

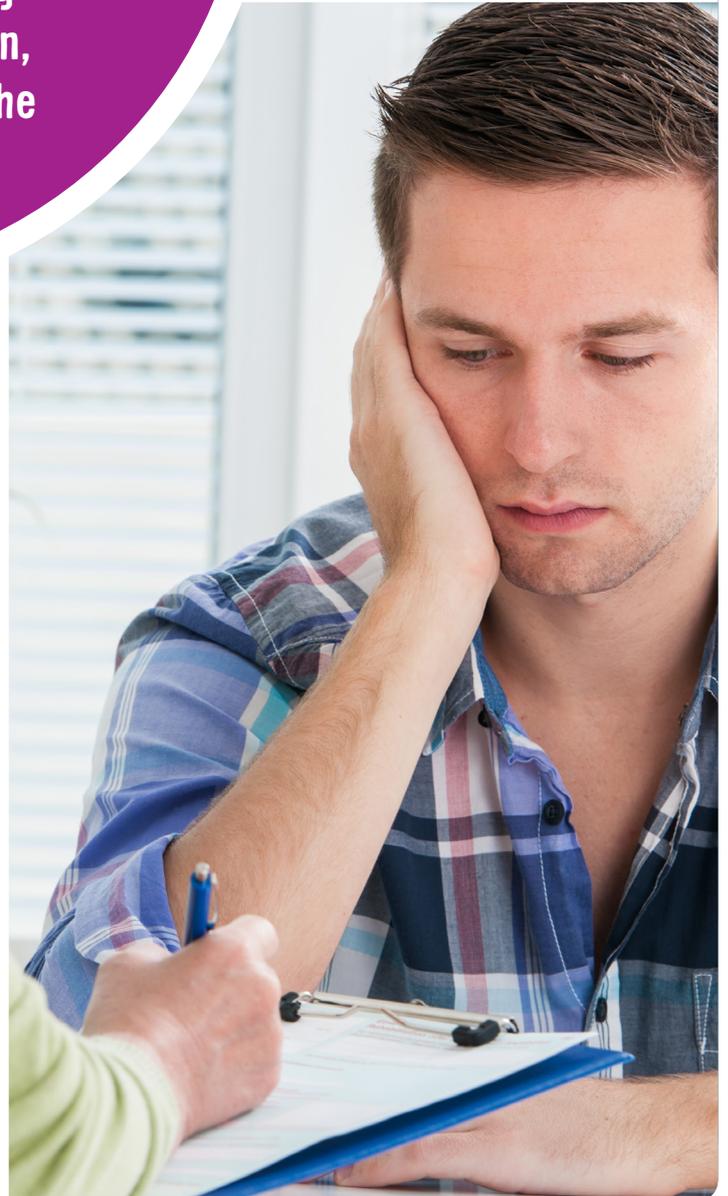
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INFORMATION, ADVICE AND BROKERAGE

PART 1

SHAPING THE FUTURE

Planning, commissioning
and delivering information,
advice and brokerage in the
context of the Care Act



SUMMARY OF KEY MESSAGES

1. INTRODUCTION

- The Care Act proposes some specific new duties for councils, in relation to information and advice.
- Improving the provision of information and advice is a longstanding challenge for the social care sector.
- People may be reluctant to seek information and advice about “social care” - and their actual requirements are very diverse.
- There is a wide and complex range of information and advice services both at national and local levels.
- Making sense of local information and advice systems, and shaping them for the future, will therefore be challenging but essential tasks.

2. INFORMATION AND ADVICE: THE KEY TO SUCCESSFUL PREVENTION?

- Good information and advice are critical to the delivery of important local and national priorities – including promoting health and wellbeing, and helping people manage their own health.
- They are also especially important for people who are about to make expensive purchasing decisions (and/or their carers).
- Councils and their partners should use the Joint Strategic Needs Assessment (JSNA) process (including local engagement) to help identify the groups that would most benefit from improved information, advice and brokerage.
- Targetting policies should take account not only of people’s needs and clinical conditions, but also of their capacity and assets.

3. COUNCILS’ ROLE AS INFORMATION PROVIDERS

- Councils are not usually the first port of call for people needing information and advice about social care. Councils’ role in this area is more likely to be an enabling one – helping to shape markets, encouraging collaboration and achieving coherence.

4. SHAPING THE MARKET

- Unprecedented budget pressures are forcing councils and their partners to ask searching questions about whether they are getting good value for money from their existing funded services.
- Councils and their partners need to have a dialogue with local citizens, about how and where they usually access information and advice, and what improvements would be helpful.
- Local information and advice services have often “evolved” rather than being rationally planned. Reviews of council-funded information and advice services typically conclude that the local system is incoherent, and that some services need to be re-commissioned.

