Towards Excellence in Adult Social Care Programme

Making best use of resources in adult social care

Self-assessment tool

This self-assessment tool has been produced by Think Local Act Personal (TLAP)¹ and Towards Excellence in Adult Social Care (TEASC)² alongside the publication, A Problem Shared: making best use of resources in Adult Social Care. It is part of an initiative to support councils, including their elected members, to make the best use of their resources, and to promote personalisation in a difficult and challenging context.

1) TLAP: The “Think Local Act Personal” Partnership, that promotes and supports personalised and community-based support
2) TEASC: The “Towards Excellence in Adult Social Care” Programme Board, that supports sector-led improvement in Adult Social Care
Our aim is to share ideas about how to get better value for people and taxpayers, pooling evidence about what works. The tool is broadly based on the framework provided by the Association of Directors of Adult Social Services (ADASS) *How to make the best use of reducing resources: a whole system approach* (2010). It is supported by:

- Proposed descriptors of *What good looks like* (Optional Tool 1)
- Examples of nationally-available metrics that might be used to support the self-assessment. It is acknowledged that these need to be used with caution, and/or supplemented by other regional/local indicators. (Optional Tool 2)
- Recommended sources of UK guidance and evidence (Optional Tool 3).

The attached guidance makes suggestions about how the tool can be used with the other materials provided, but emphasises that it is intended to be used flexibly – e.g. to prompt reflection and self-challenge, to support a light-touch review, as the basis for more in-depth analysis, or in a way that engages a wider group of stakeholders and/or alongside *Making it Real*.

### Structure of the tool

The tool is based on the six domains of the ADASS framework, each of which encompasses a number of performance areas. To demonstrate progress in each area, the organisation is encouraged to assess itself against the score matrix, and to record the evidence it has to support the score.

### Scoring

In scoring the organisation, you are more likely to reach helpful and practical conclusions if you:

- are realistic about the current position and how you can evidence this
- are rigorous in using real evidence about the known impact, and especially the financial impact of changes. The existence of a policy or strategy is important, but does not guarantee successful implementation
- look at results that have actually been delivered – not making assumptions about imminent or future progress
- use the tool to reflect on what evidence, including benchmarking data, is currently available within your organisation and how useful this is. Bear in mind the particular importance of measuring outcomes for people, changes in levels of activity, and financial results. Perhaps record areas where the development of better performance frameworks is a priority, and reflect this in your action plan.

It is assumed that councils will wish to use the results to drive further action and to record the action plan, perhaps in an abbreviated way, in the relevant sections of this questionnaire.

### Next steps

TLAP and TEASC will be leading further work to test and refine this tool over the coming period, to understand how it can be used to best effect and to model its local application alongside the *Making it Real* benchmarks.
Making it Real

Clearly there are a wealth of other diagnostic and action planning tools available, which are relevant to the broader task of delivering better outcomes for people and populations. In particular, TLAP’s markers of progress in Making it Real set out what people with care and support needs locally should see and experience when personalisation and community based support is working well. Since increasing numbers of councils have signed up to these markers, specific consideration has been given in the development of this tool to how these approaches can be complimentary.

<table>
<thead>
<tr>
<th>SCORE</th>
<th>BASIS OF SCORING IN EACH AREA</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>The organisation is implementing change and has STRONG EVIDENCE OF SUCCESS – including evidence of better outcomes and good financial results</td>
</tr>
<tr>
<td>2</td>
<td>The organisation is implementing change and has SOME EVIDENCE OF SUCCESS – but with gaps in the evidence</td>
</tr>
<tr>
<td>1</td>
<td>The organisation is implementing change but CANNOT EVIDENCE SUCCESS (perhaps because changes are at an early stage and/or results are not being measured)</td>
</tr>
<tr>
<td>0</td>
<td>The organisation is not yet tackling this area and/or there are major obstacles to progress. NO EVIDENCE OF SUCCESS</td>
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The markers of progress included in Making it Real relevant to this tool are:

1) Information and advice: having the information I need, when I need it
2) Active and supportive communities: keeping friends, family and place
3) Flexible integrated care and support: my support, my own way
4) Workforce: my support staff
5) Risk enablement: feeling in control and safe
6) Personal budgets and self-funding: my money.
## 1 PREVENTION

### 1.1 Information and advice:
The council and its partners have a co-ordinated information and advice strategy, which is ensuring that people, including self-funders, who have questions about social care and the associated funding arrangements can easily find the answers. This is part of a demonstrably successful strategy to helpfully and efficiently signpost people to other sources of help without the need for a formal referral to social care, and to support self-funders to make informed decisions.

