DH Department of Health

Local Authority Circular **LAC (DH) (2008) 1**

To: The Chief Executive
County Councils)
Metropolitan District Councils) England
Shire Unitary Councils)
London Borough Councils
Common Council of the City of London
Council of the Isles of Scilly
Director of Adult Social Services
Councils with Social Service Responsibilities in England

Copied to: Chief Executive – Strategic Health Authorities
Chief Executive – Primary Care Trust
Regional Directors of Public Health
Government Office Directors
Regional Directors, CSIP RDCs

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TRANSFORMING SOCIAL CARE

1. This Local Authority Circular sets out information to support the transformation of social care signalled in the Department of Health's social care Green Paper, *Independence, Well-being and Choice* (2005) and reinforced in the White Paper, *Our health, our care, our say: a new direction for community services* in 2006. The approach was confirmed in the landmark '*Putting People First'* Concordat[1] between six Government Departments, the Local Government Association, the Association of Directors of Adult Social Services, the NHS, representatives of independent sector providers, the Commission for Social Care Inspection and other partners, published in December 2007. There are four sections to this circular:

   - **Part 1:** (Pages 2-8) looks at what needs to be done, the vision for development of a personalised approach to the delivery of adult social care, the history and the context in which this policy is grounded.

   - **Part 2:** (Pages 9-15) sets out how the Department of Health (DH) and sector leaders propose to develop a sector led programme to support councils with social service responsibilities in delivering this modernisation agenda.

   - **Annex A:** (Pages 16-26) is a copy of the Social Care Reform Grant Determination. It sets out the details of the new ring-fenced grant to help councils to redesign and reshape their systems over the next 3 years.

   - **Annex B:** (Page 27) Is a list of useful websites.

[1] *Putting People First: a shared vision and commitment to the transformation of Adult Social Care,* HMG, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

PART 1: A PERSONALISED APPROACH

Introduction

2. Consultation responses to the White Paper[2] confirmed that people want access to support when they need it and they expect it to be available to them quickly, easily and fit into their lives. They also want adult social care services to make provision for a range of needs with a greater focus on using preventative approaches to promote people's independence and wellbeing. The emphasis should be on enablement and early intervention to promote independence rather than involvement at the point of crisis, within the framework of Fair Access to Care Services.

3. To make this happen the sector needs a shared vision. The direction is clear: to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of public services. In social care, this means every person across the spectrum of need, having choice and control over the shape of his or her support, in the most appropriate setting. For some, exercising choice and control will require a significant level of assistance either through professionals or through independent advocates.

4. This is a challenging agenda, which cannot be delivered by social care alone. To achieve this sort of transformation will mean working across the boundaries of social care such as housing, benefits, leisure and transport and health. It will mean working across the sector with partners from independent, voluntary and community organisations to ensure a strategic balance of investment in local services. This will range from support for those with emerging needs, to enabling people to maintain their independence and to supporting those with high-level complex needs. When considering transformation partners should look at resources spent through mainstream services, the NHS, housing and other relevant statutory agencies, the voluntary and private sectors, and not just those resources spent via the adult social services department.

5. The new Local Performance Framework will be of fundamental importance in supporting this to happen. Primary Care Trusts and Local Authorities are working in the Local Strategic Partnerships (LSPs) to agree new Joint Strategic Needs Assessments. Joint Strategic Needs Assessments (JSNAs) will provide the foundation for health and wellbeing outcomes within each new Local Area Agreement (LAA). Our ambitions for modernising social care sit entirely within this Framework.

6. The importance of this holistic approach is recognised and underpinned by '*Putting People First: A shared vision and commitment to the transformation of Adult Social Care',* a concordat that establishes a collaborative approach between central and local Government, the sector's professional leadership, providers and the regulator. It sets out the shared aims and values, which will guide the transformation of adult social care.

7. Across Government, the shared ambition is to meet the aspiration to put people first through a radical reform of public services. It will mean that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity. Local priority setting will be focused on meeting local needs and playing a leading role in

[2] *Our health, our care, our say: a new direction for community services*, Department of Health (2006)

shaping strong and cohesive local communities[3]. This document sets out the contribution of social services, working in partnership across Local Strategic Partnerships, to support local leaders and their partners to make this happen.

Context: Why change is needed

8. Advances in public health, healthcare and changes in society mean that we are living longer, and as communities become more diverse, the challenges of supporting that diversity becomes more apparent. People have higher expectations of what they need to meet their own particular circumstances, wanting greater control over their lives and the risks they take. They want dignity and respect to be at the heart of any interaction, so that they can access high-quality services and support closer to home at the right time, enabling them and their supporters to maintain or improve their wellbeing and independence rather than relying on intervention at the point of crisis. Social care cannot meet these challenges without radical change in how services are delivered.

9. The change in the structure of our population is one of the most significant challenges we face in the 21st century. Life expectancy has increased considerably with a doubling of the number of older people since 1931[4]. Between 2006 and 2036, the number of people over 85 in England will rise from 1.055 to 2.959 million[5], an increase of approximately 180%. This trend will continue (eg the numbers of people with dementia in England, around 560,000[6] in 2007, is expected to double in the next 30 years) and with it, demand for support across the continuum of need will increase. In addition, the numbers of people aged 50 and over with learning disabilities are projected to rise by 53% between 2001 and 2021[7]. And, thanks to advances in medicine, more children with complex needs are surviving into adulthood. We need to recognise their aspirations and their desire to live life as fully as possible.

10. More people are being supported to live independently at home, but at the same time resouces are increasingly targeted at those with the greatest need[8][9][10]. This is despite emerging evidence from the Partnership for Older People Projects (POPPs) which indicates that earlier interventions before people reach high levels of need may be more cost-effective for the heath and social care system and provide better outcomes for individuals. This is also reflected in the Office for Disability Issues report '*Better outcomes, lower costs'* into housing adaptations[11].

11. Supported by the DH's efficiency programme, councils have increasing shown how developing homecare re-ablement services can support independent living and deliver value for money. Assistive technology such as telecare and minor adaptations, like fitting a handrail, can also enable people with support needs to continue to live in their own homes. The commitment to develop a National Dementia Strategy recognises the importance of people receiving an early diagnosis and being offered appropriate choices, rather than at a time of crisis.