- To deliver the required systems change, it will be important to achieve ownership across sectors of the importance of the information and advice agenda, and leadership from Health and Wellbeing Boards.
- Councils and their partners should consider the potential to pool relevant budgets, and/or use the Better Care Fund to stimulate a joined-up approach.
- Partnership working between providers is another important feature of a successful information and advice system. Councils should actively stimulate and support the creation of new alliances, and more integrated information and advice services.
- Councils should examine whether their traditional commissioning and procurement methods are appropriate for this part of the sector, and achieving the desired results.
- Service providers should expect to be asked to demonstrate their added value. This will require the development of proportionate but rigorous monitoring systems.

SHAPING THE FUTURE

Planning, commissioning and delivering information, advice and brokerage in the context of the Care Act Part 1

1.1 The Care Act (2014)

Good information and advice are at the heart of personalised care, and are also regarded by the Government as key aspects of the wider prevention agenda. They are also the key to effective “brokerage” - ensuring people have more choice and control over the support they receive.

This has been recognised in the Care Act, and in the associated statutory guidance. Clause 4 proposes some specific duties for councils in England, including a responsibility to ensure that people have sufficient information to make an informed decision about how to meet their needs, regardless of how their support will be funded. The importance of information and advice is also underlined in other clauses of the Act. It is a critical aspect of other specific duties (eg assessment, safeguarding) and is a key enabler for a range of system changes (eg the focus on prevention, promoting integration and market shaping).

REQUIREMENTS OF THE CARE ACT

Local authorities will need to provide comprehensive information and advice about care and support services in their local area. This will help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services. The Bill clearly sets out that they must provide information on:

- what types of care and support are available – eg specialised dementia care, befriending services, re-ablement, personal assistance, residential care etc
- the range of care and support services available to local people, ie what local providers offer certain types of services
- what process local people need to use to get the care and support that is available
- where local people can find independent financial advice about care and support and help them to access it
- how people can raise concerns about the safety or wellbeing of someone who has care and support needs

(Department of Health Fact Sheet, 2013)

1.2 The challenge for the social care sector

The provision of good information and advice about social care is a longstanding priority for the sector, and is regarded by councils as part of their “universal offer” to communities.

However, getting reliable information and advice to people, when and where they need it, continues to be exceptionally challenging. Local and national research and consultations – including those carried out in the development of the Care Act - consistently suggest that people find the care system difficult to understand and navigate. They often struggle to know where to seek help, or find it difficult to get their questions answered in a straightforward way. It is very typical to be put off by bureaucratic responses, or have an experience of being “passed from pillar to post”.¹

In 2012/13, although around 70% of social care customers responding to the ASCOF survey said they had found it easy to get information about services, this percentage has reduced slightly over the last three years². Whilst surveys such as this one focus on those already receiving state-funded support, access to information and advice appears to be even more problematic for the wider population, including the large numbers of people who fund their own care and support.^{3,4,5,6}

For the latter group, proposed changes in the rules regarding the funding of care will make it even more imperative that reliable, independent financial advice is made more widely available to assist with future planning.

1.3 People’s need for information and advice

The task of planning and commissioning social care-related information and advice is complicated by the fact that “social care” is not easily defined. Moreover, many people are reluctant to enquire about “care”, or may find this term stigmatising⁷.

“Care” for most people means ending up in some kind of institution! We need to find a new language ...”

(Service provider)

Whilst some people have queries that can be answered in a straightforward way, others have needs that are wide-ranging and complex. Whilst some are looking for specialist advice eg about their particular health condition others need more general advice eg about their statutory entitlements.

People's different attitudes to seeking support

I'm starting to have a few difficulties in my daily life, but I'm sure no-one can help.

These leaflets are no good to me. I feel overwhelmed and can't cope. I wish I could talk to someone who might help me sort things out.

I don't want advice or interference – I just need a list of reliable providers in my area.

I'm struggling with the stairs, to be honest. But I'm certainly not telling anyone... They'll make me go into a care home.

What's the point of ringing the council? they're not for people like me!

Our mum may need to go into a care home soon. We've heard about some new rules, but don't know whether this applies to us.



People's resources and capacity to access and act on the advice they receive is also very variable. This may depend on such factors as:

- Their own prior knowledge, confidence, and expertise;
- The expertise of those in their family, circle of friends and community networks;
- Their language and culture;*

- The nature of their presenting need – eg whether they have a long-term disability or are facing an immediate crisis;
- The immediate triggers for seeking help – eg bereavement, diagnosis of illness, hospital episode, financial problems, etc.
- Their state of mind when they first ask for help – eg whether experiencing trauma or depression;
- The methods and channels they normally use to seek advice – eg internet, telephone, leaflets in health centres or libraries, club or social group, or none of these;

*TLAP Principles for the provision of information and advice: "Meet the needs of all groups"

- Whether they act for themselves, or rely on a carer or friend to secure support for them – and whether their main carer lives locally or is helping from a distance;
- Their ability and/or motivation to act on the information and advice they receive.

