

Making best use of reducing resources in adult social care

2. Self-assessment tool

Introduction

This self-assessment tool updates the version produced by Towards Excellence in Adult Social Care (TEASC) and Think Local Act Personal (TLAP) in 2012. It is part of an initiative to support councils, including their elected members, to make the best use of their resources in a difficult and challenging context. 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 developed by ADASS in 2010 titled: ‘How to make the best use of reducing resources: a whole system approach’.¹ It is supported by:

- Proposed descriptors of ‘what good looks like’ (Optional Tool 1); this includes a list of relevant UK publications and evidence on cost-effectiveness in adult social care.
- A ‘worked example’ (Optional Tool 2) that illustrates how it can be completed in an evidence-based way.

The supporting guidance makes suggestions about how the tool can be used with the other materials provided, but emphasises that they are intended to be used flexibly – eg 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. (The councils that have already used this tool have often incorporated an element of external challenge to validate their findings.)

¹ <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=8662>

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 (a) outcomes for people, (b) changes in levels of activity, and (c) financial results. Perhaps record areas where the developments of better performance frameworks are a priority, and reflect this in your action plan.
- The tool can also be used in tandem with TLAP’s ‘Making it real’ markers.

Score	Basis of scoring in each area
3	The organisation is implementing change and has STRONG EVIDENCE OF SUCCESS – including evidence of better outcomes and good financial results
2	The organisation is implementing change and has SOME EVIDENCE OF SUCCESS – but with gaps in the evidence
1	The organisation is implementing change but CANNOT EVIDENCE SUCCESS (perhaps because changes are at an early stage and/or results are not being measured)
0	The organisation is not yet tackling this area and/or there are major obstacles to progress. NO EVIDENCE OF SUCCESS

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

TEASC will continue to test and refine this tool over the coming period, to understand how it can be used to best effect. It will also pilot a ‘peer challenge’ module that uses this framework as its basis.

Prevention		Score min = 0 max = 3	Basis for this score (ie quick summary of evidence)	Notes and queries (including evidence gaps)
1.1	Information and Advice: The council and its partners have a coordinated information and advice strategy, which complies with the requirements of the Care Act, and is ensuring that people who have questions about social care and the associated funding arrangements can easily find the answers. (People who are ineligible for formal social care are helpfully and efficiently signposted to other sources of help. Self-funders are helped to make informed decisions.)			
1.2	Initial Access: The council has effective initial access arrangements that focus on early intervention, prevention, enablement and safeguarding. The operational focus is on arranging (or signposting) to alternative sources of support that will delay or reduce the need for formal assessment and long-term services. This approach is contributing to a reduction in the number of people who need long-term support.			
1.3	Health and well-being: The council and its partners (including public health) are actively promoting the health and wellbeing of older and disabled people in the community. (There is a range of local initiatives geared at supporting people to stay healthy, to maintain their independence, and to enjoy active citizenship). (See also section 6.2, below.)			
1.4	Targeted Prevention: The council and its partners (especially the NHS) have a robust, evidenced 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.			
Action Plan				

Recovery	Score	Basis for this score (ie quick summary of evidence)	Notes and queries (including evidence gaps)
<p>2.1 Reablement for older people: The council offers services geared towards reablement, rehabilitation and recovery wherever appropriate – to people approaching ASC for help including 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 approach 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.</p>			
<p>2.2 Reablement for other adult groups: The council's emphasis on 'promoting independence' extends to other adult groups. The council uses asset-based approaches (including, for example, the mental health recovery model) to identify how people can regain or increase their independent living skills.</p>			
<p>2.3 Equipment and Assistive Technology: The council and its partners routinely consider the potential of equipment (including assistive technology, telecare and telehealth) to help people achieve greater independence. Equipment is targeted towards those who can most clearly benefit. For those receiving long-term support, assistive technology is used where appropriate as a substitute for more expensive forms of support. The associated costs and savings are rigorously monitored.</p>			
<p>2.4 Crisis response: The council offers 7 day access to social care-related services and can evidence their success (eg in reducing A&E attendances, emergency admissions and re-admissions, and residential care admissions).</p>			
<p>2.5 Hospital discharge: The council and its partners have multi-agency protocols to ensure that people are discharged in a timely way with appropriate support. Few (or no) people are admitted to residential and nursing home care directly from hospital, and there has been a reduction in the rates of both delayed discharges and emergency re-admissions.</p>			

2.6	<p>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).</p>			
<p>Action Plan</p>				

