



**Response to the
Department of Health's
Caring for our Future
Engagement Programme**

23rd November 2011

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Background

The views, experiences and expectations of people who use services, carers and citizens should be at the centre of any future care and support system. That's why Think Local Act Personal (TLAP) published *Making it Real – Marking Progress Towards Personalised, Community-Based Support* in October 2011. These markers are a set of statements from people who use services and carers which set out what they would expect, see and experience if personalisation is working well in an organisation. The statements are then set against key elements that would need to be in place within an organisation to make personalisation possible.

Our advice to government and the sector in response to the Department of Health's Caring for our Future White Paper consultation is largely contained within *Making it Real*. Building on this, however, the Think Local Act Personal Partnership facilitated engagement and discussion amongst its 30-plus members (and those they are linked to) during the Department of Health's consultation period in late 2011. These discussions form the basis of this paper.

Think Local Act Personal is a partnership of independent groups with their own views and positions. This document is not, therefore, intended to represent the views of the individual organisations. Rather, it reflects the key elements of the *Making it Real* markers agreed by the Partnership and the views and ideas gathered by TLAP at facilitated discussions during the period of the engagement exercise. This includes the national Think Local Act Personal Partnership event held in London on 23 November 2011.

Over 90 representatives from national and local providers, people who use services, user-led organisations, third sector organisations and umbrella groups took part in these discussions (see Appendix 1). Their feedback has been structured into chapters on the six key themes that feature in *Making it Real*, and which we think should underpin any future system:

- 1. Information and advice**
- 2. Active and supportive communities**
- 3. Flexible and integrated care and support**
- 4. Workforce**
- 5. Risk enablement**
- 6. Personal budgets and self-funding**

We have also included the relevant “I statements” from *Making it Real* to show what good looks like in practice and provide a summary of recommendations for the government and the sector in terms of moving forward with personalisation and community-based support.

We would like to thank those who participated for their time in helping us to deliver this response.

For further information about the Department of Health White Paper consultation, please visit <http://www.dh.gov.uk/health/category/policy-areas/social-care/funding/>

For further information about Making it Real, please visit www.thinklocalactpersonal.org.uk

1. Information and advice

- a. I have the information and support I need in order to remain as independent as possible.**
- b. I have access to easy-to-understand information about care and support that is consistent, accurate, accessible and up-to-date.**

What this would look like in practice: Trusted information sources are established and maintained. They are accurate, free at the point of delivery and linked to local and community information sources.

Key messages from workshop discussions

Information systems need to be built around a person's whole life and any national information source must start from the perspective of a person using a service. This needs to be co-produced with people who use services and carers.

Participants suggested that before the concept of "information" is considered, people need to know what the "universal offer" is. By this, they mean that the entire spectrum of support available to everyone needs to be identified first.

People agreed that there is already a great deal of information available, including web-based information, information hubs such as Citizens Advice Bureaus and a range of leaflets and video-based resources created by different groups across the sector. However, information can be fragmented and participants reported that it is hard to know where and when to search for it. In some cases, there is too much information. Web based systems such as "Shop

4 Support”¹ can be helpful but need further development. People agreed that a great deal of resource currently deployed in different sectors could be used more effectively.

It is clear that getting information to people who need it is the most important aspect of any advice service. Any national information source – including an information spine or framework to allow citizens to be linked to resources that would help them to make good decisions – will also need to consider how information will reach people. Clear guidance is also needed on what information can be collated and made available at a national level and what is needed at a local level.

c. I can speak to people who know something about care and support and can make things happen.

What this would look like in practice: Skilled and culturally sensitive advisory services are available to help people accessing support to think through their options and secure solutions.

Key messages from workshop discussions

Further support is needed with the provision of advice and advocacy. Any information that is provided must be consistent and accurate as people can be reluctant to challenge the information they are given or do not realise what they are entitled to. The way this information is presented must be positive,

¹ <https://www.shop4support.com/s4s/ui/content/Home.aspx>

visual and showing possibilities and life opportunities that can be achieved.

There is a lack of information for older people, so more targeted information for these groups should be a priority.

d. I have help to make informed choices if I need and want it.