These factors – combined with the notoriously complex eligibility rules for council-funded social care - may help to explain the paradox that the ongoing huge expansion of the range and sources of information in society has apparently not yet improved people's experience of finding out about social care.

"We've entered the information age! Lack of information is no longer the problem. The problem is that we haven't done enough to educate people to find, use and analyse information about social care".

[Service provider]

"People spend months deciding what car or holiday to buy, but they aren't used to thinking about "care" in the same way. So, even though so much money's at stake, it's all done on the hoof and in a crisis...."

[Service provider]

1.4 The availability of information and advice

To respond to the growing market, a huge range of information and advice services has evolved both at national and local level. These also vary, for example in terms of:

- The **type of organisation** (eg private sector/voluntary sector/user-led, national/local);
- Their main **business driver** (eg commercial/not-for-profit/social enterprise etc)
- Their **service delivery model** (eg websites, leaflets, telephone advice, drop-in centre, individual case work, etc);
- The **customer group** they target (eg disabled people of working age/older people/carers);
- Their **specialist knowledge** (eg Alzheimers, Multiple Sclerosis etc);
- The **type of advice** they provide (eg health, benefits, housing, social care, general advice – or a combination);
- The **degree of interaction** they have with their customers, and the duration of the contact;
- Whether offering information and advice is their **core function**, or whether it is subsidiary to other activity;
- Whether they combine information and advice with a campaigning or **advocacy** role;
- Their scale, staffing levels, and sources and levels of funding.

To make sense of this complexity, various attempts have been made to categorise these forms of response and to define terms like “information”, “advice”⁸, “care navigation”, “support planning” and “brokerage”^{9,10}. However, for people themselves, these distinctions carry very little meaning.

This part of the sector is also evolving at a rapid pace. Some of the change is being triggered by councils’ re-commissioning exercises, but much of it is “market led” - with innovative providers looking for potential commercial (including advertising) opportunities, and using new communications technology in different ways. Many providers offer a range of responses which blur the conventional definitional boundaries.

This diversification is surely helpful from a customer perspective, but perhaps makes it more difficult for commissioners or independent researchers to evaluate or make objective comparisons between different types of information and advice service. There are no standard performance measures – and in particular, no standard way of establishing reliable unit costs or specific outcomes - for this complex part of the sector. This issue is discussed further throughout this report.

“You can publish a list, you can give someone a leaflet, you can write down a phone number, you can tell them the name of the person to ask for, or you can even make the call for them. You can talk to them for 2 minutes or have a longer-term relationship... You can tell them where to get the form, or give it to them, or explain it to them, or help them fill it in... or help them challenge the results... Basically, everyone needs something different! Commissioners need to work out what they want to buy...”

(Service provider)

INFORMATION AND ADVICE: THE KEY TO SUCCESSFUL PREVENTION?

Part 2

The Care Act encourages councils to see information and advice as fundamentally important elements of their prevention strategies.

“Information and advice are the key that unlocks all the other prevention services”.

(Council officer)

In fact, information and advice can contribute to a range of existing priorities including:

- *Earlier intervention*: preventing or delaying the need for formal health and care intervention;
- *Promoting independence and resilience*: helping people to manage their own health, and to plan ahead;
- *Supporting people at home*: helping people understand what support can be made available at home, as an alternative to residential care;
- *Reaching self-funders*: reducing the number of people who need state support because their funds have dried up;

- *Finding better value solutions*: helping people access informal sources of support, and to make optimum use of assets in communities.
- *Promoting choice*: making sure people know about the range of local providers and what support they offer. (NB This is one of the duties included in Clause 5 of the Care Act).*

A useful principle for any local strategy is that all council and NHS expenditure on information and advice should contribute to the achievement of these specific goals. Information and advice should be key elements at all stages in people’s journeys. For example, they are important both for people who may need early preventative support, and for people who are making expensive decisions about what services and support to buy.* The system should be designed to empower people, and help them to maintain or increase their independence, whatever their immediate presenting need.

* **TLAP Principles for the provision of information and advice:** “Be clear, comprehensive and impartial”

* **TLAP Principles for the provision of information and advice:** “Be available at the right time for people who need it, in a range of formats and through a range of channels”.

“Councils have got themselves into a siege mentality; they’ve got to change their relationship with the public. It’s not just about telling them to go away – it’s getting them more informed and empowered”.

[Service provider]

Another useful principle is that in view of people’s varying needs for information and advice, local prioritisation and targeting are essential. The notion that information is part of councils’ universal offer should be balanced with an imperative to ensure it is reaching the most “at risk” groups.

The process of identifying those most at risk is likely to be multi-dimensional, and to include analysis of who is at risk of needing either NHS or council services, or both.✱ For example, JSNA processes often identify the need for improved pathways for people with particular *clinical conditions* (eg strokes, dementia), and an associated requirement for specialist advice in these areas. Equally, there are likely to be *geographical* health inequalities, suggesting that preventative information and advice should be particularly accessible in certain localities.