Long-term support		Score	Basis for this score (ie quick summary of evidence)	Notes and queries (including evidence gaps)
3.1	Personalised support that promotes independence and is regularly reviewed: 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, their carers and informal support networks can make.			
3.2	Reducing inappropriate admissions to care homes: For all customer groups, the council is reducing inappropriate admissions to residential and nursing home care. (It has a policy of supporting people to remain at home where this is affordable and reflects their choice.)			
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 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	Learning Disability services: The council is working with its partners to maximise people's independence. Evidence about people's needs and desired outcomes is used to inform local market developments, where this is required to enable more people to live independently in the community. The costs of placements, support packages and services (including supported living) are benchmarked with others.			

3.7	<p>Transitions: 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 that do not create disproportionately expensive arrangements that are hard to change.</p>			
3.8	<p>Housing and support: The council's housing strategy (including adaptations) is coordinated with the ASC strategy, and is ensuring a 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.</p>			
3.9	<p>Continuing Care and End of Life Care: The council and its partners, particularly CCGs, have agreed commissioning strategies (and investment targets) for people needing continuing intensive health and social care, and palliative care, and are considering the development of integrated personal budgets. Protocols relating to Continuing NHS Care are consistently implemented, using efficient processes that make sense to customers.</p>			
3.10	<p>Safeguarding: Safeguarding is embedded in all ASC processes, and recognised practice standards are met. The council has an outcomes approach to safeguarding that aims to help people be in control of their lives. In this context, risks and mitigating actions are managed in an effective and proportionate way.</p>			
	<p>Action Plan</p>			

Business processes		Score	Basis for this score (ie quick summary of evidence)	Notes and queries (including evidence gaps)
4.1	Culture Change: The council's leadership is actively promoting a new vision for social care, that emphasises building community resilience and promoting independence. The council is prioritising the training and development of staff in new ways of working; this new culture extends to the staff of key partner agencies.			
4.2	Performance Management: The council uses robust performance monitoring to understand the impact of change (including the ASC efficiencies programme) on quality, costs and outcomes. This includes the use of key indicators, and benchmarking, to track how the council is managing the demand for social care.			
4.3	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. (It is demonstrably creating a system that supports monitors and reviews the achievement of people's own independence, health and wellbeing goals.)			
4.4	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 cost-effective ways of enabling people to develop their support plans, and reduced unnecessary approvals and checks.			
4.5	Care Act Implementation: The council has undertaken financial modelling, to estimate the budget required to meet the future care costs of self-funders and those requesting a deferred payment. It has reviewed its financial processes, assessment processes and IT systems to ensure compliance with Care Act requirements.			

4.6	<p>Workforce planning: The council has identified (with its key partners) 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 (taking Care Act requirements into account), and the skills required to perform each task, and is appropriately re-designing its own workforce.</p>			
4.7	<p>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.</p>			
	<p>Action Plan</p>			

Partnership		Score	Basis for this score (ie quick summary of evidence)	Notes and queries (including evidence gaps)
5.1	'Whole systems approach': The council and its NHS partners have a detailed understanding of the needs and assets of their local population. They have agreed shared priorities and have aligned their respective savings plans. They have a plan for the use of the Better Care Fund that complies with national requirements. 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, including planned reductions in activity.			
5.2	Joined-up service delivery: The council and its partners are promoting a culture in which staff at all organisational levels co-operate across professional boundaries (including integrated or aligned front-line teams, where locally appropriate) to ensure that people experience a more efficient and 'seamless' response, and to make best use of their joint resources.			
5.3	Market Facilitation: The council has carried out robust market analysis, is proactively engaging with providers and people with care and support needs, and 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.			
5.4	Procurement: 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, underpinned by a rational process for assessing service costs. Improved procurement practices are resulting in better outcomes, sustained or improved quality, and more appropriate costs.			
	Action Plan			

Contributions		Score	Basis for this score (ie quick summary of evidence)	Notes and queries (including evidence gaps)
6.1	Community Engagement: The council is proactively engaging with its stakeholders (including those receiving services, their carers, and wider communities), 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.			
6.2	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 (eg through volunteering), and can demonstrate successful outcomes from this work.			
6.3	Co-production: The council empowers people with support needs, their carers and 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	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. It has effective systems for collecting income and for retrieving unspent elements of people's direct payments.			
	Action Plan			
CONCLUSIONS (and reflections on what has been learnt):				
IDEAS for improving the local evidence base:				



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