- consider whether local reforms are based on evidence, best practice and continuous learning, including whether there are specific examples of developments being amended in light of experience and whether the council is involved in any innovative initiatives or national pilots
- examine governance arrangements for the social care transformation programme, including the role of relevant executive Members in overseeing the work
- consider how the transformation programme is being managed, for example, whether there is a dedicated team co-ordinating policy development and changes in systems, or, if not, what co-ordinating mechanisms are in use
- investigate the quality assurance and performance management systems the council is using to benchmark and evaluate its progress towards improved social care, including monitoring whether it is on track to meet the milestones for progress set out by ADASS, the LGA and the DH (September 2009)
- examine relationships with the NHS and consider the extent to which a whole-system approach to health and social care needs is embodied in strategic planning

Case study - scrutiny of the social and community services change programme London Borough of Bexley Health and Adult Social Care Overview and Scrutiny Committee, 2009

The purpose of the review was to help the council set its agenda and make recommendations as to how the following key elements of the Social and Community Services Change Programme could be taken forward:

- Safeguarding Adults
- Intermediate Care and Re-ablement
- Joint Strategic Needs Assessment and Joint Commissioning.

During the scrutiny project, each element was tested to:

- examine key issues and the council's statutory duties
- assess the strengths and limitations of existing arrangements
- assess and understand the needs of local residents and how this information could be brought together
- consider the needs and opportunities of joint working with key stakeholders for the benefit of local residents

OSC Members held six meetings and made two site visits, one to Inspire Community Trust, a user-led organisation which promotes independent living for disabled people; and one to the Step Up Step Down Unit at Queen Mary's Hospital, Sidcup, which supports patients who don't need to be on a hospital ward but need extra care for a short period of time.

Recommendations on safeguarding included increased resources, an impact evaluation of new staffing arrangements for safeguarding, an increased emphasis on staff training and the creation of a forum to bring together safeguarding leads from partner organisations to embed joint working and share information and good practice. Recommendations on intermediate care and re-ablement included a report on mainstreaming intermediate care. Recommendations on Joint Strategic Needs Assessment and Joint Commissioning included new mechanisms to keep the OSC abreast of needs assessment and joint commissioning and give it an opportunity to contribute to annual reviews.

Effective partnerships with people who use services, carers and other local citizens

To what extent has the transformation of adult social care been developed in partnership with people who use services, including those who self-fund, their carers and other interested citizens?

Putting People First **Milestones**

December 2009
That the move to personal budgets is well understood and that local service users are contributing to the development of local practice.

April 2010
That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them.

That users and carers are involved with and regularly consulted about the council's plans for transformation of adult social care.

October 2010
That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.

December 2010
That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets.

Relevant National Indicators
NI 3: Civic participation in the local area
NI 6: Participation in regular volunteering
NI 127: Self reported experience of social care users
NI 128: User reported measure of respect and dignity in their treatment

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Putting People First is based on the principles of a right to self-determination, and that people, their families and supporters, know what works best for them. One consequence of this is that people and their organisations are much more involved in the design, commissioning and evaluation of services and how their needs are met.

Good practice

The council will need to show that it is involving people who use services, people who may be entitled to services in the future and those who fund their own care as well as local involvement networks (LINks) and interested citizens. It should have introduced mechanisms for active involvement of family members and other carers as expert care partners, with appropriate training and practical support to enable carers to develop their skills and confidence. This involvement should not only be at the level of an individual's involvement in planning their own care. People should also be involved in the strategic development of *Putting People First*, including helping to think through and plan new systems. When new changes are introduced, there should be regular checks on their impact, through seeking the views of people who use services and carers.

Some forms of partnership with service users and carers may be arranged through voluntary organisations and OSCs should expect to see strong links with the voluntary sector. These include contracts with user-led voluntary organisations to provide **advocacy** services for people with learning disabilities and/or support for people receiving direct payments. Where user-led organisations do not exist, OSCs should expect there to be a strategy to stimulate and develop these locally.

Undertaking a scrutiny review of effective partnerships

Following a discussion with the Director of Adult Social Services, scrutiny committees could:

- consider the extent to which the social care agenda is reflected in the Local Area Agreement and the partnership work towards meeting relevant National Indicators

- review the involvement of service users in the design, development and delivery of social care transformation, in areas such as universal services, assessment, **resource allocation systems**, self-directed support, **brokerage**, commissioning, development and support for providers and quality review. This could be broken down into distinct exercises looking at the involvement of different service users, such as older people, people with learning disabilities, people from ethnic minorities etc

- carry out a separate exercise looking at the involvement of carers

- carry out a separate exercise looking at the involvement of **self-funders**

- review the role of and support for user-led organisations in the various stages of the commissioning cycle

- look at how the council is communicating changes to people who use services and to the general public and how it is measuring whether people understand the changes

- examine specifically how well the council is doing in involving people from service user groups in the delivery of services, for example as Wayfinders, (paid staff or volunteers who act as "signposts" to services and information within their community), as trainers, as advocates etc; and what kind of training and remuneration is made available to service users in these roles; and whether there is at least one user-led organisation that is directly contributing to the transformation to personal budgets or there are plans for this to be in place by December 2010.

Universal information and advice

Do people approaching adult social services for the first time find accessible, timely and helpful information and advice?

Putting People First Milestones

April 2010
That every council has a strategy in place to create universal information and advice services.

October 2010
That the council has put in place arrangements for universal access to information and advice.

April 2011
That the public are informed about where they can go to get the best information and advice about their care and support needs.

Councils need to ensure that their population has access to universal information and advice services, regardless of their needs and means.

Good practice
IDeA published *Transforming Adult Social Care: Access to Information, Advice and Advocacy* in 2009 (see references). This, and the website built around it, sets out numerous examples of good practice across the country. It was commissioned by the Department of Health's Transforming Adult Social Care Board, and its recommendations have been endorsed by the Board and were used to inform the *Putting People First* milestones.