✱ **TLAP Principles for the provision of information and advice:** “Meet the needs of all groups”

Overall, however, people’s need for information and advice depends largely on their *personal and social assets* including their informal networks and their capacity to find things out, manage their own health and care, and arrange support for themselves¹¹. This has significant implications for “risk stratification” and for how certain types of state-funded intervention are rationed. For example, in-depth advice, support planning and brokerage will be essential for some people who face particular risks and who cannot do this for themselves, but cannot be part of councils’ universal offer.

“Run with the maxim that most people have the capacity to solve their own problems: we should design our system to deal with the exceptions”.

[Service provider]

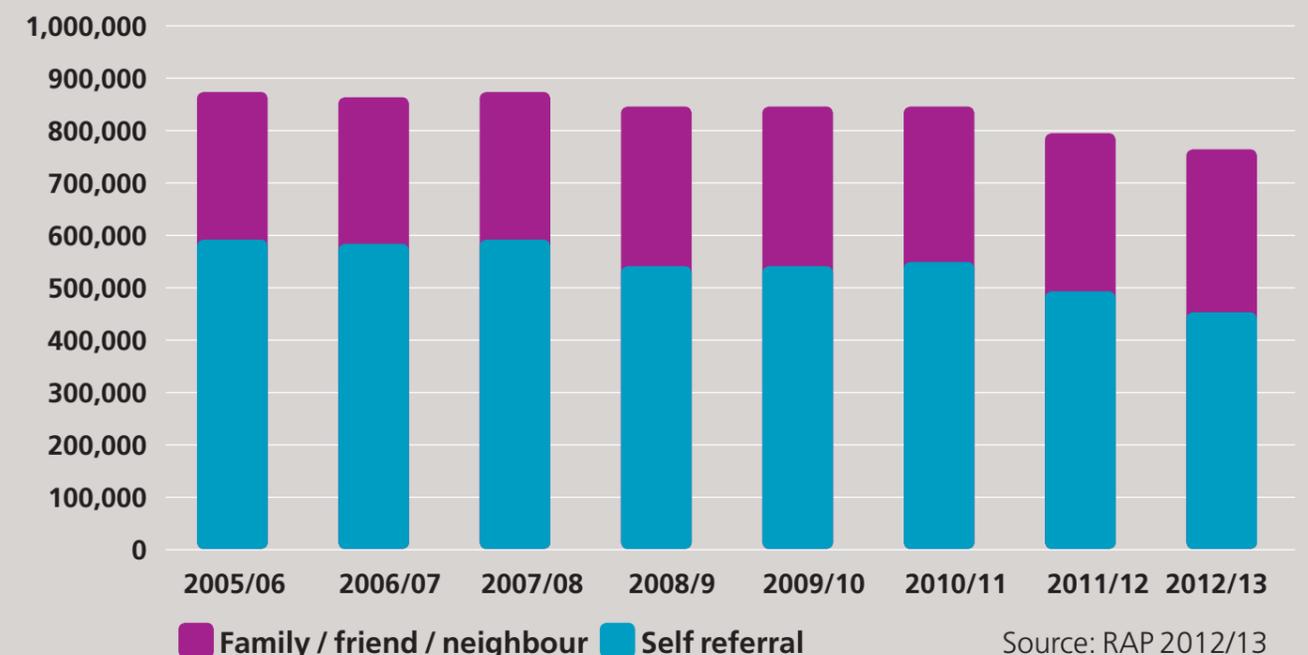
COUNCILS’ ROLE AS INFORMATION PROVIDERS

Part 3

Councils are themselves providers of information and advice, and have a responsibility to respond well to those who contact them directly for help. For this reason, most councils have been engaged over the last few years in improving their provision - for example, by developing their websites and/or re-organising their first contact services.

However, councils are very rarely the first port of call for most people who need information and advice, and people’s willingness to contact councils about social care may be declining over time. This is clearly illustrated by the fact that the number of people who contact councils directly about social care (or whose family, friends or neighbours contact councils on their behalf) has been on the decline for several years, in spite of demographic growth.

Numbers of people contacting council Adult Social Care directly, 2005/6 to 2012/13



People are much more likely to seek information and advice from a range of other sources – including websites, their friends and family networks, GPs and pharmacists, and familiar local voluntary organisations. This is illustrated in the interactive map produced for TLAP by Independent Age¹², which refers to a “cloud of support” which is available to most people, but which varies according to the individual and their personal web of connections and preferences.