What this would look like in practice: A range of information sources are made available to meet individual communication needs, including the use of interactive technology which encourage an active dialogue and empower individuals to make their own choices.

Local, consistent information and support is available relating to legislation around recruitment, employment and management of personal assistants and other personal staff.

Key messages from workshop discussions

Targeted information needs to be built around what the person needs at key moments, for example, when transitioning between services. Support services should start by finding out what people need to know and seek out the relevant information available.

Participants suggested that there is not enough information collaboration across sectors and poor dialogue between health and social care.

People also said they need to feel they can plan ahead and think about the

information they will need on 10 years time.

e. I know where to get information about what is going on in my community.

What this would look like in practice: Local advice and support includes user led organisations, disabled people and carer's organisations, self-advocacy and peer support.

Key messages from workshop discussions

It was agreed that existing good practice should be built upon and that user-led and peer support and advocacy should be sufficiently funded and maintained. Feedback suggested that support services should signpost people to information on an individual basis and that good quality advocacy is essential.

It was also recommended that people need to be clearer about what different things mean. For example, personalisation as a concept is not the same as a personal budget. People who provide support need to build the information they provide around the wider concept of personalisation, not just the payment itself.

2. Active and supportive communities

a. I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.

What this would look like in practice: People are supported to access a range of networks, relationships and activities to maximise independence, health and well-being and community connections (including public health).

Effective programmes are available which maximise people's health and well-being and enable them to recover and stay well.

Key messages from workshop discussions

Participants commented that the sector needs to learn from the pockets of innovative and effective community support and encourage GPs and public health professionals to commission and fund the best types. This could include community navigator projects, befriending schemes, time banks and local voluntary sector groups to support others.

For example, Community Connect is an organisation that provides asset mapping, support and signposting and works with parish councils and local groups. Systems such as "Check and Connect" start with a set of "trigger questions" at first point of contact and then refer people to appropriate support. Some areas have excellent community brokerage and care navigators' schemes. The investment in micro-enterprises (helping them with start-up funding) is seen as a valuable resource.

In some areas, there has been a focus on “primary” prevention. For example, community-led preventing isolation and supporting physical activity schemes for older people or drop in schemes for people with learning disabilities provided by the voluntary sector and service user groups.

However, people agreed that the government needs to tackle age discrimination. Older people need to be seen as assets in the community and able to make a useful contribution. People commented that many people retiring today aged 60 plus could be living in the local community for another 40 years and it was seen as a fundamental matter of social justice for all organisations to adapt and provide ways of enabling their contribution.

There was also a discussion about health integrating with social care for joint commissioning of community-based support because councils can't do this or pay for it on their own. Making the case to health colleagues was seen as difficult, as health commissioning is considered “top down” and divorced from local communities. Well thought through evidence for “causality” rather than “association” in social programmes was said to be hard to find.

b. I have a network of people who support me: carers, family, friends, and community and - if needed - paid support staff.

What this would look like in practice: There is investment in community activity and community-based care and support which involves - and is contributed to by - people who use services, their families and carers.

Key messages from workshop discussions

People agreed that it is important to ensure recognition and understanding of people as assets, and acknowledge that everyone has the right to contribute.

Although participants agreed that progress has been made in more community-based support, they agreed that these concepts now need developing into wider settings. For example, people wanted to build on some good examples and see care homes increasingly being part of local communities.

It was agreed that part of the message must be that “personalisation” represents a situation where choice and control flows to individuals and the focus should not all be around personal budgets.

There will always be access to a core group of vocal people in local communities, but participants commented that it is important to develop links between different communities to avoid people re-trenching into silos. Proactive work is needed to ensure that every part of the community is engaged in local activity.

The debate suggested that the sector continues to experience some major workforce competency issues. A change in focus is needed to ensure the skilling up of the workforce to provide citizen-centred services. This will require a greater focus on integrated workforce development, not just social care and health, but also housing and other provision that supports

people to live fulfilling lives. The key driver for this would be our ageing population. Funding incentives are needed to move the whole workforce involved in public service provision towards more personalised support.