ADASS and the Department of Health have also advised that councils draw on the learning from the Partnerships for Older People Pilots (POPPs, DH 2008a) and the LinkAge Plus Programme (DWP 2009). New systems for referral and sharing of information have been established through POPPs, which have improved the way in which different services work together. As lack of communication between services is one of the most frustrating barriers encountered by service users, OSCs should expect to see improvements in referral and information sharing between services, leading to better information and access for service users. The LinkAge Plus Programme brings together local authorities and their partners in government, health and the voluntary and community sector, to improve access to information and services for older people. The good practice in these models applies also to information and advice for adults of working age. Examples of good practice that OSCs could expect to see implemented more widely include:

- improvements to contact centres with staff training, improved scripting of the responses that staff in contact centres give to enquiries and practical advice for callers needing additional support, with better links to partner organisations

- housing options advice services for disabled and older people and carers

- network or neighbourhood centres extending the type of services they offer

- outreach in both urban and rural areas to reach the most isolated, including recruiting and training service users themselves to provide information and signposting to further services, including to benefits advice

- implementation of a strategy of support for people who fund their own care (self-funders)

- implementation of a strategy for the creation of universal information and advice (likely to be based on the IDeA's Information Advice and Advocacy (IAA) framework – see references).

Undertaking a scrutiny review of universal information and advice
Following discussion with the Director of Adult Social Services, scrutiny committees could:

- consult members of the public to find out whether people needing care and support, and their families, know how to get information and advice on getting support, what they are entitled to and what options are available to them; and whether there is a consistent, high standard of advice and information across the council area, including for those who fund their own care

- examine the local strategy for social care information and advice (required to be in place from April 2010) and its effectiveness, firstly in relation to social care and then whether it links to benefits, education, leisure, employment, health and community activities

- examine any quality assurance exercises that have already been undertaken – eg information standards, commissioning requirements and/or "mystery shopping"

- look at the websites both for the council and other key organisations in the area to see whether there is comprehensive information that explains in a user-friendly way how to access personalised social care and what the options are for people

- undertake an exercise seeking telephone information and advice from the perspective of:
  - an adult with care needs (eg someone with a disability, or mental health problem, an older person or a substance misuser)
  - an adult who will be purchasing their own care
  - a carer
  - a neighbour concerned about a vulnerable person living alone.

- undertake an exercise seeking information in person from the above perspectives in:
  - a local advice point such as a neighbourhood advice centre
  - the council's own contact centre
  - a specialist advice point (e.g. for mental health)
  - a hospital – for someone being discharged.

- seek the views, both positive and negative, of people who have recently accessed information and advice services

- look at how the council monitors whether first contact staff give good advice and make appropriate referrals; and assess provisions to ensure that people providing information know about the range of local services and resources provided in all sectors.

Promoting health and inclusion

How effectively is the council and its partners working together to promote the health and inclusion of people with care and support needs?

Relevant National Indicators
NI 2: Per cent of people who feel they belong to their neighbourhood
NI 8: Adult participation in sport and active recreation
NI 119: Self-reported measure of people's overall health and wellbeing (also relevant to self-directed support)
NI 125: Achieving independence for older people through rehabilitation/intermediate care
NI 137: Healthy life expectancy at age 65
NI 138: Satisfaction of people over 65 with both home and neighbourhood

As part of the general drive towards preventing people becoming ill and needing acute services, the expectation is that councils will work closely with NHS partners on promoting health and well-being of their residents, whether or not they are currently accessing specific services.

Good practice
OSCs should expect to see commissioning that includes strategies to tackle the **social determinants of health** and health inequalities and includes wider well-being services and close partnerships with their Director of Public Health.

A broad range of council services have a contribution to make in this area, including housing, leisure, transport and community safety. So OSCs should also expect to see joint service planning across departments that is focused on some of the measures noted above in the National Indicator Set.

In only two of numerous examples, one council's wellbeing service offers a number of wellbeing centres across the borough with a wide range of programmes encouraging physical activity and healthy food; in an imaginative partnership, one Fire and Rescue Service employs advocates for different groups in the community, including older people, disabled people and people from ethnic minorities. The advocates visit people's homes in the course of making fire and safety checks, work closely with social care colleagues and refer any outstanding social care needs to the relevant sections of the council's adult social services and other services.

Undertaking a scrutiny review of promoting health and inclusion:
Following discussion with the Director of Adult Social Services and the Director of Public Health, scrutiny committees could:

- examine the role of Adult Social Services in the council's and the NHS's strategies to improve health and tackle and reduce health inequalities in the area, focusing on particular disadvantaged groups, as appropriate to the area's population profile
- review relationships between Adult Social Services and the Director of Public Health and her/his team at the Primary Care Trust, taking into account joint funding, joint commissioning, jointly appointed posts and joint initiatives for health promotion

- consider whether work is underway to improve access for people who use social care services to housing, leisure and transport services
- examine the extent to which improving universal support for adults with social care and support needs is a priority for the LSP and the LAA
- examine the contribution of Adult Social Services to LAA targets on issues such as people's feeling of belonging to their neighbourhood, and measures to combat loneliness and isolation and increase inclusion, such as volunteer schemes, inter-generational schemes, and peer support schemes like Time Banking, where people, including older people, can give their skills and knowledge as well as receive help
- review Adult Social Services' contribution to supporting people in healthy eating and taking more physical exercise, for example through supporting people to include physical activity in their care plans, commissioning strategies which emphasise opportunities for physical activity in contracts with providers, referrals to "exercise on prescription" schemes, and support for people with mental health problems, people with physical disabilities, older people and people with learning disabilities in keeping physically fit
- in two tier areas, consider the extent to which county and district councils are developing joint health and inclusion promotion strategies and working together in implementing them.

Assessment

What progress is being made to implement the elements of personalised assessment and integrated assessment with other agencies?

Relevant National Indicators
NI 132: Timeliness of social care assessment
NI 135: Carers receiving needs assessment or review and a specific carer's service or advice and information

Person-centred planning requires people to be involved in the assessment of their own needs, recognising that they know their own capacities best and know what matters most in terms of their needs.

Good practice
Good practice places **self-directed assessment** by service users at the heart of assessment. This means that attention should have been given to:

- design and simplification of the assessment system to make it user friendly
- the provision of sufficient information in a range of formats, available for users and carers to contribute to self-directed assessment
- the kind of personal support that service users need to carry out self-directed assessment
- how they can be provided with impartial support where they need it
- what the level of input will be of social services staff into the assessment process.