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[3] *Strong and Prosperous Communities: The Local Government White Paper,* Department for Communities and Local Government (2006)
[4] Royal Commission on Long-term Care for the Elderly (1999)
[5] *2006-based principal population projections* , Office for National Statistics (October 2007)
[6] *Dementia UK: Report to the Alzheimer's Society,* Knapp et al, Kings College & London School of Economics & Political Science (2007)
[7] *Estimating future need/demand for support for adults with learning disabilities in England,* Emerson & Hatton (2004)
[8] *State of Social Care in England 2005-06,* Commission for Social Care Inspection (2006)
[9] *Time to care? An overview of home care services for older people in England,* Commission for Social Care Inspection (2006)
[10] Council Self Assessment Surveys, Commission for Social Care Inspection (July 2007)
[11] *Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence,* Heywood and Turner, Office for Disability Issues (2007)

12. Demographic changes will also have an impact on the number of people able to care and support family members, which will in turn influence the wider provision of care. The role of carers was highlighted in *Our health, our care, our say*[12], and the issues it raised are now subject to a wide-ranging consultation with the Government committed to publish a new Prime Ministers Strategy for Carers in spring 2008.

13. All this indicates that, faced with long-term demographic change, the current system of social care delivery will need to fundamentally re-engineer and modernise to respond to the pressures on the system, the increased expectations placed upon it and tackle substantial culture change. It will also need to be set in the context of the recognition of the need to explore options for the long term funding of the care and support system. The Government has announced its intention to produce a Green Paper in 2008, to identify the major challenges, the key issues and setting out options for reform, to ensure any new system is fair, sustainable and unambiguous about the respective responsibilities of the state, family and individual.

14. However, many councils find it difficult to invest in approaches aimed at promoting independence such as prevention, early intervention or re-ablement programmes, which are necessary to promote well-being and meet the population challenges. Social care and wider local government services need to work with the NHS, the voluntary, community and independent sector to harness the capacity of the whole system. It needs to shift the focus of care and support, across the spectrum of need, away from intervention at the point of crisis to a more pro-active and preventative model centred on improved wellbeing, with greater choice and control for individuals.

The Vision – what reforming social care means

15. The wider government approach to personalisation can be summarised as "*the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive*"[13]. It forms one element of wider cross-government strategy on independent living, to be published early next year.

16. If personalisation is a cornerstone of the modernisation of public services, what does it mean for social care? What it means is that everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered. It will mean that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

17. To do this will require a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers will be focused on advocacy and brokerage, rather than assessment and gate keeping. This move is from the model of care, where an individual receives the care determined by a professional, to one that has person centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver his or her outcomes. With self-directed support, people are able to design the support or care arrangements that best suit their specific needs. It puts people in the centre of the planning process, and recognises that they are best placed to understand their own

[12] *Our health, our care, our say: a new direction for community services*, Department of Health, 2006
[13] *Building on Progress: Public Services*, HM government Policy Review, Prime Minister's Strategy Unit, London (2007)

needs and how to meet them. They will be able to control or direct the flexible use of resources (where they wish to), building on the support of technology (eg telecare), family, friends and the wider community to enable them to enjoy their position as citizens within their communities.

18. Direct payments and individual budgets (currently being evaluated) are an existing way to foster this transformation in the community. Individual budgets (IBs) build on what works with direct payments and, like direct payments, they give people more choice and control. IBs can bring a number of income streams together to give the individual a more joined-up package of support. Critically they allow the person to plan how to achieve outcomes, which meet their needs within a clear allocation of resources.

19. In the future, all individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being. Having an understanding of what is available will enable people to use resources flexibly and innovatively, no longer simply choosing from an existing menu, but shaping their own menu of support. A person will be able to take all or part of their personal budget as a direct payment, to pay for their own support either by employing individuals themselves or for purchasing support through an agency. Others may wish, once they have decided on their preferred care package, to have the council continue to pay for this directly. The approach, which may be a combination of both, will depend on what works best for them. The term personal budget will describe this transparent allocation of resources.

20. Importantly, the ability to make choices about how people live their lives should not be restricted to those who live in their own homes. It is about better support, more tailored to individual choices and preferences in all care settings.

Making personalisation a reality for the 21st century

21. Reforming social care to achieve personalisation for all will require a huge cultural, transformational and transactional change in all parts of the system, not just in social care, but also for services across the whole of local government and the wider public sector. The scale and purpose of this ambition should not be underestimated. The experience with direct payments makes this clear. For the past ten years, direct payments have successfully given some people the ability to design the services they want but their impact has been very limited. The latest figures show that about 54,000 people out of a potential million recipients receive support through a direct payment[14]. Evidence shows major variations in take up across the country, with success determined less by the characteristics of people who use services or the features of direct payments themselves, than by local leadership, professional culture and the availability of support.

22. The challenge will be to translate the vision into practical change on the ground to make a real difference to the way individuals engage with services and support and, in so doing, make a real difference to their lives. It will also mean changes in how professionals engage and work to support people's needs. Personalisation is about **whole system change**, not about change at the margins. It will require strong local leadership to convey the vision and the values, which underpin it and to reach beyond

[14] Council Self Assessment Surveys, Commission for Social Care Inspection (July 2007)

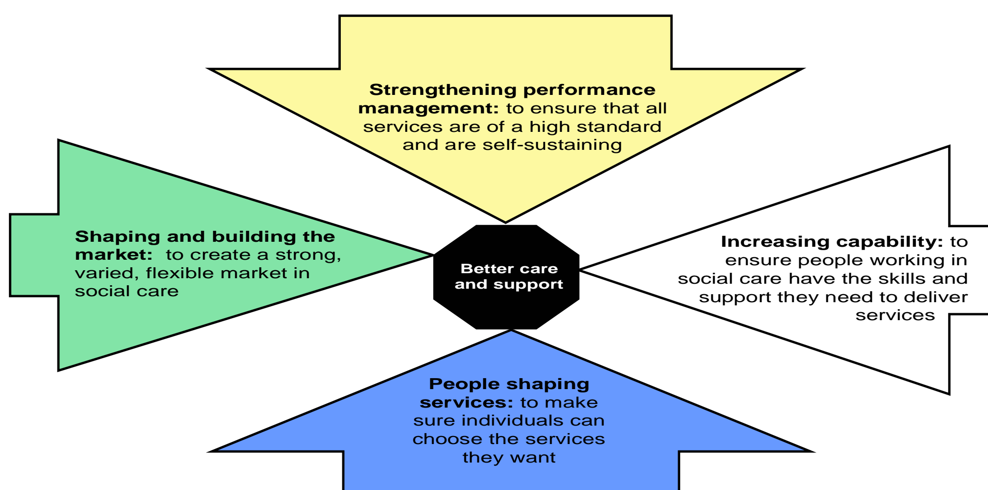
the confines of social care. It is essentially about a significant cultural shift and management of change for the wider social care and local government sectors. To achieve this, all stakeholders will need to work in partnership to construct a comprehensive delivery model, which works across social care and touches on the wider reforms within the NHS and in local government.