An important aspect of this is to ensure that outcomes are achieved with others and not just pursued via single agencies. There needs to be recognition of the different skills and assets people use to contribute in different ways (from the outset). Community-based programmes are best placed to enable this.

People wanted to acknowledge that it takes time and leadership to build partnerships beyond social care if genuine choice and control across the whole system is to be achieved.

c. I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.

What this would look like in practice: Systems and organisational culture support both people and carers to achieve and sustain employment if they are able to work.

Key messages from workshop discussions

Participants recommended further encouragement of the tentative shifts towards the culture of community support, including examples of people contributing their time in skills through schemes such as time banking.²

²www.skillsforcare.org.uk/workforce_strategy/neighbourhood_and_community_skills/neighbourhood_and_community_skills.aspx

People agreed there is a growing mix of using paid and unpaid people for support, for example Shared Lives³. Making use of volunteering can be the first step towards employment for people who use services and for carers who may have been out of the workplace for some time. However, some people felt that the benefits system can prevent volunteering.

Participants also raised their concerns about voluntary sector cut backs at a time when community support is needed more than ever. In one case, the voluntary sector was looking at up to 80% cut backs in local funding over the next few years.

d. I feel welcomed and included in my local community. I feel valued for the contribution that I can make to my community

What this would look like in practice: Longer term community support and not just immediate crisis is considered and planned for. A shift in resources towards supportive community activity is apparent.

Key messages from workshop discussions

Moves need to be made to ensure people who live in residential and care homes are included in communities so those individuals do not feel isolated and excluded. The practice of GPs charging residential care homes for providing primary care services to residents needs to be examined as some

³ <http://www.sharedlivesplus.org.uk/>

people reported that older people living in those homes do not have access to a free NHS at the point of delivery.

The health professions need to increasingly recognise people as “people” and not only as “patients”. Some participants who use social care commented of their own experience that health professionals see them in terms of what they can't do instead of what they can. One person had put a proposal to a joint board which talked about 'people' and it came back from the NHS with the word 'people' crossed out and replaced with 'patients'.

There was a sense that there is a huge amount of local variation and the government has a role in considering the different social and demographic circumstances in each area.

Local area co-ordination and links between health and well-being boards and commissioning groups could lead to positive operational and strategic changes in the way commissioning of community involvement is co-ordinated.

Further thought needs to be given to the concept of Community Budgets, but also about the practical steps that need to be taken to put these in place.

3. Flexible integrated care and support

a. I am in control of planning my care and support

hat this would look like in practice: People who use services and carers are able to exercise the maximum possible choice over how they are supported and are able to direct the support delivered.

Commissioners and providers of services enable people who access support to build their personal, social and support networks.

Key messages from workshop discussions

For co-production to be genuine, services need to be co-produced over longer time frames so there is more time to get it right. The current situation still suggests people do not feel in control, for example, feeling afraid to ask for a review as it could lead to cuts in support rather than improvements.

Participants are aware of a host of initiatives which support more integration of public service provision, including multi-disciplinary meetings, the Right to Control⁴ pilots which combine funding streams like the Independent Living Fund⁵ and the Disabled Facilities Grant⁶ and peer support schemes which enable people to mix and match different services. The learning from these projects needs to be better gathered and shared.

⁴ <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers.php>

⁵ <http://www.dwp.gov.uk/ilf/>

⁶ http://www.direct.gov.uk/en/DisabledPeople/HomeAndHousingOptions/YourHome/DG_4000642

b. I have care and support that is directed by me and responsive to my needs.

What this would look like in practice: People who access support and carers know what they are entitled to and who is responsible for doing what.

Transition from childhood to adulthood is pre-planned and well managed, so that support centres on the individual, rather than service and organisational boundaries.

Key messages from workshop discussions

Participants suggested that in a competitive environment where people feel they have to fight for care, people who learn how to play the system can be more successful. This situation also leads to inequality, where seldom heard groups are not getting the information they need, and when they do, find it difficult to access services.

“Transition” is one of the most difficult times for people but this is a stage where communication across sectors can be poor. These concerns can be addressed by making better use of technology, for example providing people with a swipe card which holds information and records’ ensuring that information is not lost between services.

c. My support is coordinated, co-operative and works well together and I know who to contact to get things changed.