Introducing self-directed assessment should allow social services departments to free up some staff time that would otherwise have been spent on assessments that service users can do themselves. They should, therefore, have more time to spend on support for people with complex needs, brokerage and advocacy to ensure that service users experience a "no

"wrong door" service, i.e. one in which they are directed to the right services for their needs at the right time.

Self-directed assessment should be carried out with an integrated approach across health and social care. Pilots for a common assessment framework for health and social services have been set up by the Department of Health and information is available on these on the DH website (see References and Resources below).

There are a number of ways of organising self-directed assessment. For example, one council has developed user-led telephone assessments, which now account for around 70% of simple service requests and service reviews; people with more complex needs are referred to complex care teams integrated with health. Another council is piloting an online self assessment for equipment and minor adaptations.

Undertaking a scrutiny review of assessment:
Following discussion with the Director of Adult Social Services, scrutiny committees could:

- look at the council's policy on assessment and self-directed assessment and the way in which this is carried out in practice, including

  - the extent to which users, carers, user-led organisations and other voluntary sector organisations have been involved in designing the assessment system

  - the design of the assessment system and how easy it is for potential and current service users and carers to use it, including materials that explain the system and any variations for specific groups of service users such as people with learning disabilities

  - how much progress has been made on introducing self-directed assessment and whether it is available to all user groups and to carers; how the views of people who have experienced self-directed assessment have been sought and whether they have influenced the process

  - the extent and nature of the support available for assessment, including any commissioned support from the voluntary sector and/or user-led organisations

  - whether the same type of assessment, and support following assessment is provided to people who fund their own care

- review how well integrated the single assessment process between health and social care and other agencies, such as the Pensions Service, and the self-directed assessment system are with each other; and to what extent there are co-location and/or effective joint-working protocols

- examine how people's care needs are monitored following an initial assessment and support package; how consistently and effectively regular re-assessment is carried out and how re-assessment is carried out when people's needs change, e.g. on discharge from hospital, or in transition from children's services to adult social care.

Self-directed support and personal budgets

What progress is being made to implement the elements of self-directed support?

Putting People First Milestones

April 2010
That every council has introduced personal budgets, which are being used by existing or new service users/carers.

October 2010
That all new service users/carers (with assessed need for ongoing support) are offered a personal budget.
That all service users whose care plans are subject to review are offered a personal budget.

April 2011
That at least 30% of eligible service users/carers have a personal budget.

Relevant National Indicators
NI 130: Social Care Clients receiving Self Directed Support per 100,000 population
NI 133: Timeliness of social care packages following assessment

Mencap has summarised the role of self-directed support helpfully and succinctly:

> *If the goal is independent living, the route is self-directed support and the vehicle is **individual budgets***

Moving to a system under which service users have a much greater say in what services they receive and how they are delivered requires enormous organisational and cultural changes. New systems for self-directed assessment and personal budgets also raise legal and technical issues (see ADASS October 2009). Social services departments have generally been taking a phased and incremental approach to these changes, often piloting personal budgets with small numbers of individuals, or with specific user groups.

Good practice
OSCs will need to be aware how their authority has planned its approach, whether it has decided to implement personal budgets with certain groups or geographical areas first, and how and when it intends to roll these out to all people eligible for services. It may also wish to identify whether the council has placed any limitations on options for people whose budget remains managed by the council (rather than a direct payment) e.g. restriction to certain providers, and to consider whether any such restrictions are reasonable.

The **In Control** organisation, a social enterprise set up to promote and support the idea of self-directed support, runs events and provides many materials to guide good practice in this area (www.in-control.org.uk).

An important factor in moving to personal budgets is the development of a resource allocation system (RAS) which ensures that resources are fairly allocated on the basis of need. Following assessment, people eligible for services will be told their 'indicative

allocation' so they know roughly how much funding to which they will be entitled. There are many different approaches to RAS, but many are based on a points system which converts needs into points with the total score determining the indicative allocation. ADASS (October 2009) has produced a common framework for resource allocation which helps authorities develop effective systems, including advice on legal and technical issues. ADASS advises that systems should be kept relatively simple in the early stages, e.g. focused on long-term support rather than short term interventions like intermediate care.

Following assessment, people who are eligible for council support under **Fair Access to Care Services** (FACS, DH 2003) will draw up a self-directed **support plan** with help where needed from professionals, family and friends. This should be outcome based, e.g. one goal might be that the individual is able to do their food shopping. The support plan will determine the final personal budget which should be sufficient to cover the individual's goals, and which will also take into account their financial contribution, if any.

The individual will then be involved in commissioning services to meet their goals, again with support if needed. The support to help them do this is generally known as brokerage - 'assistance that people need to work out what their choices will be and support required to make it happen' (CSIP 2007).

There are many different models of brokerage and councils will be introducing this in different ways; information about different models is available from the National Brokerage Network (see References). For example, one council gives access to a range of brokers based in the council and in voluntary organisations; details about individual brokers are given online. Another council has produced a guide which explains self-directed support, with stories of how disabled and older people have been using individual budgets. Most local authorities are developing lists of registered care providers to which those planning self-directed support have access.

Undertaking a scrutiny review of self-directed support and personal budgets

Following a discussion with the Director of Adult Social Services, scrutiny committees could:

- ask how many and what proportion of existing and new service users have a personal budget; consider how these numbers relate to the council's group of comparable authorities (as identified by the Care Quality Commission); and establish whether any user groups are under-represented and, if so, how this is being addressed
- assess whether the council is on track to meet the milestones for progress listed above
- see how much they, if they were members of the public who knew nothing about self-directed support, could find out from the council's website and sources of information to which it points for potential users of services and carers
- examine the documentation relating to self-directed assessment and evaluate its "user friendliness"
- examine the council's resource allocation system and assess its fairness and transparency to service users
- investigate the forms of brokerage offered by the council to support individuals in planning and commissioning their own care, including access to support brokers and advocates
- enquire into how the council's performance on support to carers relates to comparable authorities
- enquire into how people getting self-directed support are safeguarded by the council, for example through approved lists or accreditation of people who work as personal

assistants, and any other systems in place to address risks to individuals who are managing personal budgets
- find out from user groups, LINks and voluntary sector organisations the extent to which service users, carers and members of the public have been involved in designing the systems used for self-directed support, how feedback from users has been utilised and what involvement there is in delivering the systems (e.g. through contracts with user-led organisations to deliver advocacy services); and ascertain whether there is easy access to trained advocates for all people who need support to represent their views.