USEFUL RESOURCE: Interactive Map

The interactive map produced by Independent Age can be accessed at: www.thinklocalactpersonal.org.uk/_library/Al/ReportInteractive.pdf

In the context of the Care Act, it is critically important that both council and NHS staff are well-informed about local resources, and are equipped to signpost or advise people well. **However, a strategy that focuses on the council's own role as an information provider, and makes the false assumption that the council's website or contact centre will be people's main or preferred route, is very unlikely to succeed.**

Moreover, such an approach does not fit easily with the challenge of managing the demand for statutory services, since it may increase the likelihood that people will be “drawn in” to council, and other statutory services, rather than being helped to find other sources of support.

“We want to encourage as many people as possible to use the independent front door”.

(Council officer)

SHAPING THE MARKET

Part 4

4.1 Reviewing local markets

Councils also commission or grant fund a wide range of independent sector organisations that offer information and advice, either as their core function or in addition to other services. These local networks are usually complex; they have often evolved over a long period of time rather than being strategically planned. The evolution process is an ongoing one, and is influenced by such factors as the development of new technologies, the varying ability of providers to market themselves, and increased use of the internet and social media.

The statutory funding streams are equally complex. The relevant budgets may be held in different parts of the council, eg housing, social care, community development etc, with each part of the council working to different priorities. Partner agencies including the NHS fund their own services (including Healthwatch), or make contributions to the same services for their different reasons. It is rare for councils and their partners to have integrated commissioning strategies in this area, and a wide range of procurement methods are used. Additionally, local providers sometimes (but not always) have additional sources of voluntary or private income and may cross-subsidise information and advice from their other budgets.

The implementation of the Care Act is happening at a time when these budgets and services are coming under increased scrutiny. Given current financial pressures and competing priorities, many commissioners are understandably asking very serious questions about whether their funded information and advice services (as well as their own services) are offering good value for money, and whether more efficient approaches could be developed.

Many councils have already reduced their funding for this part of the sector, using more or less rational and objective methods to make their decisions. Some have carried out strategic reviews (with varying degrees of involvement from their stakeholders) using such methods as:

- Identifying the budgets spent on these services across the council (and sometimes also by partners);
- Commissioning research into customers' experience (eg through mystery shopping exercises);
- Mapping the range of information provision, and collecting evidence about the quality, range and performance of relevant local services;

- Engaging with potential customers, partners and other stakeholders – and sometimes working to co-produce solutions.*

As a result of these reviews, commissioners and their stakeholders typically conclude that whilst some good local services are in place, the overall “system” needs an overhaul. There is often a sense of incoherence – with duplication and gaps, and a lack of clear signposting from one agency to the next. The messages conveyed to one council in this study by its stakeholder groups are, in this sense, typical:

Key messages from social care customers

- Information and advice is important to people and essential to prevent isolation, deterioration of health and avoidable hardship.
- Access needs to be simpler.
- We should offer more support for people to use technology.
- We need more *local* access to information from trusted sources.
- Local networks and existing resources need to be better utilised.
- There needs to be better co-ordination and joined up working - health/local authority/voluntary sector.

Source: L.B. Barnet
“Improving Information for All”, 2013

*TLAP Principles for the provision of information and advice: “Involve people who use services and carers in determining what is needed and how it is provided”

**USEFUL RESOURCE:
TLAP’s “Principles for the provision of information and advice”**

TLAP has published some key principles for the provision of publically available information on care and support, to enable councils to fulfil the requirements of the Care Act:
www.thinklocalactpersonal.org.uk/_library/AIPrincipalsFINAL.pdf.
These principles underpin this report and are referred to throughout the document.

They emphasise the importance of analysing local need from a customer perspective, and of understanding that existing systems may work better for some people than for others: *“The local authority should know what it is like to be an individual looking for social care and support services in their area, and where the problematic “pinch points” are”*.

“The issue is, how do these services work together – and how COULD they work together – to make it more streamlined from the customer perspective...?”

[Council officer]

“There ought to be a system where everyone in the community will automatically know where to go...”

[Customer]

“Our catch phrase is “no door is the wrong door!” – but it’s quite challenging to make this work in practice...”

[Council officer]

“People don’t know what’s out there – and the staff in the council or GP surgery don’t know either!”

[Service provider]

Other issues that appear to recur during these reviews are:

- Questions about the *targeting* of information and advice: about whether they are reaching the people who could most benefit, at the right stage in their journeys;
- The lack of a methodology for assessing the *impact* of particular information and advice services, or demonstrating the impact for the whole system. (This issue is addressed further in TLAP’s separate report on “Seeing the Benefits);
- Debates about the respective *contributions* of councils and other commissioners, providers and people themselves. (This includes debate about what kinds of support can be offered to citizens free of charge);
- Concerns about the *sustainability* of local information, advice and brokerage services – perhaps associated with questions about whether successful small-scale pilots will be affordable to the welfare state on a bigger scale.

“We’re quite pleased with how the project has worked, but can it be scaled up? Perhaps it’s not something we can really afford.”