What this would look like in practice: Support is genuinely available across a range of settings – starting with a person's own home or, where people choose, shared living arrangements or residential care.

Processes are streamlined so that access to support is simple, rapid and proportionate to risk. Assessments are kept to a minimum, where possible are portable and do not cause difficulty or distress.

Key messages from workshop discussions

Participants agreed that people need to proactively plan and make better strategic use of Joint Strategic Needs Assessments (JSNAs) to facilitate working partnerships with commissioners and providers and user and carers. It is clear that information matters and this can only work if there is a strategic approach to engaging the whole sector as well as people who use services and carers.

Participants recommended that further thought is given to how more flexible services can improve people's lives – acknowledging that existing systems which monitor time and input do not necessarily lead to a personalised approach.

d. I have a clear line of communication, action and follow up

What this looks like in practice: Collaborative relationships are in place at all levels so that organisations work together to deliver high quality support.

Support is joined up so people and carers do not experience delays in accessing support or fall between gaps and there is minimal disruption when making changes.

Key messages from workshop discussions

Encouraging more information exchange between providers and service users may be a way of improving systems. People agreed that some of the solutions lie in the relationship between people who use services and providers. Provider-to-provider dialogue may also be a useful way of joining up services, rather than relying on joint commissioning alone.

Workshop participants noted the many differences between adult social care and primary care trusts, including the culture of the organisations, processes being followed and assessment criteria. This knowledge gap affects commissioning and information is not always linked to people's direct experience.

There has been progress made in some areas, for example jointly funded posts between health and social care. However, any integration of health and social care may be damaged by the re-structure of commissioning processes.

Participants were seeking an integrated legislative framework across health and social care (such as direct payments and choice and control) that does not create artificial boundaries.

4. Workforce

a. I have good information and advice on the range of options for choosing my support staff.

What this would look like in practice: People who receive direct payments, self-funders and carers are supported in the recruitment, employment and management of personal assistants and other personal staff including advice about legal issues. People using council managed personal budgets have maximum possible influence over choice of support staff.

Key messages from workshop discussions

People who use social care could benefit from hearing the good stories about when the system does work well, so they can develop a better picture of the sort of support that could be available.

Schemes such as care ambassadors, where champions spread knowledge about jobs and recruitment locally, could be very effective in addressing the knowledge gap for people who want to employ their own staff. Furthermore, this would support an additional benefit of bringing younger people into the sector.

b. I have considerate support delivered by competent people.

What this would look like in practice: There is development of different kinds of workforce and ways of working, including new roles for workers who work across health and social care.

Staff have the values, attitude, motivation, confidence, training, supervision and tools required to facilitate the outcomes that people who use services and carers want for themselves.

Key messages from workshop discussions

More research is needed to identify what skills are currently available and what roles need to be developed for the future. Participants said people need to work together to implement the workforce development strategy,⁷ including supporting the development of new roles with a big emphasis on quality and having the right skills. Pro-active systems should be in place to create both a formal and informal workforce that can deal with the current, rapidly changing environment. The key issue is to ensure that everyone works together to implement the work force strategy.

People agreed that within commissioning and procurement systems, there needs to be more of a focus on outcomes. Also, it is important to develop sustainable partnerships between independent providers and commissioners ensuring that all parts of the systems are linked to agreed outcomes.

⁷ Link to workforce development strategy launched by Minister SC in May 2010
www.skillsforcare.org.uk/workforce_strategy/workforcedevelopmentstrategy/workforce_development_strategy.aspx

c. I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.

What this would look like in practice: The workforce is supported, respected and valued. There are easy and accessible processes to enhance security and safety in the employment of staff.

Key messages from workshop discussions

People commented that service users and carers should be empowered to influence the workforce agenda to create a culture change that enables the recruitment of better staff in line with the sector's recruitment and retention strategy.⁸ Workforce training should be fully co-produced and (where possible) co-delivered by people who use services or carers.

It is important that the social care workforce is valued and the government has a key role in supporting positive news stories about when social care workforce is working well to improve the status of social care. This can be done by celebrating success using examples from awards.

d. I am supported by people who help me to make links in my local community.