23. It will take time. There are significant cultural and organisational barriers to overcome and it cannot be driven from the top down. Ultimately, it will be for those at local level to deliver the change and the Government will need to work with its partners in the wider social care and local government world to support the right environment for this to happen.

24. With the increasing demand on resources, it is essential that councils work the with the NHS, other statutory agencies, the third and private sectors and their local communities to ensure a strategic balance of investment in prevention and approaches to promote independence and providing intensive care and support for those with high-level complex needs. Pooled budgets and integrated funding between health and social care can provide the flexibility for funds to be invested in early intervention and preventative approaches. Local commissioners working with local partners, in particular the NHS, should consider how resources may be released from across the whole system and redirected to enable investment in early intervention and prevention for all levels of need.

25. All participants across the sector will need to engage to bring about both the transformational culture change and the systems change needed to deliver personalisation. The reform model (below) identifies the four domains the Government and its partners must address in order to reform social care, not just in a sustainable manner, but also in a way that improves the quality of people's experience.

26. The purpose of this reform is to ensure people have choice and control over the support they need to live the lives they want. It is necessary to tackle all four together to deliver the Government's aims of better health and better care for people who need treatment and support, as well as better value for taxpayers.



[15]

[15] '**Better care and support**' at the centre of the diagram is a proxy for the seven outcomes for social care as set out in *Our health, our care, our say* (2006): improved health and emotional wellbeing; improved quality of life, making a positive contribution, choice and control, freedom from discrimination, economic wellbeing and personal dignity.

Achieving Personalisation: where are we now, and what will the new system look like?

27. In the future, the social care system will allow individuals to make real choices, and take control, with appropriate support whatever their level of need. Everyone, with support if necessary, will be able to design services around their own needs, within a clear personal financial allocation. For those funding their own support and care it will mean that there are clear information points, and support and brokerage services that enable them or their supporters to navigate the system, access qualified and appropriate advice and purchase quality services or support which meets their needs.

28. It will also mean a very different relationship between national and local government, one that follows a participative model of service transformation. DH will work with partners, including users and carers, local government, the NHS, and local third and independent sector organisations to develop the mechanisms and strategies to achieve personalisation at a local level.

29. Different councils are at different points in this process; transition cannot and will not happen overnight. Councils should consider setting clear benchmarks, timescales and designated delivery responsibilities to ensure tangible short-term progress, and by March 2011, significant moves towards fundamental system-wide change. Councils will also need to talk directly to disabled people and their organisations. What is clear is that doing nothing is not an option.

30. However, this transformation is not starting from zero; a number of building blocks are already in place. There has been significant investment in tools and technologies to support change and this will continue over the next three years with further dissemination of the learning and experience from the DH efficiency and personalisation programmes, the POPPs pilots, the Department for Work and Pensions LinkAge Plus pilots, Individual Budget pilots and the work of In Control. Councils should be working to develop and embed these into their systems and cultures over the next spending period in order to deliver the ambitions of personalisation.

Challenges

Resources

31. The aspirations for the modernisation of social care through personalisation, choice and control must be set in the context of the existing resources and be sustainable in the longer term. However, transformation is about looking at the full range of services commissioned and provided to ensure that they all pull together towards the same objective of improved outcomes for individuals.

32. Personalisation must be delivered in a cost effective way. It is important to recognise that personalisation, early intervention and efficiency are not contradictory but will need to be more strongly aligned in the future. If delivered effectively personalised support can be a route to efficient use of resources, offering people a way to identify their own priorities, and co-design and focus the support they need. There is already some evidence that this can be made a reality. Emerson et al[16] undertook a longitudinal evaluation of the impact and cost of person centred planning and concluded that the

[16] *The impact of person centred planning,* Emerson et al, Institute for Health Research, Lancaster University, 2005

introduction of more personalised support had a positive benefit on the life experiences of people with learning disabilities. Importantly this benefit had been achieved without additional service costs once initial training costs were taken into account.

33. In Control[17] work has begun to show that self-directed support does not have to cost more than traditional services when based on an effective resource allocation system. In the pilots, individual satisfaction levels increased very significantly. In addition, evidence emerging from the POPPs pilots indicates that a shift to early intervention and re-ablement allows money to be spent in a more cost effective way.

34. In the wider context, the Government will be developing a reform strategy for the long-term funding for people in need of care and support. The plan is to spend the next period in conversation with the public, private and third sectors. Early in 2008, DH will set out a process, which will involve extensive public engagement and will lead to a Green Paper, which will identify the scale of the challenge, key issues, and give options for reform.

Workforce

35. The vision for a personalised approach to adult social care has huge implications for the workforce of the future[18]. It is clear that, given population and workforce demographics as well as rising expectations of people who use services, the current and future workforce need to change radically to meet the challenges it will face.

36. Sustainable and meaningful change depends on the capacity to empower people who use services and to do this we need to win the hearts and minds of frontline staff, from all sectors. It is vital that local workforce development strategies are co-produced, co-developed, co-provided and co-evaluated with private and voluntary sector partners, as well as users and carers, with a focus on raising skill levels and providing career development opportunities.

37. In response to this, DH is working with its key delivery partners to develop an Adult Workforce Strategy. This will address and plan for the key workforce priorities in the short and longer term to underpin and enable delivery of the personalisation agenda. In particular, it will recognise that in developing a personalised approach, **it is essential that frontline staff, managers and other members of the workforce recognise the value of these changes, are actively engaged in designing and developing how it happens, and have the skills to deliver it.**

38. It is recognised that a key component of the reform of social care will be effective leadership, management and commissioning skills. Work is underway to develop a Social Care Skills Academy to develop these skills.

39. In addition, to help meet the costs of training staff in social care, DH has issued a number of grants in 2007/08. The majority of the funding is to develop National Vocational Qualifications to ensure a better-trained and qualified workforce to raise the quality of social care services in both the statutory and independent sectors. Money has also been provided to support councils in developing their human resource capacity and capabilities, which will begin to equip the workforce for the opportunities of personalisation.

[17] *A report on in Control's first phase 2003-2005*, Carl Poll et al, In Control, 2006
[18] *Independence, wellbeing and choice: Our vision for the future of social care for adults in England*, Department of Health, 2005

Part 2: Developing a Sector Support Programme for the Transformation of Adult Social Care

Overall aim of the Programme

40. The Department of Health (DH) and its partners want to achieve the transformation of social care to deliver support tailored to individuals and local populations irrespective of their circumstances or level of need. The Department will work collaboratively, with partners, including disabled people and their organisations, to develop, produce and evaluate the programme of implementation work ahead and support capacity building at a local level. This is a major programme of change to achieve and one which will require different approaches and ways of working from all those involved with social care.