Case study – scrutiny of the development of self-directed support (SDS) in adult social care
Cambridgeshire County Council, Health and Adult Social Care Scrutiny Committee, 2009

The purpose of the review was to assess the extent to which the development of self-directed support was being undertaken in a way which would:
- improve the quality of life of service users
- provide value for money
- ensure that there were robust monitoring processes and safety nets in place to support and safeguard service users.

In conducting the review, consideration was given to the extent to which SDS would be accessible to and improve the quality of life of service users across all localities and care groupings, and would enable people to choose services in line with their preferences.

The review group included co-opted members from Cambridgeshire Local Involvement Network. As part of the review, one-to-one interviews and focus groups with service users and carers with experience of direct payments were held to find out what they thought should be taken into account in implementing SDS. The review group also considered results from the evaluation of the SDS pilots in Cambridgeshire.

The OSC found that SDS could enhance the degree of control service users, and in some cases carers, have over their lives, and can improve support with daily life. However, there was a range of issues needing further work, including monitoring arrangements; staff training and support; safeguarding; communicating the changes; working with other agencies; and ensuring that staff and users were aware of the range of services available in the community.

The OSC made 18 recommendations. These ranged from the provision of greater information and support for service users and carers using direct payments to employ staff, to approaches that enable all users to have the same level of choice and control, whether or not they receive a direct payment to organise their own care. The OSC also recommended an annual review of outcomes for users and carers and a review of whether the Resource Allocation System was consistent and equitable and took account of possible higher costs for those living in rural areas.

The OSC successfully recommended that the implementation timetable should be slowed down if necessary to enable the issues identified to be addressed.

Early intervention, prevention and enablement

Are people across the area able to access a range of evidence-based preventative and enabling services suitable for their needs, and are measures in place to ensure quality?

Relevant National Indicators
NI 124: People with a long-term condition supported to be independent and in control of their condition
NI 131: Delayed transfers of care
NI 136: People supported to live independently through social services
NI 139: The extent to which older people receive the support they need to live independently at home
NI 141: Percentage of vulnerable people achieving independent living
NI 142: Percentage of vulnerable people who are supported to maintain independent living

One of the main purposes of the Social Care Reform Grant is to create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention, focusing on promoting independence and improved wellbeing in line with the needs of the local population, reaching out to those at risk of poor outcomes. The objective is to invert the traditional "triangle of care" in which resources are concentrated on those with the greatest acute needs. Standing the triangle on its head should mean that mean more people are reached through preventative strategies and early interventions, reducing the numbers who reach the acute stage and lose independence.

Good practice

OSCs should expect to see a prevention strategy which explicitly demonstrates how resources are being shifted into preventative services, based on information about the social care needs identified in the Joint Strategic Needs Assessment.
The strategy should identify a range of evidence-based preventative interventions. All councils will be developing services such as telecare and assistive technology (for example, enabling people with dementia to remain living in their community by monitoring their movements), home adaptations, home-based re-ablement, and falls prevention.

Other helpful types of initiative include council-wide IT systems offering older callers additional services such as a home security check; operational partnerships in which service providers complete a simple checklist when they visit a service user and then refer for further services; care and repair services; and Time Banking services which enable people to receive help with everyday tasks as well as offering their own skills to others – a form of reciprocity that sits well with the dignity and respect agenda.

OSCs will wish to ensure that their council is providing comprehensive early intervention, enablement and re-ablement services which can be easily accessed by all user groups. They will also wish to see an integrated approach to working with the NHS and wider local government partners and, in two tier areas, an integrated approach between county and district councils, demonstrating how the council has moved to harness resources from across the whole system.

Undertaking a scrutiny review of early intervention, prevention and enablement
Following a discussion with the Director of Adult Social Services, scrutiny committees could:
- look at the strategy for moving resources into prevention and early intervention; and whether any services have been developed or reshaped in light of user demand; and review how successful the strategy is in relation to specific groups e.g. older people, people with mental health problems, people with dementia
- consider to what extent the council and its partners have systems in place, such as case finding, to identify people who might benefit from preventative services
- consider the extent to which intermediate care and re-ablement services are part of the standard operational process for adult social care/the local PCT and targeted at those most likely to benefit
- investigate how the council and its partners collect evidence of the effectiveness of early intervention and prevention services and re-allocate resources accordingly; and the extent to which the council involves voluntary sector organisations and user-led groups in monitoring the quality of services
- review joint work on prevention, e.g. with the PCT on preventative falls services, with housing services on adaptations and community equipment, telecare (such as fall detectors and location devices) and 'care and repair' and with the NHS on intermediate care, assistive technology, and community health services
- examine whether valued services such as gardening and handypersons are being promoted by the council and whether there is comprehensive access to these
- in two tier areas, review the extent to which county and district councils are working together on the prevention and early intervention agenda. (It is important to note that, although district councils do not have social services responsibilities, they provide many services that are of direct relevance to prevention and early intervention, including housing and leisure services)
- ask whether the council measures the extent to which people feel their lives have improved from having a service.

Case study – prevention and early intervention in Middlesbrough
Social Care and Adult Services Scrutiny Panel, Middlesbrough Council, 2009

The overall aim of the scrutiny investigation was to consider how the government's policy of making the shift to preventative services in social care was being delivered in Middlesbrough.

Members of the Panel received detailed officer presentations and had discussions with key officers and the Department of Health. The Panel also had discussions with representatives of the voluntary and community sector.

The Panel concluded that preventative services play an important part in ensuring that older people can maintain or improve their health and well-being, but that one of the biggest challenges facing the Social Care Department was to identify those people who might benefit from services. Recommendations included the formulation of a joint plan between the council's Social Care Department and Middlesbrough Primary Care Trust's Practice Based Commissioning Group to establish appropriate early intervention and preventative services; and an audit of low level preventative services, with assistance from the voluntary and community sector, to identify gaps in service.

Commissioning and market development

Are commissioning plans being reshaped in line with Putting People First, and integrated with the NHS where appropriate?

Putting People First Milestones

April 2010
That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.

October 2010
That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets.

An increase in the range of service choice is evident.

That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.

April 2011
That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.

Relevant National Indicators
NI 7: Environment for a thriving third sector

Commissioning to transform adult social care under Putting People First principles is based on commissioning skills already developed by local authorities, but with several important shifts in emphasis described below. The commissioning strategy should focus on services that treat people with dignity and maximise choice and control. (The CfPS publication on scrutiny of dignity and respect (CfPS 2009) discusses this issue).

Good practice
Most importantly, councils will need to establish ways of aggregating individual commissioning decisions taken by people who control their own care plans, so that the sum of these individual decisions can influence macro-commissioning.

Commissioning decisions should focus on return on investment rather than performance against budget, i.e. looking at outcomes rather than costs to see whether value for money is being delivered across the whole system. (An example would be that the Partnerships for Older People Programme's investment in "low level interventions" such as adaptations and minor repairs in people's homes has been shown to save hospital bed days (Skidmore, 2008).) The strategy should demonstrate increased investment in prevention, early intervention and re-ablement (DH 2009c provides a benchmark, updated in March 2009, for how councils are progressing in developing Homecare Re-ablement Schemes). But councils should also retain capacity to commission services that provide intensive care and support for those with high-level complex needs. Workforce planning should be embedded in the commissioning process (see section on workforce issues below).

Councils should also be expected to have a market development and stimulation strategy, either locally or in their regions, with actions identified to deliver the necessary changes. This may include, for example, a transformed community equipment service, consistent with the retail model, which uses accredited retailers to give users a choice of equipment (CSED 2009). To achieve this, councils will need to establish effective relationships with a wide range of providers, both large and small, who will need to be clear about how their services will need to adapt. OSCs will want to look at new market-based models, such as the retail model, from the perspective of service users and consider whether they genuinely improve choice and efficiency and what new difficulties, if any, they present to service users.

Undertaking a scrutiny review of commissioning and market development
Following a discussion with the Director of Adult Social Services, scrutiny committees could:

- look at how people who use services, including self-funders and carers are involved in developing the Joint Strategic Needs Assessment (JSNA) and whether specific examples of their influence can be identified

- find out if there are examples of the JSNA influencing commissioning plans, e.g. identifying gaps in services

- review the balance in the commissioning strategy between commissioning for people with high levels of need and commissioning for prevention and early intervention, including noting the direction of travel in commissioning over previous years and plans for future years

- consider the views of the Care Quality Commission on the standard of the council's commissioning arrangements.

- examine the ways in which Adult Social Services in its commissioning role is supporting the development of services that support personalisation, including personal support services for those using personal budgets/direct payments and "retail models" of community equipment provision

- investigate how the commissioning strategy is informed by individual decisions made by service users in controlling their own care plans

- consider what progress has been made on capturing information on self-funding patterns and the demand for support systems such as advocacy and brokerage

- review the support and training opportunities offered to providers, including support for social enterprises, voluntary sector and small community providers

- review how the council supports independent providers to develop services to meet its commissioning strategy and the personalisation agenda. Meet with a selection of providers to see how they understand the impact of *Putting People First*.

- examine the involvement and opportunities for involvement of service users and carers at the different stages in the commissioning cycle and seek evidence that this involvement has influenced commissioning decisions

- review the involvement of the council in local practice-based commissioning initiatives to facilitate alignment of commissioning for adult social care and for primary care services. Meet with representatives from practice based commissioning consortia.

Workforce

Is the workforce in all sectors being supported to deliver the transformation agenda?

To support the cultural and organisational skills required by the transformation agenda, the local social care workforce will need to develop new skills and ways of working.

The adult social care workforce strategy (DH 2009e) describes the changes in the way that social care needs to be delivered and the consequent changes for the workforce.

Good practice
The Department of Health has identified the key priority areas for the workforce as:

• leadership, management and commissioning skills

• workforce development

• recruitment, retention and career pathways

• remodelling the workforce e.g. to provide more people with the skills and knowledge to act as support brokers

• regulation of the workforce (quality improvement)

• integrated and joint cross-sector working

Good practice recommended by ADASS and the Department of Health is for each area to have Integrated Local Area Workforce Strategies (**InLAWS** – see Resources) to address all of these issues. In each region, there should also be a strategy for the commissioning of specific regional support, agreed with the local authorities in the region, and facilitation to build workforce capacity to:

• use the tools of personalisation (e.g. resource allocation systems)

• make the strategic shift to prevention and early intervention

• manage change through project management, business case development and benefits realisation (see DH 2008b).

ADASS has emphasised the importance of workforce planning becoming embedded in the commissioning process. This means that OSCs should expect to see their authority coupling their service commissioning activity to their workforce strategy responsibilities.

To carry out effective and efficient workforce planning, authorities should understand:

• local and national drivers which will impact on workforce requirements (e.g. potential problems unique to the area, such as transport issues, an older workforce, recruitment problems)

• who are the local providers of social care and how the authority communicates with them on workforce issues

• the current workforce situation, how well the workforce is integrated and opportunities for further integration (e.g. to avoid duplication, provide training, develop a common understanding of assessment and support etc)

• whether the authority has the right service models to deliver what service users and their carers require

• whether the authority and the local workforce has the right skills to deliver the new emphasis on universal provision and the promotion of independence

Based on their analyses of the above points, Adult Social Services should have in place as part of their InLAWS:

• a skills, knowledge and competence framework around the "**care pathway**" model of delivery so that the authority knows what skills, knowledge and competencies it is seeking when commissioning from local providers

• opportunities for alternative methods of gaining skills and knowledge, such as shadowing, secondments, training around models of care not in organisations, peer training, service users and carers involvement

• a system to monitor and regularly review workforce knowledge, skills and competencies.