What this looks like in practice: The formal and informal workforce is increasingly focused on and able to help people build and sustain community connections

⁸www.skillsforcare.org.uk/workforce_strategy/recruitmentandretentionstrategy/recruitment_and_retention_strategy.aspx

Key messages from workshop discussions

Existing workforce training and development has not kept up with the demand for new types of workers who have a clear understanding of what is needed. Part of a sustainable system is career pathways, structures and professional development for staff that motivates them to progress across different posts. However, one positive aspect is that some Local Authorities are continuing to invest in workforce development.

5. Risk enablement

- a. I can plan ahead and keep control in a crisis.**
- b. I feel safe, I can live the life I want and I am supported to manage any risks.**

What this would look like in practice: Where they want and need it, people are supported to manage their personal budget (or as appropriate their own money for purchasing care and support), and to maximise their opportunities and manage risk in a positive way.

People who use services and carers are supported to weigh up risks and benefits, including planning for problems which may arise.

Management of risk is proportionate to individual circumstances. Safeguarding approaches are also proportionate and they are co-ordinated so that everyone understands their role.

Key messages from workshop discussions

Decisions around risk must be guided by a presumption of choice and independence. Organisations need to accept that no environment is completely risk-free and develop positive risk taking policies in discussion with the person accessing support. Risk assessment panels should be co-produced with people who use services, leading to opportunities for real choice.

One of the challenges around risk is a lack of consistency between care services and a lack of transparency about the reasons decisions about risk are made. It was felt that some actions hinder choice around risk and others can help. For example, some suggested that the culture of mental health services can restrict choice and control. In many cases, people agreed that risk is assessed for the benefit of the agency, not staff. This situation needs to change.

Furthermore, safeguarding as a concept is poorly understood. Some suggested that local authorities are not making the fundamental shifts required because there is a culture of risk aversion. Some participants suggested that this arises from staff not feeling confident and not being given permission to take risks.

c. I feel that my community is a safe place to live and local people look out for me and each other.

d. I have systems in place so that I can get help at an early stage to avoid a crisis.

What this would look like in practice: People who use services and carers are informed at the outset about what they should expect from services and how to raise any concerns if necessary.

Good information and advice, including easy ways of reporting concerns, are widely available, supported by public awareness-raising and accessible literature.

Key messages from workshop discussions

Assistive technology, when well-managed, can increase opportunities for individuals and enable them to take risks. People also agreed that it is worth investing in relationships with the local community and community police to support people to feel safer in the community. Certain organisations are better placed to understand and support the need to take risks, such as disabled people's organisations and User Led Organisations that provide information, advice and guidance on risk enablement.

People confirmed that delivery is changing, although this change is patchy. Examples cited included risk enablement plans, circles of support, people being able to try out new things, reductions in medication and some people beginning to think differently. One of the key elements of this change is

ensuring that managers are confident in risk enablement and are supported by their senior managers and the wider structures within which they operate. It was also agreed that the move to personalisation has been a step forward for improving safeguarding practices.

One of the concerns expressed by participants was that organisations are not sharing information about risk enablement, but instead investing resource in re-learning the same lessons. There was a suggestion that “health and safety” can become an excuse for not acting. People wanted to see an improved balance of rights and responsibilities, a reduction of bureaucratic application of risk management and better training of staff

6. Personal budgets and self-funding

a. I can decide the kind of support I need and when, where and how to receive it.

What this would look like in practice: People who use social care (whether people who use services or carers) are able to direct the available resource. Processes and restrictions on use of budget are minimised. Self-funders receive the information and advice that they need and are supported to have maximum choice and control.

Key messages from workshop discussions

There should be a shift in the drivers for personal budgets to measuring the level of choice and control provided by the payment, rather than level of take up. People felt that one way forward would be for a virtual pool of budgets to be available, to break down barriers between different funding streams. This would also achieve the desired aim of ensuring that personalisation is not just seen through the lens of social care provision but includes universal services. Person-centred planning is central to delivering this, as is providing advice in plain English on how to manage the paperwork and accountancy.