41. Driving change on the ground in a top-down Whitehall-led model is not the answer. Therefore, the approach deliberately focuses on building the strengths and capacity of individual councils to make local decisions on priorities reflected though improvement targets in LAAs. The success of this whole-system change is predicated on engagement with communities and their ownership of the agenda at a local level. The new Public Service Agreements (PSAs), the Local Government National Indicator Set (NIS) and LAAs provide the incentives and framework to make local delivery a reality[19].

42. The Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and the Improvement and Development Agency (IDeA) are in a unique position in terms of raising awareness and engaging with local government leaders at all levels. The skills, knowledge and attitude of the leaders will be critical to delivery of the programme.

43. There is a clear role to provide both strategic leadership and also to develop and increase leadership capacity and capability across councils. Personalisation and early intervention are issues for the whole of local government, not just for directors of social services. The links to delivery of the corporate agenda must be explicit to gain local buy-in. Shared purpose is required if the political and managerial leaders in councils are to promote the investment in preventative services and the devolution of control and the integration of wider objectives are needed to make personalisation a reality.

44. The establishment over the past year of Joint Improvement Partnerships (JIPs) in each region provides a strong foundation to build on. The national programme will work to integrate the JIPs in each region into the work and governance structures of the Regional Improvement and Efficiency Partnerships (RIEPs). This will ensure a more coherent, joined-up approach, and will emphasise that system reform on this scale cannot be achieved by focusing solely on adult social care.

45. ADASS, LGA and IDeA will work together as a sector-led ‘consortium’ at national level to support the change agenda. At a regional level, the RIEPs will work with the JIPs, to facilitate regional implementation and local activity, and provide local leadership.

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[19] *The New Performance Framework for Local Authorities & Local Authority Partnerships: Single Set of National Indicators*, Department for Communities and Local Government, 2007

46. This will support the goals of our framework for the *National Improvement and Efficiency Strategy*[20] (NIES).

47. Councils will be supported to make substantial progress on transforming their services over the next three years, with performance across health and social care measured against relevant indicators in the National Indicator Set (and any relevant LAA improvement targets). This information will inform the joint performance assessment across health and social care undertaken by the new joint inspectorate, the Care Quality Commission, and the Comprehensive Area Assessment (CAA). The prize is huge, transforming the areas in which we live, the lives of our citizens and creating self-improving public services, which can provide personalised support to all.

48. For its part, DH, jointly with the national consortium, will work on facilitating a range of national tools to assist reform at a local level and on policy and statutory issues that require a cross-government approach. This will include, for example, the development of tools and technologies, guidance for professionals and leadership development.

What are we doing to help?

Core funding

49. Over the Comprehensive Spending Review 2007 (CSR07) period, provision for social care will benefit from the real terms increase in Revenue Support Grant (RSG) to local government. This includes support for PFI projects and represents an increase by an average of 1% a year in real terms over the next three years. This is worth £2.6 billion more by 2010/11. Direct DH funding for grants, including those for carers, mental health and the social care workforce, will also increase by an average 2.3% real per year, worth £190 million by 2010/11. In addition, resources spent by PCTs on social care for Adults with learning disabilities will be transferred to local authorities from 2009/10.

50. Alongside this additional investment, councils will be expected to spend some of their existing resources differently, utilising mainstream services to ensure the health and wellbeing of their communities and working in a genuinely collaborative way with third and private sector agencies.

Social Care Reform Grant

51. In addition to local partners using some existing resources across the health and well-being system differently, DH will be making over half a billion pounds available as a ring-fenced grant to local councils over the next 3 years. The new Social Care Reform Grant is worth £85 million in 2008/09, £195 million in 2009/10 and £240 million in 2010/11. This includes money from resources secured in CSR07 for the NHS and recognises the positive impact investing in social care can have on people’s health and the demand for healthcare. The grant determination for 2008/09 is attached as an Annex A to this Circular (pages 17-27), in addition to details of allocations and conditions.

52. The objectives of the Social Care Reform Grant will directly inform each DH regional business plan to ensure our priorities are informed by local strategies. Each of DH’s new Regional Deputy Directors for Social Care and Local Partnerships will be a key

[20] http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/lpffaqs/efficiencystrategy/efficiencystrategy/

member of the regions JIPs. The RIEP and the JIP will need to work together to agree the priorities for regional facilitation. Every local transformation process will need to include clear benchmarks, timescales and designated delivery responsibilities.

53. To support this, the Department will provide some additional funding to support and facilitate local activity. This will ensure the best value for money through local collaboration to deliver the aims of the transformation programme in partnership with the RIEPs. This is described in more detail in paragraphs 58-60. DH's Efficiency Programme will also be working to align its support with the RIEPs to ensure an effective and joined-up approach to support transformational change.

Implementing change at a Local Level

54. Using the total resources provided through CSR07 (including the Social Care Reform Grant) and through ensuring improved value for money, we are confident that each council is in a position to make real and measurable progress to achieve the systems changes that will deliver the transformation of social care for their local populations over the next three years. For most councils, this will require investment in system change tailored to their needs and they will need to work either individually or collaboratively as part of a wider group with common areas for development.

55. Councils are in different places on this journey. There will be differences in terms of local priorities but the overall direction and strategic goals are clear. In order to do this effectively, councils will need to develop their own transition strategies. They will need to assess where they are, using a range of diagnostic tools to ensure that their plans are feasible and sustainable and that they focus resources on their own core priorities.

56. Some tools are already available (see Annex B for links); others will need to be developed. In particular, a means to capture how the wider contribution of local government services, such as housing, leisure, adult education, transport, and environmental services, can support personalisation. DH and the consortium will work together to commission and develop these tools to assist councils and their partners in identifying local priorities for improvement, drawing on information gathered through Joint Strategic Needs Assessments, and making decisions to feed into LAAs. This will also help ensure support and available resources, at both regional and national levels, are focused on the identified priorities.

57. Whilst there will be some local variation in the process of reform, there are core elements which councils will need to develop to ensure they have the capability and capacity to respond flexibly and responsively to the demands placed on them. These are listed in more detail in Annex A of this document (Appendix B).

At a Regional Level – Sector-led Support

58. Though the national consortium will not provide 'hands-on' change management support, it will develop a mechanism to facilitate the sharing of information across the regions, to maximise the learning from any local and regional investment.