Undertaking a scrutiny review of workforce issues
Following a discussion with the Director of Adult Social Services, scrutiny committees could:

• review the Integrated Local Area Workforce Strategies and evaluate how well they:

   - have used the **National Minimum Data Set** for social care (NMDS – see resources below)

   - include the whole social care workforce and all employers (75% to 80% of the social care workforce is in the independent sector)

   - recognise the personalisation agenda in planning for capacity and skills development of the social care workforce (see the bullet points immediately above for the kind of considerations this would entail)

   - reflect joint workforce arrangements with the local NHS

• establish to what extent the council has reviewed its need for new staff roles in personalisation and prevention and whether it has its own strategy to meet the outcomes of such review.

• review how the council is involved in training for independent sector providers, including personal assistants.

Value for money

Is the financial impact of service reform effectively planned and monitored?

Putting People First Milestones

April 2010
That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.

October 2010
That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.

April 2011
That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings.

There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.

Relevant National Indicators
NI179: Value for money – total net value of ongoing cash-releasing value for money gains that have impacted since the start of the 2008-09 financial year.

There are several main aspects of the Putting People First reforms that require financial planning and monitoring to ensure that they are cost effective, and will ultimately produce savings.

Good practice
The systems and processes set up to transform assessment and care management should not bring additional costs in terms of bureaucracy. Attention is particularly required to support systems such as brokerage – it is important not to establish arrangements that take funding away from expenditure on direct support. Individual purchasing decisions are likely, in time, to bring changes to how councils contract for services, particularly non residential services. In time this may involve a shift from block or cost and volume contracting to greater spot purchasing; as part of their financial planning, councils will be attempting to forecast and manage such changes.

There is growing evidence that properly implemented personalisation can be at least cost neutral, and potentially more cost effective. (See, for instance CSED 2009a, DH 2008c.) OSCs will wish to be sure that councils are taking into account good practice information when planning their systems.

There is also a growing body of evidence that preventative services, intermediate care and re-ablement are cost effective in terms of reducing hospital admissions and the need for residential care. The DH's guide on the use of resources in adult social care gives ideas for how local authorities can be more efficient; for example, between local authorities there is a three-fold difference in admissions to residential care for older people and seven-fold for adults with learning disabilities (DH 2009g).

The Social Care Reform Grant has been allocated to enable councils to deliver the transformation of adult social care, and the DH indicates that using these resources for other purposes could result in the money being paid back. OSCs will wish to ensure that their authority's slice of the grant is being used for its primary purpose.

However, long term sustainability of social care requires a whole-system resource shift to prevention and re-ablement, particularly with the NHS but also with housing support. This is a crucial area for OSCs to consider, particularly since recent information suggests that the NHS is not making the shift from acute services, and that unless some PCTs exercise better management, funding will continue to drawn into hospitals (Audit Commission 2009).

Undertaking a scrutiny review of value for money
Following a discussion with the Director of Adult Social Services and the Director of Finance, scrutiny committees could:

- consider the extent to which the Council has followed the guidance in the Department of Health's guide on use of resources (DH 2009g), including how well services work together to support people in living independently and in making their own choices about how they do so; and how well the health and local authority systems work together to achieve these outcomes

- consider whether the council has robust information about the costs of implementing new administrative systems and new support systems so that it is able to identify changes in costs and spending patterns; and how well the council is able to forecast the future demand and costs of personalised care

- analyse the extent to which strategies and budgets for social services and housing and joint financing with the PCT reflect a shift from reactive to preventative services and early intervention; whether there are agreements in place to share risks and benefits across the whole system; and whether shifts in investment are consistently monitored so that efficiency gains can be identified

- investigate how the profile of investment in services across the council and the NHS compares with the council's group of comparator authorities

- ensure that there are business cases, which track the new investments and disinvestments that will be required to support the change and systems in place to monitor the impact of such investments

- seek assurances that there is a sufficiently robust risk management system across both the council and the NHS to manage the financial risks and benefits associated with changes

- assess how financial systems support the delivery of personal budgets

- assess the extent to which the council, together with its NHS partners, has estimated the cost and made budgetary provision for new information, data and data-sharing systems to support changes

References and resources

This section includes all documents/websites referred to in the text above and some additional resources which may be useful to OSCs in understanding the issues and getting a sense of what constitutes good practice. This section supplements the references and further information in the companion Ten questions guide.

References

ADASS, October 2009: ADASS has produced a series of guidance on good practice and legal matters which are collected on the DH Care Networks website under personalisation. They include:

• Common framework for resource allocation

• Making progress with putting people first: self-directed assessment

• Personalisation and the law: implementing putting people first in the current legal framework
http://www.dhcarenetworks.org.uk/Personalisation/Topics/Latest/Resource/?cid=6627

ADASS, LGA, DH September 2009, *Progress Measures for the Delivery of Transforming Adult Social Care Services:*
www.adass.org.uk/images/stories/Milestones%20for%20PPF%20-%20Final%209.9.09.pdf

Audit Commission (2009) *More for less: are productivity and efficiency improving in the NHS?*: http://www.audit-commission.gov.uk/nationalstudies/health/financialmanagement/Pages/20091111moreforless.aspx

Care Services Improvement Partnerships (2007) *Self-Directed Support: The Role of Support Brokerage within Individual Budgets*
http://www.nationalbrokeragenetwork.org.uk/documents/downloads/csip.pdf

Centre for Public Scrutiny (2009): *Walk a Mile in my Shoes: scrutiny of dignity and respect in health and social care:* http://www.cfps.org.uk/what-we-do/publications/cfps-health/?id=113

Care Services Efficiency Delivery (CSED 2009a), *Cost effective implementation of Direct Payments*: http://www.dhcarenetworks.org.uk/Personalisation/Topics/Latest/Resource/?cid=6471

Care Services Efficiency Delivery (CSED 2009), *A New Service Delivery Model* (for community equipment): http://www.dhcarenetworks.org.uk/csed/Solutions/latest/resource/?cid=5405

DCSF (2009) Details of the *Aiming High for Disabled Children* programme are at:
www.everychildmatters.gov.uk/ahdc

Department of Health (2003) *Fair Access to Care Services – guidance on eligibility criteria for adult social care:* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_4009653

Department of Health (2008) *High Quality Care for All – NHS Next Stage Review Final Report*: http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825