Partners identified that there has been significant progress already made in this area. For example the Right to Control Trailblazers are taking steps to pool funding streams. There has also been progress with the piloting of personal health budgets which can pave the way for more integrated services. The ongoing Common Assessment Framework activity has also tested sharing of information across different organisations.

Participants reported a sense that person-centred planning is starting to become embedded across a range of organisations, and some people have been involved in direct payments for 15 years. It is clear that when personal budgets work well, they offer real support to individuals so that they can be creative in responding to support needs.

b. I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a council managed personal budget).

What this would look like in practice: Council managed personal budgets offer genuine opportunities for real self-direction.

People who use services and carers are given information about options for the management of their personal budgets, including support through a trust or voluntary or other organisation.

Key messages from workshop discussions

More effort is required in creating more streamlined and efficient business systems. The starting point should be that everyone knows what the personal budget offer is including their rights, choices, entitlements, budget amount, safeguarding and restrictions. The focus must remain on meeting the outcomes people want by enabling conversations between adult social care directors, providers, service users and commissioners. It is important to have clear definitions of outcomes and expectations, shared agreement and knowledge (which would also form part of a risk enablement strategy).

Organisational restructures to promote communication, integration and participation will help match policy with practice. Councils need to acknowledge that outcome-focused plans take time to evolve, and risk-averse systems can prevent people from living the lives they wish to live.

c. I can get access to the money quickly without having to go through over-complicated procedures.

What this would look like in practice: Everyone eligible for on-going council funded support receives this as a personal budget. Direct payments are the main way of taking a personal budget and good quality information and advice is available to provide genuine and maximum choice and control.

Key messages from workshop discussions

Participants wanted to see consistent and plentiful information about direct payments and personal budgets available in a variety of formats. Some people felt that in some areas, there are no community brokerage systems in place, so people don't have access to the support and advice they need. There were concerns that there is a risk of heading towards a two-tier system that benefits people who have more money. Participants also expressed concerns about cuts to the NHS, as these can have an impact on social care and may lead to reductions in the quality of support provided.

d. I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.

What this would look like in practice: There is a market of diverse and culturally appropriate support and services that people who use services and carers can access. People have maximum choice and control over a range of good value, safe and high quality supports.

Councils understand how people are spending their money on care and support, track the outcomes achieved with people using social care and carers and use this information to improve delivery.

Key messages from workshop discussions

The right information needs to get to people in the various forms that are appropriate to their situation. It is important to acknowledge that friends, families and community facilities are often the first source of information, not just council operated information systems.

Councils and their partners need further convincing that information solutions involve more than just social care. Participants said they wanted to see service users, providers and commissioners having a shared dialogue about how to make the system work effectively.

Recommendations

1. Information and advice

What can government do?

The government should ensure the development of a National Information Portal, resourced by the government but led by the sector. Elements of this should include:

- Information that takes account of a person's whole life across health and social care and recognises the interface with good information on housing, financial matters etc. High quality information and advice must also be available for families and carers so that they in turn get the care and support they need.
- Clarity about the universal offer – what is the full spectrum of support from the public, independent and voluntary sectors available to people who need social care support?
- Leadership for a national campaign to help people think about and plan for support needs for the future.

What can the sector do?

- Ensure that plans for a National Information Portal closely involve people who use services, carers and partner organisations.
- Support collaboration and information sharing between partner organisations including local authorities, providers and people who use services.
- Ensure information and advice is focused on critical junctions, for example transition between health and social care, moving from children to adult services or moving from the family home into group care.
- Support high quality advice services through partnership working peer review and sharing of best practice across diverse and competitive sectors.

2. Active and supportive communities

What can government do?

- Accelerate the change in focus so that people are not just looking at skills for social care, but also looking at skills for citizen-centred services, focusing on a whole system approach which proactively includes people who work formally and informally within the community. The key drivers for this would be our ageing population and funding incentives to move the whole public service workforce towards more personalised support.
- Tackle age discrimination. Older people need to be seen as assets in the community and able to make a useful contribution.
- Review the welfare benefits systems so that it does not work against the move towards engaging the whole community in volunteering.
- Support joint commissioning across health and social care to build community-based support so that systems support the needs of local communities.