[Council officer]

A broad conclusion is that reviews of information and advice “services” raise deeper questions about councils’ offer to communities, about their relationship with their stakeholders and citizens, and how both need to change.¹³

4.2 Joining up commissioning

The strategic approach suggested here is unlikely to be achieved unless it is part of an ambitious plan for “whole system” change, actively led and owned across agencies and steered by health and wellbeing boards.¹⁴ Specifically, the *complexity of funding streams for information and advice makes the pooling of budgets an obvious – and perhaps necessary – solution for this part of the sector’s work.*

“Let’s bring all our money into the conversation”.

(Council officer)

This has been recognised in Lancashire, where information and advice forms an intrinsic part of a “local area co-ordination” approach that has been recognised as a priority for the council and NHS and will be funded from the Better Care Fund.

INTERESTING PRACTICE: Central Lancashire’s whole systems approach

Central Lancashire and its CCG partners are jointly commissioning integrated locality-based preventative services. The plan is informed by a JSNA for people with long-term conditions, which recommends some specific actions to address identified priorities, including the provision of better information and advice to “promote self care”. The strategy aims to deliver specified “high impact changes” for people, families, communities and organisations.

The county has a joined up information and advice service (called *Help Direct*) which will contribute to the strategy. Another key jointly-planned initiative is *Connect4Life* – an approach that aims to build social capital and help people to identify and secure the support they need at an early stage. The commissioning agencies are creating a pooled budget, and intend to use the Better Care Fund to fund *Connect4Life* and other shared priorities

See separate Case Study:
Local Area Co-ordination in Lancashire

4.3 Joining up service provision

A feature of this part of the sector is that information providers, including councils and the NHS, as well as the voluntary sector, too often work in siloes rather than co-operating with each other.

They may not be well-informed about each other’s areas of expertise, and may miss opportunities to signpost to each other in an effective way.

Most of the councils in our study have begun to explore different ways of stimulating or even enforcing a more co-ordinated approach. These initiatives* have often (but not always) been welcomed and supported by providers.

*TLAP Principles for the provision of information and advice: “Avoid re-inventing the wheel”

“We need a more formal partnership agreement – I mean, with each other, not just with the council”.

(Service provider)

“We should create the conditions where organisations share information and stop re-inventing the wheel”.

(Council officer)

“They have a huge waiting list of people wanting help to complete their Attendance Allowance forms. We can do that – so why don’t they pass some of their referrals over to us?”

(Service provider)

INTERESTING PRACTICE: Developing an Information Network

There is a strong commitment from a range of organisations in Barnet to support a voluntary sector-led *Information Network*, inspired by an initiative in the London Borough of Kingston. The network will aim to deliver the following:

- Establish and agree consistent practices to reduce duplication and deliver more joined up information, advice and signposting working across health, public health, social care and voluntary sectors.
- Design and implement joint working protocols and deliver a quality standards scheme for information.
- Support digital inclusion initiatives and implement practical ways to help more people access information resources online.
- Prioritise strategic engagement, to influence and contribute to rationalisation of databases and information sources.
- Share learning and create awareness of information/advice initiatives taking place across social care and health.
- Ensure information is available in a range of co-designed formats and channels accessible by all groups.

Where there is obvious duplication and inefficiency, some councils have de-commissioned services, and/or re-commissioned combined services from a single provider; some of their innovations are described in “TLAP’s report on Gearing up for Change*” and in the separate case studies¹⁵. Some features common to most of the newly commissioned services are:

- They clearly target priority groups, including people who genuinely lack capacity to access and use information for themselves;
- They use a range of different formats and methods to reach and advise people;
- They build people’s capacity to navigate for themselves;
- They have extensive local knowledge, and continuously develop and update their databases, as part of a commitment to providing a high quality service;*
- They develop and use a range of community assets including volunteers and peer support;
- They are creative and holistic, and able to respond to a range of issues.
- They market themselves well;
- They work collaboratively, invest time in local networking, pool information and continuously improve their signposting to local partners;*

* See “Gearing up for change: Practice examples from six councils that are developing their information, advice and brokerage services”, pub.TLAP Sep 2014

* **TLAP Principles for the provision of information and advice:** “Be consistent, accurate and up-to-date”, “Meet quality standards”

* **TLAP Principles for the provision of information and advice:** “Signpost people to sources of further information”

- They monitor their own performance, and can demonstrate success in achieving agreed objectives.

Other councils are rightly re-examining their commissioning and procurement methods.¹⁶ Traditional methods – including the regimes for distributing small grants and/or competitive tendering processes – may have had the perverse consequence of creating competitive rather than collaborative relationships between information and advice providers. Providers may have been incentivised to focus on meeting specified performance targets, often related to agreed outputs, at the expense of exploring how they might work with others to improve customers’ overall experience¹⁷. They may also have found that the imposed monitoring requirements place unacceptable burdens, and/or cannot be delivered by their existing systems. (This issue is discussed further in TLAP’s separate report on monitoring the benefits of information, advice and brokerage).¹⁸

So, some councils have worked with their partners and providers to support the delivery of a single, very holistic information and advice service (such as Lancashire’s Help Direct and Stockport’s For Local Advice and Guidance (FLAG)). In the case of brokerage, Lancashire is seeking to maintain a diversity of supply by encouraging one experienced partner (Salvere) to sub-contract to other providers, whilst also developing and quality assuring their work. Stockport has implemented an approach known as “alliance contracting” within its mental health service and is now considering its wider potential for various parts of its integrated care system. (This is an approach developed in the oil industry, now being applied in the care and health sector, that encourages providers to collaborate to achieve shared outcomes, but within a commercial ‘gain and pain share’ framework).¹⁹

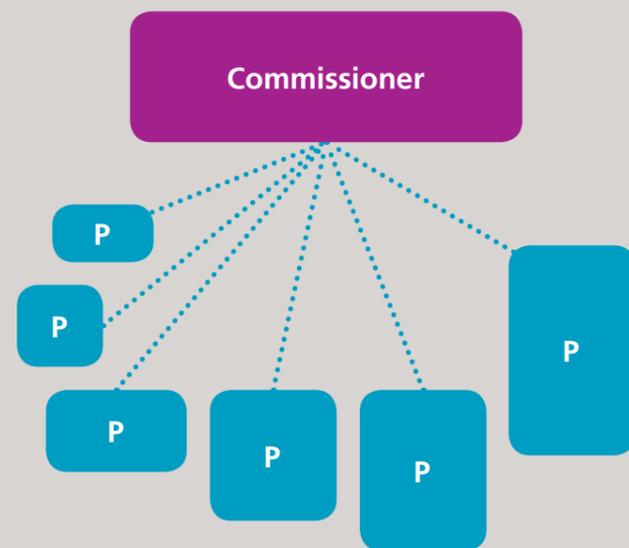
“We don’t want people sitting in their offices writing reports – we want them out there, connecting!”

(Council officer)

INTERESTING PRACTICE:
Alliance Contracting

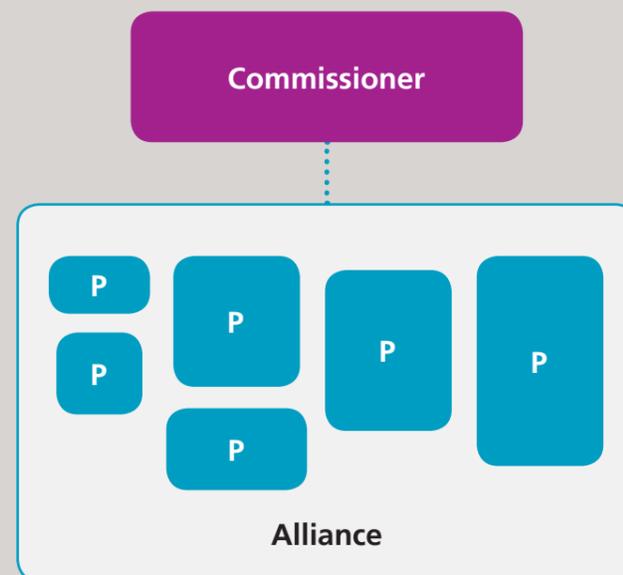
What is an alliance contract?

Traditional contract



- Separate contracts with each party
- Separate objectives for each party
- Performance individually judged
- Commissioner is the co-ordinator
- Provision made for dispute
- Contracts based on tight specification
- Change not easily accommodated

Alliance contract



- One contract, one performance framework**
- Aligned objectives and shared risks**
- Success judged on performance overall**
- Shared co-ordination, collective accountability**
- Expectation of trust**
- Contract describes outcomes and relationships**
- Change and innovation in delivery are expected**

CONCLUSION: ACHIEVING ADDED VALUE

Part 5

Improvements to local information and advice services will depend for their success on committed leadership, good joint planning, new forms of partnership, and behaviour change. Deeper dialogue, more mature relationships, and better “connecting skills” are likely to be required, as part of a widespread culture change across both commissioning and providing agencies and the communities they serve.²⁰

In future, councils may well decide to focus their own resources on building the capacity of the independent sector, including the most informal parts of the voluntary sector, to work in new ways, so organisations are better connected to each other, have access to pooled information resources, and can more successfully link individuals to the support they need. The relevant work being undertaken by the six councils in our study is described in more detail in our separate report on **“Gearing up for Change”**²¹.

Information and advice providers may, in turn, need to demonstrate more clearly that they are contributing to the achievement of local strategic goals. In some cases, this might require improved monitoring, and the development of better evidence about the outcomes they are achieving. This issue* is discussed further in our separate report on *“Seeing the benefits”*²².

* **TLAP Principles for the provision of information and advice:** “The use of information should be evaluated, to make sure it is effective and meeting people’s needs. This evaluation should be used to inform future planning”.