### 1.2 Health, well-being and social inclusion:
The council and its partners are successfully implementing co-ordinated approaches to promote the social inclusion, health and wellbeing of older and disabled people. This is part of a demonstrably successful strategy to support people to maintain their independence, by facilitating or offering help in ways that do not involve formal Adult Social Care (ASC) intervention.

### 1.3 Targeted prevention:
The council and its partners – especially the NHS – have a robust joint prevention strategy that clearly targets those people and groups known to be at risk of developing long-term needs for health and social care services, including effective support for carers. Through the use of joint monitoring, including evaluation of specific initiatives, good outcomes can be evidenced.

### 1.4 Equipment and assistive technology:
The council and its partners are developing universal access to low-level, including assistive, technology, telecare and telehealth for people in the community. For those receiving long-term support, assistive technology is an integral part of the support plan, and is used where appropriate as a substitute for more expensive forms of support. The associated costs and savings are rigorously monitored.
Prevention Action Plan:

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\begin{array}{|c|c|c|}
\hline
2 \text{ RECOVERY} & \text{SCORE} & \text{BASIS FOR THIS SCORE} & \text{NOTES AND QUERIES} \\
\hline
\text{2.1 Reablement:} & \text{min}:0 \text{ max}:3 & \text{ie quick summary of evidence} & \text{including evidence gaps} \\
\hline
\text{2.2 Crisis response:} & \text{2} & \text{The council offers reablement wherever appropriate to all those approaching ASC for help, and to those being discharged from hospital, as part of an overall strategy to promote independence. It does not commit to long-term support without first checking that maximum recovery has been achieved. This strategy is resulting in reductions in the numbers of people receiving long-term support at home, and/or reductions in the size of their packages, and is proving cost-effective once the costs of the reablement intervention are taken into account.} & \text{} \\
\hline
\text{2.3 Hospital discharge:} & \text{2} & \text{The council and its partners have multi-agency 24 hour crisis response services and can evidence their success, eg in reducing A&E attendances, emergency admissions and re-admissions, and residential care admissions.} & \text{} \\
\hline
\end{array}
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2.4 Intermediate Care: The council and its partners have co-ordinated intermediate care services, encompassing agreed pathways for people with specified long-term conditions, and joined-up working at the front line. There is evidence of successful service and financial outcomes, eg reductions in inappropriate use of hospital and residential and nursing home care.

Recovery Action Plan:

3 LONG-TERM SUPPORT

3.1 Personalisation: Everyone eligible for ongoing care and support has maximum choice and control over the resources available for their support, including through personal budgets and direct payments and in all service settings. The council keeps people’s needs and resource allocations under review and optimises the contribution they can make.

3.2 Shifting the balance of care and support: For all customer groups, the council is achieving a shift from residential and nursing home care to community-based support.

3.3 In-house provision: The council has a good understanding of the relative costs and quality of its in-house services and the role they play within the wider market, and has challenged itself about the possible benefits of re-commissioning these services.
3.4 Day opportunities: The council and its partners have analysed the costs and benefits of their different day service and support models. In this context, they are developing cost-effective, personalised alternatives to traditional day care provision, with an emphasis on extending choice, promoting access to mainstream health, leisure and education services, and finding new ways of supporting people who are socially isolated.

3.5 Employment: The council is successfully developing training and employment opportunities for disabled people of working age, including those with mental health needs, and can demonstrate positive outcomes – eg more people with disabilities and mental health needs in both voluntary and paid work.

3.6 Housing and support: The council’s housing strategy, including adaptations, is co-ordinated with the ASC strategy, and is ensuring a wider range of affordable housing options for older and disabled people. The specialist housing and support services commissioned by the council are achieving good value for money.

3.7 Continuing care and end of life care: The council and its partners, particularly Clinical Commissioning Groups (CCGs), have agreed commissioning strategies and investment targets for people needing continuing intensive health and social care, and palliative care. They are considering the development of integrated personal budgets.

Long-Term Support Action Plan:
## 4 BUSINESS PROCESSES

### 4.1 Outcome focus:
The council and its partners are developing an outcome-based approach to the assessment of need, to the procurement and delivery of services, and to performance monitoring at individual, service and strategic levels. The council is demonstrably creating a system that supports and monitors the achievement of people’s own independence, health and wellbeing goals.