What can the sector do?

- Learn from the pockets of innovative and effective community support and encourage GPs and public health professionals to commission and fund the best types such as community navigators, befriending schemes, time banks, and local voluntary sector groups to support others
- Undertake proactive work with the residential care sector so that care homes can be a real part of the community.
- Ensure that every part of the community is engaged in local activity. Develop links between different communities to avoid people returning into “silos”.

3. Flexible integrated care and support

What can government do?

- Build on the approach developed by *Making it Real*, to ensure that social care support across all sectors takes into account the aspirations of people who use services and their families and carers (as described in the 26 “I” statements).
- Embed “Making it Real” into Health and Community Well Being Board development.
- Identify more national incentives for joint working particularly where costs in one sector lead to benefits in another. For example, where re-ablement in social care enables costs savings in health, consider how the system can ensure that social care is supported to sustain re-ablement activity.
- Create an integrated legislative framework for across Health and Social Care that does not create artificial boundaries.
- Provide a reasonable financial settlement for social care, as proposed by the Dilnot Commission.

What can the sector do?

- Proactively plan and make better strategic use of Joint Strategic Needs Assessments (JSNAs) to facilitate working partnerships with commissioners and providers and user and carers.
- Enable more information exchange between providers, commissioners and service users through new avenues.

4. Workforce

What can government do?

Fully support the whole sector to implement the workforce development strategy with the following elements:

- Service users who are empowered to influence the workforce agenda, therefore creating a culture change that enables the recruitment of better staff.

- Workforce training that is fully co-produced and (where possible) co-delivered by people who use services or carers and experts by experience.
- Development of new roles with a big emphasis on quality and having the right skills.
- Pro-active systems that create both a formal and informal workforce that can deal with the current, rapidly changing environment.
- Career pathways and structures for staff that motivate them to progress across different posts.
- Development of leaders across the sector with the values, drive and skills to embed and extend personalisation.

What can the sector do?

- Value the social care workforce, focusing on what good looks like including support for targeted development schemes in the independent sector.
- Raise the game – set standards for a workforce cultural change using the messages within *Making it Real*.

5. Risk enablement

What can government do?

The government has a role in setting set the tone and culture of risk taking, where support starts from the presumption that people have a right to take risks, and make decisions about how to manage risks.

What can the sector do?

The sector has a role in influencing these developments including:

- Working with Adult Safeguarding Boards to ensure clear local protocols around safeguarding and risk enablement, maximising community participation and ensuring that citizens feel safe and confident in raising any concerns.

- Ensure the role of health and well-being boards in risk enablement is considered.
- Share stories of positive risk taking, illustrate good practice and learn from other sectors
- Ensure there is support for local authority development of positive risk taking policies which include guidelines about the role of commissioners.
- Support better training of staff, enabling an improved balance of rights and responsibilities and a reduction of bureaucratic application of risk management.

6. Personal budgets and self-funding

What can government do?

The government's support for personal budgets should ensure that:

- Measurement of personal budgets focuses on the level of choice and control provided by the payment, rather than level of take up alone.
- There is support for the development of "virtual pooling" of budgets to break down barriers between different funding streams. This could include both pooling of people's individual social care budgets and pooling health and social care budgets.
- There is consistent and plentiful information and advice available in a variety of formats about direct payments and different options for personal budgets, managing finances and any employment issues.

What can the sector do?

- Ensure that information systems get the right information to people in the various forums appropriate to their situation
- Focus on convincing councils that personalisation is more than just social care.
- Develop and share best practice that allows all groups to benefit from personal budgets including frail older people, people with mental health problems and isolated people without family support

- Bring people together by ensuring service users, providers and commissioners are able to speak to each other and share their thoughts..