59. To support this regional facilitation role, DH will expect its Regional Deputy Directors for Social Care and Local Partnerships to agree priorities for a £2million top-slice of the Social Care Reform Grant to be spent on regional improvement initiatives in

consultation with the RIEP and JIP. DH will look at how, from 2009/10 this resource might be transferred to the RIEPs, in line with the principles of the NIES.

60. This £2million top-sliced money will be in addition to existing resources in the system for implementation and improvement activity, to support a coherent regional strategy for transformation. It is anticipated that, taking account of local priorities, all councils in each region will be supported to ensure there is:

- Close working with DH's regional teams in each Government Office to align and join up policy delivery.

- Dissemination of tools and technologies to support excellence in delivery and transformational change, such as implementing the new operating system being developed by the IB pilot sites (learning from the evaluation), disseminating the early learning from the POPP pilots and the wider prevention agenda (including signposting of individuals who do not currently access statutory services) and DH efficiency and re-ablement work.

- Work to shape and develop local and regional markets with the capacity and the variety to offer the range of options the population demands. This will include a mixed economy of care providing a range of services delivered by organisations across all sectors and sustainable advocacy and brokerage organisations that are accessible to both those entitled to public support and self-funders.

- Support for local leadership, for example through IDeA programmes on peer review and mentoring, for both elected members and directors.

- Facilitation of information exchange and improvement work, bringing together "clusters" of councils and their partners where shared priorities have been identified.

- An agreed strategy for the commissioning of specific regional support and facilitation, such as building workforce capacity and capability to use the tools of personalisation (eg resource allocation systems) or managing change through project management, business case development and benefits realisation.

- A joined-up approach with the work of the DH efficiency programme which will also be working to align its support with the RIEPs.

- Support for councils in developing performance management systems to measure the outcome benefits for people and communities of personalisation and early intervention and collect other types of robust evidence, which can be used for performance assessment processes, to inform commissioning without requiring extra work.

- Proactive identification of under performers to engage them in developing strategies and key areas for investment (eg change management) either individually or at a regional level.

At a National Level

61. DH is committed to developing a real and meaningful partnership with the consortium and other key stakeholders to take the transformation agenda forward. This means the Department will work strategically with the consortium, In Control and other partners to jointly commission or undertake activities to facilitate reform where it is best placed to do so.

62. An additional £1m top-slice from the Social Care Reform Grant will be used to enable DH and the implementation board (paragraph 63) to:

   - Commission and develop key tools and technologies, which will be required by all councils, although dissemination will be facilitated at the regional level. This will include the development of key components of the new social care system, eg a Common Assessment Framework, charging guidance and workforce development. Identifying the need for new universal tools will be done in partnership with the consortium and will reflect their regional intelligence.

   - Facilitate a range of national mechanisms to support implementation, in particular the interface of policy and statutory issues and cross-government agenda. This will include working through the Innovation, Capacity, Efficiency Programme Board facilitated by the Department for Communities and Local Government.

   - Provide strategic advice, in particular on the four key areas identified to deliver public sector reform, people shaping services, increasing capability, shaping and building the market and strengthening performance management.

   - Establish jointly with the consortium, a national information network for facilitation at the regional level with an information loop back from all nine regions on good practice for national dissemination. This will include the learning coming out of key pilot programmes such as POPPs and IBs.

   - Work with the Social Care Institute for Excellence to establish a good and emerging practice library to support the role out of the transformation agenda

   - Work with the consortium to develop the capacity to commission support services from a range of suppliers including accredited independent consultancy companies (eg with a framework agreement to ensure rapid call-off of support).

   - Work with the regulators (the new Care Quality Commission and the General Social Care Council) to ensure their roles and functions support the transformation agenda.

63. Recognising that the principle of sector leadership of the programme applies equally at national as well as regional level, DH will work with the consortium to second a programme director from the sector to drive forward this challenging agenda. An implementation board will oversee the programme, which will include senior representatives of the consortium (ADASS, IDeA, and LGA) and DH, and representatives from the RIEPs and the Society of Local Authority Chief Executives.

Outcomes Expected

64. From April 2008, the new local performance framework for local government working alone or in partnership, will be introduced. The health and adult social care priorities for places will be drawn from the National Indicator Set[21], which cover those aspects of DH's Public Service Agreements (PSAs) and Departmental Strategic Objectives (DSOs) that are delivered in partnership.

65. DH has three DSOs (*Better health and well-being for all; Better care for all and Better Value for all*) from which our two PSAs (*to promote better health & well-being for all and to ensure better care for all*) naturally fall. These cover a range of health and social care priorities, which specifically include:

Better health and well-being through:

- Improving people's health and emotional wellbeing by enabling them to live as independently as suits them.
- Designing systems that build on the capacity of individuals and their communities to manage their own lives, confident that they have access to the right information and interventions at the right time should they need more support.
- Focusing on prevention, early intervention and enablement, rather than crisis management, to bring long-term benefits to individuals' health and wellbeing.

Better care through:

- Strategic working with NHS partners to enable people with long-term conditions to manage their health and wellbeing more effectively.
- Ensuring information is available and accessible for all to support decision-making and access to care services, irrespective of people's social circumstances and eligibility for statutory services.
- Supporting people to maintain or improve their wellbeing and independence within their own homes and local communities and through avoiding unnecessary admission to hospital.
- Enabling people to make choices and be in control of their care to deliver successful outcomes first time. Promoting shared decision making to encourage ownership.
- Providing quality care that promotes dignity, and is safe, effective and available when and where people need it.

66. DH's third Strategic Objective – **Better Value for All** - is also key in delivering the best outcomes for communities in the most cost effective way. Councils, working with local partners, will have their own ideas of how to deliver better value at a local level. One example of a way for councils to deliver this locally might be by harnessing resources from across the whole system to shift the focus of care and support away from intervention at the point of crisis to a more pro-active, early intervention model. This can deliver long-term benefits to individuals and the system in terms of improved outcomes and more cost-effective use of resources.

[21] *The New Performance Framework for Local Authorities & Local Authority Partnerships: Single Set of National Indicators*, Department for Communities and Local Government (2007)

67. These objectives support the shared outcomes set out in '*Putting People First*'[22]. These are that all signatories should ensure people, irrespective of illness or disability, are supported to:

- live independently
- stay healthy and recover quickly from illness
- exercise maximum control over their own life and, where appropriate the lives of their family members
- sustain a family unit which avoids children being required to take on inappropriate caring roles
- participate as active and equal citizens, both economically and socially
- have the best possible quality of life, irrespective of illness or disability and
- retain maximum dignity and respect.

Measuring Success

68. Independent annual assessment of performance has proved a good incentive for improvement across both health and social care. Commissioners will be assessed by the regulator on their performance against the outcome-focused metrics set out in the National Indicator Set. The new Care Quality Commission's performance assessment will contribute to the Comprehensive Area Assessment (CAA).