Department of Health (2008a) *National Evaluation of Partnerships for Older People Projects*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079422

Department of Health (2008b) *Transforming Social Care*, Local Authority Circular (DH) (LAC 2008) 1.
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

Department of Health (2008c) *Evaluation of the Individual Budgets pilot programme: final report*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_089505

Department of Health (2009a) *Valuing people now: a new three-year strategy for people with learning disabilities*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

Department of Health (2009b) *Living well with dementia: a National Dementia Strategy*: http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/index.htm

Department of Health (2009c) *Homecare Re-ablement CSSR Scheme Update March 2009*: http://www.dhcarenetworks.org.uk/csed/Solutions/homeCareReablement/supportAndRoll/?parent=5174&child=5399

Department of Health (2009d) Local Authority Circular LAC (DH) (2009) 1 – extensive guidance on transforming social care: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719

Department of Health (2009e) *Working to Put People First - the strategy for the adult social care workforce in England*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098481

Department of Health (2009f) *Carers at the heart of 21st century families and communities*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

Department of Health (2009g) *Use of resources in adult social care: A guide for local authorities*: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107596

Department for Work and Pensions (2009) - website on LinkAge Plus Programme:
http://www.dwp.gov.uk/policy/ageing-society/resources-good-practice-reports/linkage-plus/evaluation/

Improvement and Development Agency website on the framework strategy for Information, Advice and Advocacy, *Transforming Adult Social Care: Access to Information, advice and Advocacy*: http://www.idea.gov.uk/idk/core/page.do?pageId=15710079

In Control, the social enterprise organisation set up to promote and provide help and guidance on self-directed support has a comprehensive website with information on its events and materials: www.in-control.org.uk.

National Brokerage Network
http://www.nationalbrokeragenetwork.org.uk

Skidmore, Clare (2008), *Housing-related services and the DH preventative agenda*, DH Care Networks (discusses evidence that investment in housing services can prevent ill health and save money in hospital bed days) http://www.sepho.org.uk/Download/Public/12962/1/Housing%20Related%20Services%20and%20the%20DH%20Prevention%20Agenda%20-%20Clare%20Skidmore.ppt#333,11,Useful References

Additional resources

Department of Health website on pilots for a common assessment framework across health and social care: http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/CommonAssessmentFrameworkforAdults/index.htm

Department of Health Care Networks website on Transforming Community Equipment Services: http://www.dhcarenetworks.org.uk/csed/TransformingCommunityEquipmentService

Demos, *Making it Personal*, 2008, advocates extensive implementation of self-directed services and discusses what good practice should look like: http://www.demos.co.uk/publications/makingitpersonal

Employers' Organisation guide to workforce planning in local authorities
http://www.idea.gov.uk/idk/aio/4465769

Essex County Council, *Your questions answered: a brief introduction to Self Directed Support*: http://www.dhcarenetworks.org.uk/Personalisation/Topics/Latest/Resource/?cid=5761

Northamptonshire In Control Project Team won the East Midlands Region Dignity in Care Award for 2008 for its approach to Individual Budgets for people with learning disabilities: http://www.institute.nhs.uk/HSCA/eastmidlands/components/com_nomination/nomination_uploads/2008%20In%20Control%20evaluation%20H&SC%20Awards.doc

Oxfordshire County Council website on self-directed support:
http://www.takingcontroloxon.org.uk/wps/wcm/connect/Taking+control/Home/

Skills for Care is the employer-led authority on training and development for social care. Its website has up-to-date information on the Integrated Local Area Workforce Strategies (InLAWS): http://www.skillsforcare.org.uk/workforce_strategy/InLAWS/InLAWS.aspx InLAWS is supported by the National Minimum Data Set, which provides workforce data from all local social care organisations: http://www.nmds-sc-online.org.uk

Timebank UK's website: http://www.timebank.org.uk/about/index.php

There are a number of documents and tools to assist adult social services departments in workforce planning. These give a useful indication of what should constitute good practice in this area:

ADASS/CSIP (2007), *What does a commissioning framework look like?: a Framework for Delivering the Future Workforce*: http://www.scie-socialcareonline.org.uk/profile.asp?guid=abd380d8-886b-4ff8-b1da-256eab40c72c

The Care Quality Commission (CQC) has produced a leaflet explaining its inspection of councils: http://www.cqc.org.uk/_db/_documents/Service_inspection_introduction.doc

You can find a copy of your and other councils' inspection reports by CQC at: http://www.cqc.org.uk/guidanceforprofessionals/socialcare/councils/councilinspectionreports.cfm

Scrutiny

London Borough of Bexley (2009), Scrutiny review: *Transforming Adult Social Care – the social & community services change programme*:
www.cfps.org.uk/scrutiny-exchange/library/health-and-social-care/?id=2506

Cambridgeshire County Council (2009), *Scrutiny review: The development of self-directed support in adult social care*: www.cfps.org.uk/scrutiny-exchange/library/health-and-social-care/?id=2357

Middlesbrough Council (2009), Scrutiny review: *Prevention and early intervention services in Middlesbrough*:
www.cfps.org.uk/scrutiny-exchange/library/health-and-social-care/?id=2580

Glossary

Advocacy – the provision of independent support for service users in helping them speak up for themselves and ensuring that their views are heard, understood and taken into account.

Brokerage – Assistance provided or commissioned by local authorities to help service users and carers plan and organise the support they want. It can include help with developing support plans or how a personal budget will be used. Some councils have in-house brokers who work exclusively at piecing together the best care package. Other local authorities now fund independent organisations to broker with users. And users on personal budgets can also fund a broker themselves. (Service users should be able to choose who they want to assist them in this way, e.g. a relative, friend, neighbour, or social care professional.)

Care pathway – Care pathways describe the route that a service user will take from their first contact with adult social care to the time when they no longer need to use services. The term "integrated care pathway" is used to describe care that goes across several disciplines, for example across social and health care or across different forms of health treatment.

Direct payments – Budgets paid directly to social care users to meet their needs. They are a form of personal budgets, giving service users direct control of the money allocated to them for care.

Fair Access to Care Services (FACS) – The national framework on which decisions about eligibility criteria must be based.

In Control – Social enterprise set up to transform the current social care system into a system of self-directed support. For more information see www.in-control.org.uk.

Individual budget – Sum allocated to an individual user of services, originally drawn from a number of funding streams in the individual budget pilots. Now often used interchangeably with 'personal budget'.

InLAWS – Integrated Local Area Workforce Strategies for the social care workforce in all sectors (public, private and volunatary).

National Minimum Data Set – provides workforce data from all local social care organisations to support InLAWS.

Personal budget – The amount of money allocated for an individual's social care, either paid directly to the individual in direct payments or held by social services or a third party. Now often used interchangeably with 'individual budget'.

Personalisation – The theory behind the current transformation of social services; also refers to the process of providing individualised, flexible care that is intended to promote the independence of those who need care; usually associated with self-directed assessment, individual budgets and self-directed support.

Resource Allocation System (RAS) – System each council has for allocating social care budgets to individuals, based on need determined by assessment/self-directed assessment.

Re-ablement – Short-term intensive support following illness, accident or hospital stay. It is intended to help people live independently as possible in their own homes.

Self-directed assessment – The assessment process involved in self-directed support – a simplified assessment process that is led as far as possible by the service user in partnership with professional staff, focusing on outcomes service users want to achieve.

Self-directed support (SDS) – The means used by each council to enable service users to control how their personal/individual budget is used. The term comes from the organisation In Control, which champions the rights of people to control their care budget.

Self-funder – Someone who, because of their income, is not eligible for council-funded care. They are still entitled to advice and help from the countil to make their social care arrangements, which they pay for themselves.
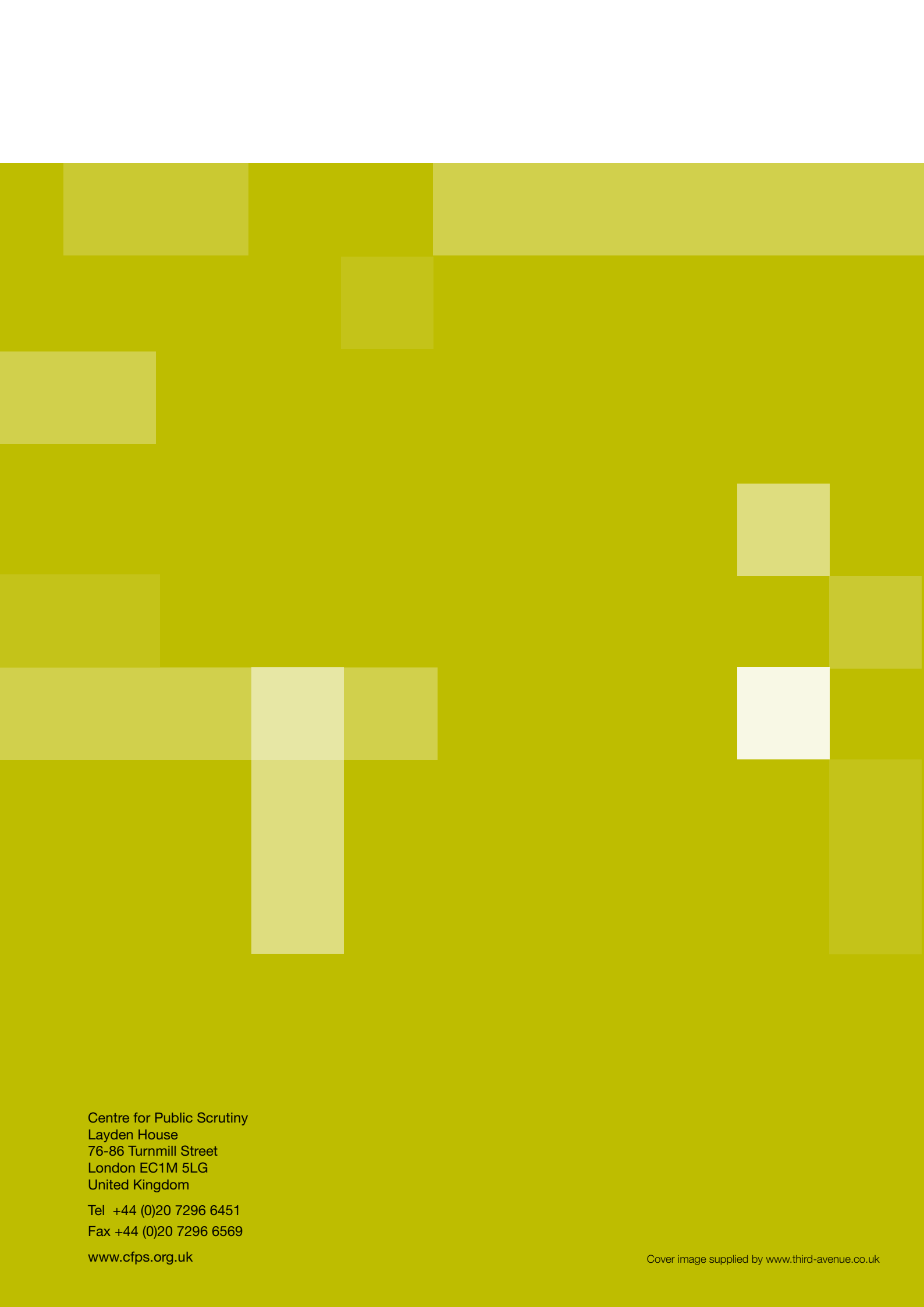
Social determinants of health – the social and economic conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (WHO definition).

Support plan – Summary of the agreed care that an individual is to receive, based on outcomes and using their personal/individual budget. May refer to outcomes or aspirations not covered by their social care budget (e.g. aspirations to make use of universal services such as leisure or learning facilities).

Universal services – Unlike personal social care services which are means-tested, universal services are available to everybody, including those who need social care and support. For example, people who are not eligible for free social services (self-funders) are entitled to advice from the council on where they can find services, such as home care or residential care, which they will pay for themselves.

Notes

Centre for Public Scrutiny
Layden House
76-86 Turnmill Street
London EC1M 5LG
United Kingdom

Tel +44 (0)20 7296 6451

Fax +44 (0)20 7296 6569

www.cfps.org.uk