Appendix 1

List of Participants

Name	Surname	Organisation
John	Adams	Voluntary Organisations Disability Group (VODG)
Helen	Allen	Community Catalysts CIC
Sharon	Allen	Skills for Care
Sue	Batty	Nottinghamshire County Council
Chelsea	Beckford	Think Local, Act Personal
Deborah	Berger	SITRA
Mark	Birmingham	Macmillan Cancer Support
Sue	Bott	National Centre for Independent Living
Simon	Bottery	Independent Age
Matt	Bowsher	West Midlands Joint Improvement Partnership
Michelle	Braithwaite	Co Production group
Marjory	Broughton	National Co-production Advisory Group
Sarah	Carr	Social Care Institute for Excellence
Samantha	Clark	Inclusion North CIC
Rachel	Cleal	Knowsley MBC
Angela	Costello	Department for Work and Pensions – Office for Disability Issues
Alan	Crone	Partners in Policymaking Graduate
John	Crook	Department of Health
Debbie	Cutts	Ceretas
Tony	Dailide	Leicestershire County Council
Heather	David	Mid Yorkshire Care
Bill	Davidson	National Co-production Advisory Group
Linda	Doherty	Think Local, Act Personal Partnership
Asling	Duffy	Centitude Support
John	Evans	National Co-Production Advisory Group
Clenton	Farquharson	National Co-Production Advisory Group
Martin	Farran	Barnsley Metropolitan Borough Council
Shaun	Fitzpatrick	North Somerset Council
Pete	Fleischmann	Social Care Institute for Excellence
Alex	Fox	Shared Lives Plus
Mark	Godfrey	Coventry City Council
Simon	Goldsmith	The Avenues Trust Group

Tim	Gollins	Local Government Yorkshire and Humber
Jo	Guy	AJ Social Care
Peter	Hay	Birmingham City Council
Andy	Hopley	Co-Production Advisory Group
Jo	Hough	Inclusion East CIC
Jeremy	Hughes	Alzheimer's Society
Jeff	Jerome	Think Local, Act Personal Partnership
David	Jones	Department of Health
Richard	Jones	Lancashire County Council
Christine	Jupp	North Somerset Council
Jaimee	Lewis	Think Local Act Personal Partnership
Jane	Livingstone	ARC
Ann	Mackay	English Community Care Association
Glen	Mason	Department of Health
Tom	McLoughlin-Yip	National Co-production Advisory Group
Steve	Mills	DoCare Limited
Oliver	Mills	Oliver Mills Consulting Ltd
Bill	Mumford	MacIntyre
Katy	Murray	Office For Disability Issues
John	O'Dea	Goatacre Manor Care Center
Megs	Okoye	Social Care Institute for Excellence
Steph	Palmerone	Barchester Healthcare
Tim	Parkin	Health & Social Care Partnership South East
Lorna	Payne	London Borough of Havering
Adam	Penwarden	Turning Point
Sally	Percival	Partners Graduate
Shahana	Ramsden	Think Local Act Personal Partnership
Clare	Roberts	In Control
Gerry	Robinson	National Co-production Advisory Group
Alan	Rosenbach	Care Quality Commission
Deborah	Rostant	Ceretas
Martin	Routledge	Think Local Act Personal Partnership
Stuart	Rowbotham	Wokingham District Council
Philippa	Russell	Standing Commission on Carers
Carole	Sawyers	The Fremantle Trust
Jonathan	Senker	Voiceability
Brenda	Scanlan	Croydon Council
Frances	Singer	National Service User Network

Becca	Spavin	Department of Health
Julie	Stansfield	In Control Partnerships
Andrew	Stow	HICA Care Homes
Anthea	Sully	Learning Disability Coalition
Ruth	Sutherland	SCOPE / Voluntary Organisations Disability Group
Jane	Swainson	Goatacre Manor Care Centre
Duncan	Tree	Community Service Volunteers (CSV)
Ian	Turner	Registered Nursing Home Association
Sarah	Vallelly	Ceretas
William	Vineall	Department of Health
David	Walden	Social Care Institute for Excellence
Bridget	Warr	United Kingdom Homecare Association
Rich	Watts	Essex Coalition of Disabled People
John	Wearing	Voluntary Organisations Disability Group
Simon	Whalley	Eyhurst Court Ltd
Catherine	Wilton	Think Local, Act Personal Partnership
Miranda	Wixon	Ceretas
Martin	Yates	Northern Independent Living Ltd