69. Councils will need to develop their own monitoring systems to understand how the change is experienced by the population. This diagnostic data will need to look at not only efficiency, but also take into account quality assurance and customer satisfaction. Councils will be able to use this information to develop coherent support plans for delivery of personalisation, as well as to identify additional needs and priorities. These should directly inform their Joint Strategic Needs Assessment and local commissioning strategies.

Cancellation of this circular

1. This circular should be cancelled on 1st April 2009.

Enquiries

2. Any queries about this document should be addressed to Helen Tomkys, Department of Health, Social Care Policy and Innovation Team, Wellington House, 133-155 Waterloo Road, London SE1 8UG. You can email: Helen.Tomkys@dh.gsi.gov.uk

3. This Circular may be freely reproduced and can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934.

4. Current circulars are now listed on the Department of Health website on the internet at: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/index.htm. © Crown copyright 2007.

[22] *Putting People First: a shared vision and commitment to the transformation of Adult Social Care,* HMG, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

ANNEX A: DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT 2003 OF THE SOCIAL CARE REFORM GRANT FOR 2008/2009

Introduction

1. This Determination is made by the Secretary of State for Health ("the Secretary of State") under section 31 of the Local Government Act 2003[23] ("the 2003 Act"). It specifies grants that the Secretary of State proposes to pay to certain local authorities in England.

2. Before making this Determination, the Secretary of State obtained the consent of the Treasury in accordance with section 31(6) of the 2003 Act.

Amounts payable to authorities

3. Pursuant to section 31(3) of the Act the Secretary of State hereby determines that the local authorities to which grants are to be paid, and the amount of each grant, are the local authorities listed in column 1 of Appendix A and the corresponding amounts set out in column 2 of that Appendix.

Purpose of the grant

4. (a) Pursuant to section 31 of the 2003 Act, the Secretary of State hereby determines that the grants shall be paid towards revenue or capital expenditure incurred or to be incurred by local authorities in the financial year 2008/2009 for the purpose of social care modernisation and reform as described in Appendix B;

   (b) "Capital expenditure" has the same meaning as specified in section 16(1) of the 2003 Act.

Payment

5. The grants shall be payable to local authorities in one instalment on or before 30th April 2008. Local authorities must be able to identify expenditure against the grant monies for the purposes set out in Appendix B, paragraphs 8-11 if required by the Secretary of State to do so.

Grant conditions

6. The Secretary of State may request the repayment of the whole or any part of the grant monies to the extent that they are not used for the purposes for which they are given as set out in Appendix B, paragraphs 8-11.

Janet R Walden

Signed by authority of the Secretary of State
17 January 2008

[23]. 2003 c.26

Appendix A

Local Authority	Social Care Reform Grant		
	2008-09	2009-10	2010-11
Principal Metropolitan Cities	6.611	15.367	18.823
Other Metropolitan Districts	13.985	32.670	40.218
Metropolitan Sub Total	20.596	48.037	59.041
Inner London	5.524	12.845	15.753
Outer London	7.253	16.864	20.680
London Sub total	12.777	29.709	36.433
Shire Counties	35.149	82.738	102.652
Shire Unitary Authorities	13.477	31.516	38.874
Shire sub total	48.627	114.254	141.526
England Total	82.000	192.000	237.000

Local Authority	Social Care Reform Grant		
	2008-09	2009-10	2010-11
Principal Metropolitan Cities			
Birmingham	1.973	4.584	5.609
Leeds	1.175	2.740	3.367
Liverpool	1.035	2.397	2.922
Manchester	0.942	2.194	2.691
Newcastle upon Tyne	0.516	1.193	1.455
Sheffield	0.970	2.260	2.778
Sub-Total	6.611	15.367	18.823
Other Metropolitan Districts			
Barnsley	0.437	1.027	1.272
Bolton	0.482	1.130	1.393
Bradford	0.808	1.890	2.329
Bury	0.288	0.674	0.832
Calderdale	0.320	0.751	0.928
Coventry	0.534	1.243	1.524
Doncaster	0.521	1.221	1.506
Dudley	0.540	1.265	1.559
Gateshead	0.384	0.891	1.093
Kirklees	0.638	1.498	1.853
Knowsley	0.343	0.799	0.979
North Tyneside	0.362	0.844	1.039
Oldham	0.398	0.929	1.143
Rochdale	0.378	0.885	1.092
Rotherham	0.470	1.102	1.366
Salford	0.464	1.077	1.317
Sandwell	0.629	1.463	1.791
Sefton	0.544	1.269	1.558
Solihull	0.280	0.658	0.813
South Tyneside	0.314	0.728	0.890
St Helens	0.339	0.793	0.977
Stockport	0.437	1.018	1.252
Sunderland	0.554	1.288	1.580
Tameside	0.407	0.952	1.174
Trafford	0.331	0.771	0.946
Wakefield	0.593	1.391	1.721
Walsall	0.491	1.145	1.406
Wigan	0.561	1.318	1.634
Wirral	0.651	1.520	1.870
Wolverhampton	0.486	1.131	1.383
Sub-Total	13.985	32.670	40.218
Metropolitan Sub-total	20.596	48.037	59.041

Local Authority	Social Care Reform Grant		
	2008-09	2009-10	2010-11
Inner London			
City of London	0.018	0.043	0.053
Camden	0.471	1.107	1.371
Greenwich	0.471	1.095	1.345
Hackney	0.490	1.133	1.381
Hammersmith and Fulham	0.333	0.773	0.946
Islington	0.430	0.996	1.217
Kensington and Chelsea	0.366	0.866	1.082
Lambeth	0.498	1.150	1.399
Lewisham	0.470	1.085	1.322
Southwark	0.524	1.211	1.478
Tower Hamlets	0.491	1.135	1.383
Wandsworth	0.455	1.051	1.281
Westminster	0.508	1.200	1.494
Sub-total	5.524	12.845	15.753
Outer London			
Barking and Dagenham	0.327	0.752	0.916
Barnet	0.505	1.179	1.452
Bexley	0.303	0.708	0.871
Brent	0.460	1.069	1.309
Bromley	0.400	0.932	1.145
Croydon	0.457	1.068	1.313
Ealing	0.478	1.107	1.353
Enfield	0.449	1.047	1.285
Haringey	0.374	0.867	1.060
Harrow	0.336	0.783	0.962
Havering	0.336	0.783	0.961
Hillingdon	0.350	0.815	1.001
Hounslow	0.316	0.733	0.897
Kingston upon Thames	0.188	0.439	0.540
Merton	0.259	0.602	0.737
Newham	0.485	1.121	1.368
Redbridge	0.381	0.887	1.090
Richmond upon Thames	0.220	0.515	0.635
Sutton	0.253	0.589	0.725
Waltham Forest	0.375	0.868	1.060
Sub-total	7.253	16.864	20.680
London Sub-total	12.777	29.709	36.433

Local Authority	Social Care Reform Grant		
	2008-09	2009-10	2010-11
Shire Counties			
Bedfordshire	0.503	1.189	1.480
Buckinghamshire	0.568	1.334	1.651
Cambridgeshire	0.788	1.863	2.323
Cheshire	0.985	2.317	2.872
Cornwall	0.961	2.271	2.829
Cumbria	0.882	2.072	2.563
Derbyshire	1.279	3.015	3.744
Devon	1.230	2.898	3.604
Dorset	0.642	1.509	1.874
Durham	0.966	2.259	2.789
East Sussex	0.861	2.021	2.502
Essex	2.000	4.710	5.845
Gloucestershire	0.847	1.989	2.461
Hampshire	1.537	3.618	4.490
Hertfordshire	1.414	3.309	4.085
Kent	1.980	4.655	5.770
Lancashire	1.908	4.481	5.547
Leicestershire	0.798	1.886	2.346
Lincolnshire	1.136	2.694	3.364
Norfolk	1.418	3.340	4.149
North Yorkshire	0.835	1.969	2.448
Northamptonshire	0.896	2.119	2.638
Northumberland	0.528	1.239	1.533
Nottinghamshire	1.195	2.813	3.489
Oxfordshire	0.788	1.853	2.295
Shropshire	0.468	1.106	1.376
Somerset	0.836	1.970	2.450
Staffordshire	1.211	2.857	3.549
Suffolk	1.093	2.576	3.201
Surrey	1.336	3.128	3.858
Warwickshire	0.759	1.792	2.228
West Sussex	1.092	2.558	3.162
Wiltshire	0.602	1.421	1.766
Worcestershire	0.808	1.907	2.369
Sub-total	35.149	82.738	102.652

Local Authority	Social Care Reform Grant		
	2008-09	2009-10	2010-11
Shire Unitary Authorities			
Bath & North East Somerset	0.252	0.589	0.727
Blackburn with Darwen	0.261	0.609	0.748
Blackpool	0.318	0.743	0.914
Bournemouth	0.294	0.682	0.836
Bracknell Forest	0.119	0.279	0.346
Brighton & Hove	0.414	0.956	1.167
Bristol	0.677	1.576	1.931
Darlington	0.168	0.392	0.484
Derby	0.401	0.939	1.159
East Riding of Yorkshire	0.504	1.193	1.488
Halton	0.220	0.514	0.633
Hartlepool	0.175	0.408	0.503
Herefordshire	0.301	0.712	0.886
Isle of Wight Council	0.269	0.635	0.790
Isles of Scilly	0.010	0.010	0.010
Kingston upon Hull	0.507	1.178	1.443
Leicester	0.523	1.213	1.483
Luton	0.264	0.617	0.760
Medway	0.310	0.730	0.905
Middlesbrough	0.258	0.597	0.728
Milton Keynes	0.285	0.677	0.847
North East Lincolnshire	0.273	0.638	0.786
North Lincolnshire	0.254	0.600	0.745
North Somerset	0.309	0.731	0.911
Nottingham	0.530	1.230	1.504
Peterborough	0.261	0.612	0.757

Local Authority	Social Care Reform Grant		
	2008-09	2009-10	2010-11
Shire Unitary Authorities			
Plymouth	0.430	1.007	1.243
Poole	0.211	0.493	0.607
Portsmouth	0.296	0.688	0.847
Reading	0.188	0.436	0.533
Redcar and Cleveland	0.250	0.584	0.720
Rutland	0.045	0.106	0.133
Slough	0.170	0.395	0.482
South Gloucestershire	0.308	0.728	0.907
Southampton	0.371	0.864	1.063
Southend-on-Sea	0.287	0.669	0.824
Stockton-on-Tees	0.289	0.677	0.838
Stoke-on-Trent	0.483	1.126	1.381
Swindon	0.241	0.565	0.698
Telford and The Wrekin	0.259	0.613	0.763
Thurrock	0.219	0.514	0.637
Torbay	0.300	0.706	0.877
Warrington	0.281	0.659	0.816
West Berkshire	0.166	0.390	0.484
Windsor and Maidenhead	0.154	0.360	0.443
Wokingham	0.130	0.307	0.382
York	0.245	0.573	0.709
Sub -total	13.477	31.516	38.874
Shires Sub-total	48.627	114.254	141.526

Appendix B

THE SOCIAL CARE REFORM GRANT 2008/09

Summary

5. The White Paper[24] set out the role adult social care services should play in increasing people's independence and promoting inclusion in communities through preventative approaches and the promotion of well-being, rather than intervention at the point of crisis.

6. To meet this goal, the system will need to undergo significant reform and redesign to ensure people have access to early interventions and to exercise choice and control over the services and support they need. It will also require investment in training and support for the workforce to enable them to meet the challenges of this new way of working.

7. This transformation will take place within the new local performance arrangements and in partnership with the full range of local statutory, voluntary and private sector organisations. Councils will need to work with health partners in their Local Strategic Partnerships to undertake Joint Strategic Needs Assessments (JSNAs), which will in turn be informed by, and support other needs assessments and plans (eg the Sustainable Community Strategy and local housing strategies). This reflects the shared responsibilities for health and wellbeing of citizens, families and communities as set out in the NHS Operating Framework[25].

8. Appendix A of this document sets out the resources available for the year 2008/09 for undertaking this redesign of systems, processes and transactions to transform delivery. The allocations are made on the basis of the Adult Social Care Relative Needs Formula. The Grant will continue over the three years of the CSR07 settlement and indicative allocations for 2009/10 and 2010/11 are included for planning purposes.

Purpose of the monies

9. The Department of Health (DH) is making available, through the Social Care Reform Grant, monies to support councils in this transformation. It is in addition to the monies provided through the Personal Social Services funding and is specifically for the range of process reengineering, capability and capacity building activities required to design the entire system including work to:

    (i) Change the social care system away from the traditional service provision with its emphasis on inputs and processes towards a more flexible, efficient approach, which delivers the outcomes people want and need and promotes their independence, well-being and dignity.

    (ii) Create a strategic shift in resources and culture from intervention at the point of crisis towards early intervention focused on promoting independence and improved wellbeing in line with the needs of the local population, reaching out to those at risk of poor outcomes.