ENDNOTES

- ¹ See, for example, *“Transforming Social Care: access to information, advice and advocacy”* pub. IDEA 2009.
- ² Adult Social Care Outcomes Framework 3d, 2012/13.
- ³ *“Older People who Self Fund their Care”*, Clive Miller et al, pub. OPM 2013.
- ⁴ *“People who fund their own care and support: a review of the literature/research into existing provision of information and advice”*. Henwood and Hudson, pub. ADASS/SCIE/JRF 2009.
- ⁵ *“Independent Ageing: Council Support for Care Self-Funding”*, Jonathan Carr-West and Laurie Thraves, pub. LGIU March 2011.
- ⁶ *Getting over the threshold for advice* pub. Independent Age, 2011. http://www.independentage.org/media/172750/getting_over_the_threshold_for_advice_1312111.pdf
- ⁷ *“People who pay for care: quantitative and qualitative analysis of self-funders in the care market”*, PPF/IPC 2011
- ⁸ *“Transforming Social Care: access to information, advice and advocacy”*, pub. IDEA 2009.
- ⁹ TLAP’s social care jargon buster (pub. 2013) suggests that the terms “broker” and “care navigator” are synonymous. It explains the concept of a “broker” as follows: *“Someone whose job it is to provide you with advice and information about what services are available in your area, so that you can choose to purchase the care and support that best meets your needs. They can also help you think about different ways that you can get support, for example by making arrangements with friends and family. A broker can help you think about what you need, find services, and work out the costs”*.
- ¹⁰ More definitions are included in: *“Information and Advice for Older People: Evidence Review”*, pub. Age UK 2013
- ¹¹ This complex issue is discussed in *“What makes us healthy? The asset approach in practice: evidence, action, evaluation”*, Jane Foot, pub. TLAP 2012. http://thinklocalactpersonal.org.uk/_library/Resources/BCC/Evidence/what_makes_us_healthy.pdf
- ¹² This tool can be accessed on TLAP’s website: www.thinklocalactpersonal.org.uk/_library/AIReportInteractive.pdf

- ¹³ This issue is discussed further in the final report from the LGA’s Adult Social Care Efficiency Programme (pub. LGA, July 2014). The report refers to the importance of “developing a new contract with citizens and communities”.
- ¹⁴ The Care Act (Clause 3) proposes specific duties for councils to promote the integration of care and support with health services, where this will: (a) promote well-being, (b) contribute to prevention or (c) improve the quality of support for adults, and support for carers.
- ¹⁵ Partnership working between advice providers is also being actively promoted by the Cabinet Office and BIG Lottery, through their “Advice Services Transition Fund”. One new partnership being funded from this source is AdviceCentral in Central Bedfordshire: www.drcbeds.org.uk/advice/advice-central/
- ¹⁶ The Public Services (Social Value) Act 2012 encourages councils to consider how the service they are procuring could bring added economic, environmental and social benefits. The Cabinet Office has published examples of how some councils are building the concept of “social value” into their commissioning processes: www.gov.uk/government/uploads/system/uploads/attachment_data/file/275719/Public_Services__Social_Value__Act_-_One_Year_On.pdf
- ¹⁷ The pattern of commissioning for outputs has been identified elsewhere as problematic – for example, see: *“Advice Services – what next”*, pub. New Economics Foundation 2011. This study points out that where councils over-emphasise volumes of activity, this may create a perverse incentive for advice providers to rush or be more superficial in their approach in dealing with customers.
- ¹⁸ See *“Seeing the benefits: Understanding and monitoring the benefits of information, advice and brokerage”*, pub. TLAP Sept 2014.
- ¹⁹ The authors of this report acknowledge Linda Hutchinson who has led this in Stockport and elsewhere. For more details, see <http://alliances.org.uk>
- ²⁰ See *“Stronger Partnerships for Better Outcomes”*, TLAP 2012.
- ²¹ See *“Gearing up for change: Practice examples from six councils that are developing their information, advice and brokerage services”*, pub. TLAP Sep 2014.
- ²² See pub. TLAP Sep 2014 *“Seeing the benefits: Understanding and monitoring the benefits of information, advice and brokerage”*, pub. TLAP Sep 2014.



Think Local Act Personal (TLAP) is a national strategic partnership of more than 40 organisations committed to supporting the continued implementation of personalisation and community based health, care and support.

This report belongs to a set of three designed to support local areas to improve their provision of information, advice and brokerage for people who need social care.

Shaping the future is part of a suite of resources commissioned by the Department of Health in partnership with the Local Government Association and Association of Directors of Adult Social Services to support local government in implementing the Care Act 2014.

To find out more, visit www.local.gov.uk/care-support-reform.

Shaping the future –Part 1 addresses the **strategic challenge**. It explores the implications of the Care Act for councils and their strategic partners.

The report is supported by five more detailed case studies available on the TLAP website at **www.thinklocalactpersonal.org.uk**

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