

Putting People First

Transforming Adult Social Care

PROGRESS MEASURES FOR THE DELIVERY OF TRANSFORMING ADULT SOCIAL CARE SERVICES

1. In December 2007, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) joined with a range of other agencies and six Government Ministers to sign the vision for adult social care laid out in Putting People First. Over the last 18 months, we have been working closely with these partners to support the delivery of this vision.

2. In April 2009, the Adult Social Care Reform Grant was allocated to Councils to enable us to start to deliver the vision. LAC (DH) (2009) 1 laid out the changes that were expected to be delivered using the Grant. It lays out in Paragraph 15 a number of aspects of the transformation:
 - Integrated working with the NHS
 - Commissioning Strategies, which maximise choice and control whilst balancing investment in prevention and early intervention.
 - Universal information and advice services for all citizens
 - Proportionate social care assessments processes
 - Person centred planning and self-directed support to become mainstream activities with personal budgets which maximise choice and control
 - Mechanisms to involve family members and other carers
 - A framework which ensures people can exercise choice and control with advocacy and brokerage linked to the building of user-led organisations
 - Appropriate safeguarding arrangements
 - Effective quality assurance and benchmarking arrangements

These need to be supported with local market development, a workforce strategy and an approach, which demonstrates effective use of resources, including the delivery of 3% efficiencies year-on-year.

3. In March of this year, ADASS and LGA undertook a survey of members to examine how progress was being made to deliver these key objectives. The findings overall were very encouraging but they did show a discrepancy between those councils who were making substantial progress and others who were just starting on the change processes.

4. In order to support the process of change ADASS and LGA have worked in partnership with DH and other key stakeholders (including the Care Quality Commission - CQC) to establish a set of milestones against which we can judge progress. All the key stakeholders involved in the delivery of the Transformation of Adult Social Care have accepted these. We hope that every council will also be able to adopt these areas as their key priorities for the

period up to 2010 and by April 2011 (the end of the grant). We expect that setting these milestones will serve as a strong foundation upon which a longer-term framework for progress can be developed.

5. The DH have agreed with ADASS and the LGA that there a 5 key priorities during this first phase of transformation (by April 2011):

- That the transformation of adult social care has been developed in partnership with existing service users (both public and private), their carers and other citizens who are interested in these services.
- That a process is in place to ensure that all those eligible for council funded adult social care support will receive a personal budget via a suitable assessment process.
- That partners are investing in cost effective preventative interventions, which reduce the demand for social care and health services.
- That citizens have access to information and advice regarding how to identify and access options available in their communities to meet their care and support needs.
- That service users are experiencing a broadening of choice and improvement in quality of care and support service supply, built upon involvement of key stakeholders (Councils, Primary Care Trusts, service users, providers, 3rd sector organisations etc), that can meet the aspirations of all local people (whether council or self-funded) wanting to procure social care services.

6. In order to measure progress at key stages we have identified the following milestones:

	April 2010	October 2010	April 2011
Effective partnerships with People using services, carers and other local citizens	<p>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.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [By Dec 2009]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>	<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>	<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>

Self-directed support and personal budgets	That every council has introduced personal budgets, which are being used by existing or new service users/ carers. *	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. **	That at least 30% of eligible service users/carers have a personal budget.
Prevention and cost effective services	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'.	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.	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'.
Information and advice	That every council has a strategy in place to create universal information and advice services.	That the council has put in place arrangements for universal access to information and advice.	That the public are informed about where they can go to get the best information and advice about their care and support needs.
Local commissioning	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. These commissioning strategies take account of the priorities identified through their JSNAs.	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.	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.

* *The ADASS/LGA survey showed 8% was already the national average in March 09 (although it also suggested that the majority of authorities were below this average). It is believed that Councils should have reached a*

10% minimum target by March 2010, if they are going to guarantee the 30% target for 2011; the survey itself indicated that only around 20 authorities were not expecting to have reached a 10% level by March 2010.

*** Given the expectation that service users receive reviews at least annually, this milestone may in itself drive an allocation of PBs in excess of the 30% target for April 2011.*

7. The following current key performance indicators may afford a wider context in which to judge progress. The data from these indicators will not be available until after the end of each year.

- NI 125 – achieving independence through rehab/intermediate care
- NI 130 – the proportion of eligible service users with a direct payment and/or a personal budget
- NI 134 – number of emergency bed days
- NI 139 – people over 65 who say that receive information, assistance and support to live independently at home.
- NI 145 – settled accommodation for adults with learning disabilities
- NI 146 – employment for adults with learning disabilities
- NI 149 – settled accommodation for adults with mental health problems
- NI150 – employment for adults with mental health problems

8. It is recognised that the Transformation of Adult Social Care cannot take place without the full engagement:

- of all service users.
- of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.
- of Primary Care Trusts and the wider health community.
- And leadership of local politicians
- of all parts of local councils and of other key strategic partners.
- And the support of regional and national programmes.

9. In order to achieve the transformation the following issues will need to have been addressed:

- A system is in place, which manages the risks associated with the transformation that includes both the risks for individuals and financial and other risks.
- Clarity of the business models that will need to be adapted to support the transformation.
- Financial systems, which support the delivery of personal budgets.
- A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones.
- Business cases, which track the new investments, and disinvestments that will be required to support the change.
- A workforce strategy that supports the transformation.

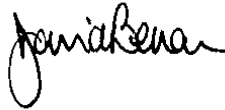
10. We intend that local councils will use these milestones to help self-assess on their progress, inform their business planning and inform investment decisions. These milestones will also enable all stakeholders to judge progress on the delivery of PPF transformation.

The Department of Health (through the National TASC Programme and the Deputy Regional Directors) intend to use these milestones to support progress on delivery and to assist ensuring that national/regional resources are invested to offer the best support to local areas.

The Care Quality Commission will consider (subject to their usual consultation process) use of and further development of these milestones for the 2010/11 and 2011/12 years to assist them in making consistent judgements in order to contribute to the Comprehensive Area Assessment. Both CQC and the DH will consult with stakeholders on how future progress will be measured and what may be required from councils.



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