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[24] *Our health, our care, our say: a new direction for community services*, Department of Health (2006)
[25] The Operating Framework for the NHS in England 2008/09, pp25
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

(iii) Ensure that people are much more involved in the design, commissioning and evaluation of services and how their needs are met. This choice and control should extend to individuals in every setting and at every stage; ranging from advocacy and advice services, prevention and self-management to complex situations where solutions are developed in partnership with professionals.

(iv) Remodel systems and processes so they are not only efficient and equitable but also recognise the ability of individuals to identify cost effective, personalised solutions through wider community networks and innovation.

(v) Join up services to provide easy to recognise access points, which coordinate or facilitate partner organisations to meet the needs of individuals. Systems should be put in place to identify hard to reach people and strategies developed to meet their needs.

(vi) Raise the skills of the workforce to deliver the new system, through strengthening commissioning capability, promoting new ways of working and new types of worker and remodelling the social care workforce.

(vii) Develop leadership at all levels of local government and communities to enable this change to happen.

10. In practice, what this means is that by 2011 all 150 councils will be expected to have made significant steps towards redesign and reshaping their adult social care services (in the light of their JSNAs), having most of the core components outlined below in place:

- An integrated approach to working with the NHS and wider local government partners. Moving to harness resources from across the whole system, with a strategic shift in the focus of care and support away from intervention at the point of crisis to a more holistic, pro-active and preventative model centred on improved well-being. This might include focus on specific outcomes such as hospital discharge, intermediate care, transition to adulthood and co-location of services.

- A commissioning strategy which includes incentives to stimulate development of high quality services that treat people with dignity and maximise choice and control as well as balancing investment in prevention, early intervention/re-ablement and providing intensive care and support for those with high-level complex needs. This should have the capacity to support third/private sector innovation, including social enterprise and where appropriate undertaken jointly with the NHS and other statutory agencies such as the Learning and Skills Council.

- Universal, joined-up information and advice available for all individuals and carers, including those who self-assess and fund. Enabling people to access information from all strategic partners (eg third sector organisations, LinkAge Plus, Pensions Agency). Councils could do this using the 'first stop shop' model. Links to advocacy and support services will need to be considered where individuals do not have a carer or in circumstances where they require support to articulate their needs and/or utilise the personal budget.

- A framework for proportionate contact and social care needs assessment to deliver more effective, joined-up processes. Greater emphasis on self-assessment, enabling social workers to spend less time on assessment and more on support, brokerage and advocacy to ensure users experience a ‘no wrong door’ service.

- Person centred planning and self-directed support to become mainstream, with individuals having choice and control over how best to meet their needs, including through routine access to telecare.

- A simple, straightforward personal budget system, which will lead to maximum choice and control being in the hands of people who use services as well as support to increase the uptake of direct payments.

- Mechanisms to involve family members and other carers as care partners, with appropriate training to enable carers to develop their skills and confidence.

- An enabling framework to ensure people can exercise choice and control with accessible advocacy, peer support and brokerage systems with strong links to user led organisations. Where ULOs do not exist, a strategy to foster, stimulate and develop user led organisations locally.

- An effective and established mechanism to enable people to make supported decisions built on appropriate safeguarding arrangements, eg risk boards and corporate approaches to supporting individual choice. Supported by a network of “champions”, including volunteers and professionals, promoting dignity in local care services.

- Active membership of the local/regional personalisation networks to ensure access to the latest information, advice and support. Effective local information systems to capture inputs/outputs and outcomes for individuals to support local quality assurance.

11. Councils will also be expected to have started, either locally or in their regions, to develop:

- A market development and stimulation strategy, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes. This may include a transformed community equipment service, consistent with the retail model.

- A workforce with the capacity and capability to deliver choice and support control, staff who are appropriately trained and empowered to be able to work with people to enable them to manage risks and resources.

12. In summary, in the longer term, all 150 councils with social services responsibilities should be transformed to deliver personalised services, which enable individuals or groups to develop solutions, which work for them. Key components should include:

- Everyone eligible for statutory support, should have a personal budget, a clear and transparent allocation of resources, with many more people having the opportunity to take all or part of this budget as a direct payment.

- A strategic balance of investment between enablement, early intervention and prevention, providing intensive care and support for those with high-level complex needs.

- A Common Assessment Framework in place across health and social care to deliver a more diverse range of local services and solutions.

- An established mechanism to ensure that views and experiences of users, carers and other stakeholders is central to every aspect of the reform programme.

Actions

13. Councils will be expected to:

    (i) work with regional consortia and improvement agencies to start to develop and identify local actions needed for service transformation.
    (ii) engage with other partners, including disabled people and their organisations to ensure this priority contributes to and is properly represented in discussions on Local Area Agreements.

14. DH will work with partners in Government and across the sector to develop and improve outcome-based indicators around prevention and early intervention informed by the evaluation of the POPPs pilots and provide tools, technologies and approaches flowing from the learning from the IB pilots and related initiatives.

ANNEX B - Useful web-links

Dementia Tool-kit - Strengthening the Involvement of People with Dementia
http://www.olderpeoplesmentalhealth.csip.org.uk/service-user-and-carer-engagement-tool/download-the-toolkit.html

Care Services Efficiency Delivery (CSED) Programme
http://www.csed.csip.org.uk/

Partnerships for Older People Projects
http://www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/DH_080122

Promoting Independence toolkit – The Long Marathon to achieving choice and control for older people
http://www.changeagentteam.org.uk/index.cfm?pid=597

Self-Directed Support Network
http://kc.csip.org.uk/about.php?grp=36

Individual Budgets
http://individualbudgets.csip.org.uk/index.jsp

Increasing the Uptake of Direct Payments - Solution Set
http://kc.csip.org.uk/solutionset.php?grp=601

CSIP Networks
http://www.integratedcarenetwork.gov.uk/index.cfm?pid=5

National Service Framework and System Reform for Older People
http://www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Olderpeople/DH_079331

Valuing People Support Team
http://valuingpeople.gov.uk/index.jsp

New Deal for Carers
http://www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Carers/NewDealforCarers/index.htm

Our Health, Our Care, Our Say: A New Direction for Community Services
http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/index.htm

Commissioning Framework for Health and Well-Being
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

Local Government White Paper: Strong and Prosperous Communities
http://www.communities.gov.uk/localgovernment/currentagenda/strongprosperous/

LinkAge Plus evaluation
http//www.dwp.gov.uk/asd/asd5/WP42.pdf

Creating Strong, Safe and Prosperous Communities [draft statutory guidance on Local Area Agreements, the duty to co-operate and commissioning]
www.communities.gov.uk/publications/localgovernment/statutoryguidance