### 4.2 Streamlining business processes:
The council is streamlining its business processes and in doing so has improved the customer experience, simplified access arrangements, maximised the benefits of IT solutions, reduced the duplication and bureaucracy associated with assessments and reviews, embedded an efficient process for determining, allocating and signing off personal budgets, developed a range of cost-effective ways of enabling people to develop their support plans, and reduced unnecessary approvals and checks.

### 4.3 Workforce planning:
Along with its key partners the council has identified the implications of ASC transformation, including the partnership agenda and personalisation, for the local workforce. It is addressing these on a multi-agency basis. It has analysed the tasks performed within ASC business processes and the skills required to perform each task, and is appropriately re-designing its own workforce.

### 4.4 Leadership and staff development:
The council’s leadership is actively promoting the new vision for social care. The council is prioritising the training and development of staff in new ways of working. As a result, there is a council-wide culture of promoting independence and personalisation. This extends to the staff of key partner agencies.
4.5 **Equalities Impact:** The council has assessed the equalities impact of all aspects of its transformation programme, including its budget reduction measures, and is sure that any differential impact for particular groups can be objectively justified.

**Business Processes Action Plan:**

5 **PARTNERSHIP**

5.1 **Whole systems approach:** The council and its NHS partners have a detailed understanding of the needs and assets of their local population, through the Joint Strategic Needs Assessment (JSNA). They have agreed shared priorities and have aligned their respective savings plans. They are increasingly taking a rounded, whole-system view of value for money, in which investment and benefit is transparent and fairly balanced between partners. Joint performance frameworks, including outcome measures, are in place to monitor the achievement of shared objectives.

5.2 **Joined-up service delivery:** The council and its partners are promoting a culture in which staff at all organisational levels cooperate across professional boundaries, including joined-up or aligned front-line teams, to ensure that people experience a more efficient and seamless response, and to make best use of their joint resources.
<table>
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<tr>
<th><strong>5.3 Market facilitation:</strong> The council has carried out robust market analysis and is proactively engaging with providers and people with care and support needs. It is taking steps to secure a sustainable and high quality market that offers choice, control and value for money to all those who need care and support.</th>
<th>SCORE min:0 max:3</th>
<th>BASIS FOR THIS SCORE ie quick summary of evidence</th>
<th>NOTES AND QUERIES including evidence gaps</th>
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<tr>
<td><strong>5.4 Procurement:</strong> The procurement of services, such as residential, nursing and domiciliary care, is linked to evidence-based medium-term commissioning strategies that have been shared with partners. It is underpinned by a rational process for assessing service costs. Improved procurement practices are resulting in better outcomes and more appropriate costs.</td>
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<td><strong>5.5 Transitions:</strong> The council and its partners have identified younger people with disabilities who will enter adulthood over the next few years. They have an effective transitions policy that encourages young people and their families to aspire to achieve their potential and prepare for independent living. Decisions are made with young people and their families and do not create disproportionately expensive arrangements that are hard to change.</td>
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<td><strong>5.6 Safeguarding:</strong> Safeguarding is embedded in all aspects of these processes, with risks and mitigation managed in an effective and proportionate way.</td>
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**Partnership Action Plan:**

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## 6 CONTRIBUTIONS

### 6.1 Fairer contributions:
The council expects people to make a reasonable contribution to the cost of their care. It has implemented a Fairer Contributions policy, which applies equally to those whose budgets are managed by the council and those receiving direct payments.

### 6.2 Community engagement:
The council is proactively engaging with its stakeholders, including those receiving services, their carers, and wider communities. It is being open and transparent about its strategic objectives and budget plans, and is inviting debate about the contributions that can be made by others.

### 6.3 Co-production:
The council empowers people with support needs, their carers and their families to play an active role in directing their own support, to make the most of all their resources and to contribute to their community as active citizens. This is mirrored by co-production at the strategic level where people are meaningfully involved and engaged in decision making.

### 6.4 Building community capacity:
The council and its partners are engaged in work to build the capacity of communities to support older and disabled people and harness their contributions, e.g. through volunteering. They can demonstrate successful outcomes from this work.

### 6.5 Local accounts:
The council is developing its Local Account as a vehicle for accounting to the public for its ASC budget decisions, and thus for increasing their informed engagement in decision-making.
Contributions Action Plan:

CONCLUSIONS AND REFLECTIONS ON WHAT HAS BEEN LEARNED:

IDEAS FOR IMPROVING THE LOCAL EVIDENCE BASE: