INFORMATION, ADVICE AND BROKERAGE

PART 2

GEARING UP FOR CHANGE

Practice examples from six councils that are developing their information, advice and brokerage services
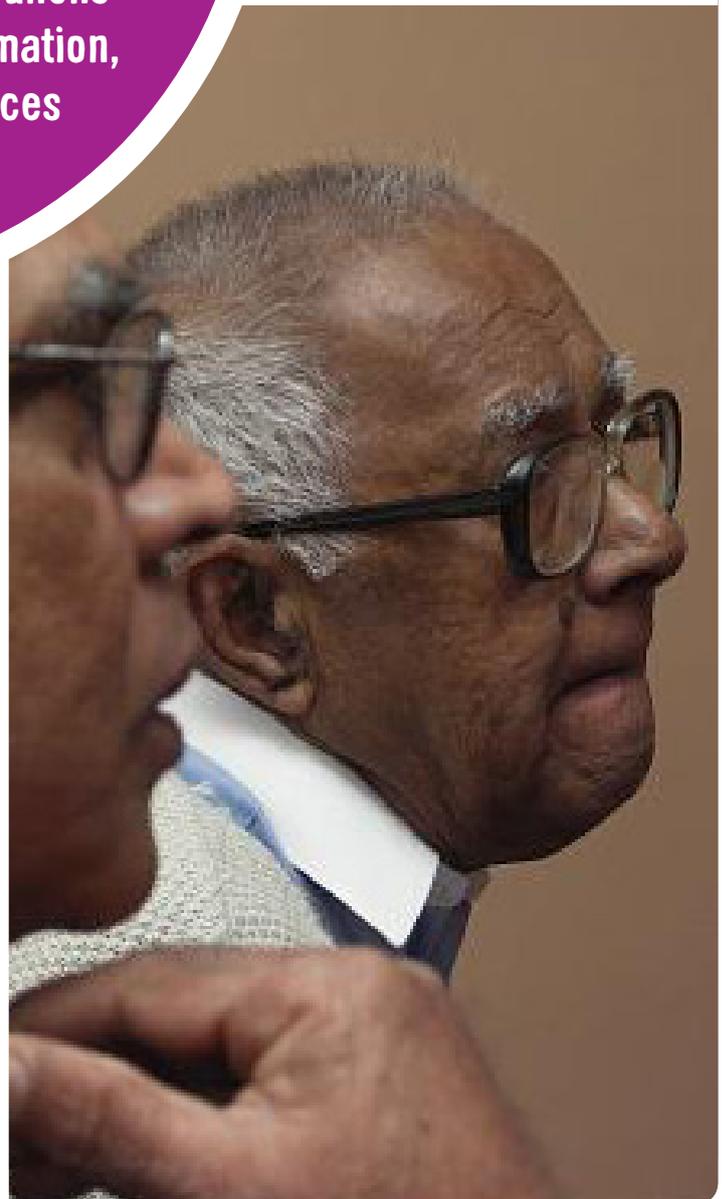
SUMMARY OF KEY MESSAGES /EXECUTIVE SUMMARY:

1. DEVELOPING WEB-BASED INFORMATION, ADVICE AND ACCESS TO SUPPORT

- The development of databases of core information for people needing social care is a shared responsibility; there is huge scope to avoid duplication in this area, and to establish better links between national and local sources;
- Councils should ensure that their efforts to extend the range of information available are balanced by equivalent efforts to make their websites accessible and searchable, and more inter-active;
- It is essential to "co-produce" the design of websites with customers themselves. The best councils are also finding ways of disseminating people's views and experiences of using services and support;

- Decisions about what to feature on council websites should be influenced by a principle that customers should be helped to make their own informed judgements and choices (including informed risk-taking);
- It is imperative for councils to develop better ways of explaining what social care is about, and how to access the system. -new media can be used to do this.
- A priority is to signpost people to alternatives to traditional care services and/or to signpost them to services that are preventative;
- Another priority is to develop and promote "self-serve" options, including web-based access to council and other services.

2. REVIEWING THE ROLE OF COUNCILS' CONTACT CENTRES

- There is a recognised need for many councils to develop better triaging at the first point of contact, and to establish clearer and more effective pathways for people who would benefit from preventative information and advice.
- Efforts to develop specialist information and advice beyond the council should be matched by equivalent efforts to ensure that the referral arrangements work well from the customer's perspective.

3. IMPROVING THE AVAILABILITY OF INDEPENDENT FINANCIAL ADVICE FOR SELF-FUNDERS

- There is a range of ways for councils to signpost people to independent financial advice whilst adhering to their legal responsibilities, and ensuring that people can choose who advises them;
- Councils should stress the importance of using specially accredited advisors eg through *The Society of Later Life Advisors* (SOLLA);
- All potential referrers, including the private and voluntary sectors, need to understand the importance of financial advice and that it is "acceptable" to promote relevant, accredited sources;
- A more proactive approach may be needed in future – eg being prepared to arrange planned telephone calls from an advisor, rather than just giving people a number to ring.

4. ENSURING INFORMATION AND ADVICE ARE LOCALLY AVAILABLE, FOR THE PEOPLE WHO MOST NEED IT

- Councils need to stimulate an effective and joined-up system, whereby people have access to face-to-face help in their communities when they need this, and can get answers to a diverse range of questions.
- Specialist health and social care information and advice services should be able to demonstrate that they are reaching high priority and socially excluded groups, and actively explore the potential for outreach.

5. WORKING IN PARTNERSHIP WITH GP PRACTICES

- Councils and the NHS need effective methods, including risk stratification methods and tools, to ensure they are targeting their preventative resources including information and advice towards recognised priority groups.
- GP practices and health centres are obvious places in which to improve the availability of information and advice about social care, and to reach those who most need this. Good multi-disciplinary team work within GP practices can produce many benefits for the health and care "system" and the people it serves.

6. BROKERING ACCESS TO LOCAL SOURCES OF SUPPORT

- Councils should continue to focus both on developing a range of support-planning options, including self-serve options, and on streamlining their self-directed support processes.
- Council-funded support planning and brokerage services should have a strong focus on finding alternative solutions, that enable people and reduce dependency on expensive traditional services.
- In this respect, culture change – and the deployment of different skills and knowledge – are critical success factors, and may be more important than how these services are configured.
- Good support planners become skilled at finding out about a range of resources; new, efficient ways may need to be found to capture and share their local information and knowledge.
- These services need to strike the right balance between the quality and the speed of their response, and be aware that customers rarely value processes that appear complex and lengthy.

7. ASSET-BASED APPROACHES

- A stronger focus on people's assets, rather than on their problems and "deficits", may be key to successful preventative work including information and advice. This will require a huge emphasis on culture change and new ways of working across all sectors.
- There is huge potential to develop peer support as a way of spreading information and knowledge; this includes not only formal peer support schemes including the development of local self-help groups, but also the use of social media and twitter to put people in touch with each other.
- Councils' strategies to make information and advice more widely available could usefully focus on building the capacity of communities, and especially the voluntary sector, to spread information and knowledge using a variety of more informal channels.

INTRODUCTION

This report presents material gathered from six volunteer council sites, that are at different stages in implementing new information, advice and brokerage strategies.

The sites were selected to represent a wide cross-section of geographical areas and council types. Whilst some are at an early stage in developing their strategies, others have already begun to pilot new approaches and to evaluate these.

Our methodology involved visiting each site to gather evidence and to discuss each council's strategy, specific developments, and future plans. At each site, interviews were carried out with council officers, key partner agencies and customers, to gain a range of perspectives on what works and what is important to different stakeholder groups.

The learning from these councils, and some of their most interesting practice, are featured in this report (and in the associated case studies). Seven key elements of these councils' information and advice strategies are explored: these broadly reflect the current priorities of the participating councils themselves:

1. **Developing web-based information, advice and access to support**
2. **Reviewing the role of councils' contact centres**
3. **Improving the availability of independent financial advice for self-funders**
4. **Ensuring that information and advice are locally available, for the people who most need it**
5. **Working in partnership with GP practices**
6. **Brokering access to local sources of support**
7. **Asset-based approaches**

Whilst a detailed literature review was beyond the scope of this study, this report includes references to other key research, and links to relevant "Useful Resources". The report is designed to stimulate thinking, and provide some pointers, for those responsible for improving information, advice and brokerage.

DEVELOPING WEB-BASED INFORMATION, ADVICE AND ACCESS TO SUPPORT
Part 1

1.1 Introduction

In delivering the requirements of the Care Act, improving the information available on councils' own websites is an obvious place to begin. The councils in our study are all exploring the potential of web-based solutions, in the belief that this route to support will be increasingly important in future. In most cases these developments are happening in partnership with private sector specialists and with strong involvement from potential customers. **The most promising initiatives involve looking at ways of making websites much more interactive, so that people can not only find information but also share their feedback about services, as well as accessing or purchasing services online (see illustration).** Some of the specific opportunities available to councils – and also some conundrums – are discussed below; more guidance is available in a recent publication by ADASS' Information Management Group and the Society of Information Technology Management (SOCITM).[1]

Features of a citizen's web portal

General information – how the system works

Advice on how to raise safeguarding concerns

Self-service tools including self-assessment

Web-based referral system

Links to trusted national and local sources of information and advice

Preventative advice – eg on how to maintain health / independence

Links to directories of registered and non-registered health and social care services – 'e-markets'

Web-based referral system

Customer feedback about services

Use of social media – YouTube, Twitter, Facebook

**USEFUL RESOURCE:
Socitm "Better Connected"**

Socitm conducts an annual survey of local authority websites, and publishes its findings in *"Better Connected": http://www.socitm. net/research/socitm-insight/better-connected*. An extract was circulated to ADASS members in 2013; this includes examples of both poor practice and good practice in relation to social care.

1.2 Databases

A successful information and advice strategy depends on the existence of a high-quality, reliable database(s) of information about sources of support. However, our study surfaced debate about the best ways of achieving this and growing understanding of the importance of collaborative working (for example, with national agencies including CQC and NHS Choices, between county and district councils, and with the independent sector) to avoid duplicatory effort[2].

There is also debate about whether council websites are the best repository for this type of information, linked with decisions either to contract out this responsibility, to re-badge councils' "social care" information or to market this separately. An increasing number of councils, including some in our study, are purchasing "off the shelf" solutions.

> **"The branding is important. It shouldn't look too much like a council website, even if the council's behind it and set it up".**
>
> **(Customer)**

There are ongoing challenges – for example, in assuring the quality of information, collating it, sharing it, and keeping it up to date. This is clearly a shared responsibility; all the councils in this study have a reasonable expectation that their funded organisations should market themselves and keep their public information updated. A few use systems that require organisations to pay to be included in their databases, and this is associated with debate about how future costs might be shared between councils, providers and customers themselves.

This raises dilemmas about how to reflect the diversity of options available to people, and to ensure that small, innovative providers of support are brought to people's attention. At present, most council-funded social care databases tend to list fairly traditional, including registered, health and care services rather than a wider range of community options and preventative services. However, the best find ways of signposting people to alternative sources of help; for example they prominently feature links to trusted information and advice providers in their local communities (see paragraph 1.3, below).

Our study prompted some debate about councils' own role as a trusted source, and the risks, including legal risks, of appearing to promote services that have not been subject to rigorous quality assurance. There are various emerging solutions, including links to councils' wider safe trading schemes, and the commissioning of light-touch checks of non-registered providers, for example Lancashire and Stockport both entrust this role to their main trusted information provider in the independent sector. But many councils recognise the dangers of being too risk averse, and seek to resolve this dilemma by making it clear that inclusion on their website does not imply a recommendation; their policy is to explain the statutory regulation system, and their own frameworks, where applicable, but then enable people to make their own choices on the basis of this information.

**USEFUL RESOURCE:
The Information Standard**

At least one council in our study is considering working towards the *Information Standard*. This is a certification programme for all organisations producing evidence-based health and care information for the public. The scheme has been commissioned by NHS England and is run by Capita on their behalf. It has over 200 members including private, public and voluntary organisations. Two councils - Oxfordshire and Liverpool City – have so far received this certification. *www.theinformationstandard.org/about*

1.3 Improving accessibility

In general, councils may be at risk of devoting a disproportionate amount of their own resources to building up the content of their directories. It may be more useful to focus energy on making their websites more attractive, accessible, navigable and searchable. This is an implicit recommendation of the SOCITM surveys, and almost all the other mystery shopping exercises seen during this study. The biggest weakness identified by SOCITM'S 2013 survey concerned the navigation for top tasks, with only 37% of councils passing SOCITM's standard; even though this has recently been relaxed.

> **"There's no point having all this good information if you can't find it on the search engine".**
>
> **(Customer)**

A key challenge for councils is to find new ways of spreading understanding of what social care is about, and of explaining the system to people. Without doubt, there are now huge differences in how attractive councils websites look, and in how they use their websites for real communication. Our study identified increasing, although still limited, use of devices such as embedded videos and case studies to explain how to access services and what they do, and varying use of social media such as Facebook and Twitter 'to stimulate dialogue not only between the council and its customers, but also between people themselves.

INTERESTING PRACTICE:
Stockport's website development

Stockport Council was an early innovator in this area. In 2009/10, the council partnered with Care Services Efficiency Delivery (CSED) and a specialist website design company to build a new adult social care website separate to the existing Council website, working together with people who use services. Their approach involved using an ethnographic methodology to understand how customers wanted to see information, what language was important to them, their perception of social care as a 'place of last resort' and the importance of clear and easy navigation tools on the site. A very early evaluation concluded that the website had contributed to a 29% drop in enquiries/observations, and a 38% drop in abandoned/closed calls to the contact centre. This equated to saving 74 hours of telephone calls every day.

The council has since built on this early success. There is now an online market place where local providers can advertise a range of support and services ensuring choice and control for customers. It has recently changed its platform and improved the functionality– for example, by using 'quick links' and an improved search facility.

Disability Stockport, the local Centre for Independent Living, is developing a facility for people to leave "trip advisor" style reviews of services on the website, and will be responsible for moderating these comments to make sure they are suitable.

A key aspect of the council's vision now is to enable people to build up private personal records. The idea is that more people will be able to self-assess and develop their own support plans at an earlier stage, even before they need to access the council's formal system. If/when they do need council-funded support, and they are assessed as being eligible, they will be able to link their own care record into the council's system.

INTERESTING PRACTICE:
A resource directory of trusted organisations

Salvere is a community interest company, that works with Lancashire and Wigan. It is developing a resource directory of trusted organisations, including not only registered care providers but also other local community groups and voluntary organisations. So far, over 200 organisations have registered and at present, they do not have to pay to join. Some entries in the directory are extracted from existing directories, or supplied by partner organisations, but Salvere also do internet searches to identify other relevant community resources. Salvere undertakes a range of validation checks on issues such as whether the organisation is registered with CQC, whether it meets any industry standards they claim, and whether they are on preferred supplier lists for other organizations. Salvere are now considering options for extending this aspect of its work and making it commercially viable over time.

This organisation also believes in the importance of making websites more interactive. Customers should be able to type in their own question (rather than using limited search methods) and should ideally also have the option of accessing online helpdesks and/or emailing their queries.

http://www.salvere.co.uk/

1.4 The importance of informal sources of information

Beneath this "formal" tier of information provision, those responsible for support planning and brokerage usually know they are acquiring valuable local knowledge and contacts that ought to be shared. Often, they are developing their own databases in a very "ad hoc" way, in the belief that the results of their very extensive searching ought to be stored so that others are spared the effort. Also, places like central Lancashire that have carried out community mapping exercises now know that these maps are an important resource.

Our study identified numerous attempts to capture, store and share information within and beyond teams, usually hampered by the constraints of organisations' IT systems. None of the organisations were fully confident that they had worked out how to share precious local knowledge. This led to debate about the important contribution of individual workers; possibly, efforts to develop and retain staff with good local knowledge, contacts and connecting skills may be as important as effective information "systems".

> "Professionals say "there's not a lot out there for people with learning disabilities". Well, actually, there's loads – they just don't know about it, or see the relevance".
>
> (Community worker)

**INTERESTING PRACTICE:
Databases of community activities and resources**

Stockport For Local Advice and Guidance (FLAG) is developing a register of non-care activities that people can participate in, or use for support. The content of this database is impressive – although FLAG acknowledges that it is not yet as user-friendly as they would like. It is maintained by a part-time admin worker. The organisation collects details of 10-15 new groups and activities each week. This information can be accessed by FLAG's own staff, the general public, and can be used by council staff when helping people to develop their support plans.

Similarly, **Derbyshire's brokerage service** is attempting to collate the information and knowledge acquired by the team. Over time, the team has found out about topics ranging from an Airfix modellers club, to self-help groups for specific conditions, to very specialised services, eg organisations that will offer work experience for disabled people, to a volunteer post-reading service, to very small and specialised grant-making bodies. As not all of these groups have their own websites, they might be missed by people and practitioners who rely on standard internet search engines.

See also, separate case studies:
STOCKPORT FLAG and DERBYSHIRE'S BROKERAGE SERVICE

1.5 Web-based access to care and support

There is widespread interest in promoting online self-assessment, as a means of simplifying access, achieving efficiencies, and offering customers increased choice and control. In future, this may also offer an important way for self-funders to assess the implications for them of the proposed funding reforms.

At present, some councils offer people the option of completing online self-assessment forms, but few are yet geared up to realise the potential benefits from this kind of approach[3].

The councils in our study reported that so far it has been rare for people to take up this option. Even so, most of them see this as an important element of their future strategies, and one has commissioned a partner organisation to develop and promote this further.

A dilemma, referred to in a recent report from the LGA[4], is that many people may benefit from a discussion about "preventative" interventions, and alternatives to traditional care, before they embark on a formal self-assessment process. This makes it important that all web-based solutions including so-called "self-serve" options, encourage people to think broadly about their needs and the potential solutions, before they apply to enter the long-term care system.

**INTERESTING PRACTICE:
Supported self-assessment as a quick route to support**

Salvere has developed a portal that can be accessed via their website *(http://www.salvere.co.uk)*. Potential customers can access defined parts of the system, and innovative methods (such as live chats) are being developed.

The organisation offers open access for people who are not eligible for funded support. It has developed a bespoke self-assessment tool, support plan, and a way of storing case records and performance information to help people organise their own care and support. People can create their own spaces within the portal, to hold confidential information (even including bank records) with an appropriate level of security.

Salvere can also share its case records with the council and vice versa with appropriate permissions; this function has been developed to support Salvere's role as a "broker" for people receiving personal budgets from the council (see below). There is clear scope for people to be able to use Salvere's portal to access the Lancashire social care assessment documentation and be supported to complete this, with further scope for Salvere to become a "trusted assessor" for the council.

**INTERESTING PRACTICE:
Using webcams to engage with people**

Webcam technology is starting to be used by Derbyshire's brokers to talk to people about their needs. For example, 8 people with learning disabilities from Bolsover used a web cam and headset to chat to Derbyshire's brokerage team in Chesterfield - and to ask the team to find information about various activities and opportunities in their area.

REVIEWING THE ROLE OF COUNCILS' CONTACT CENTRES
Part 2

Councils' initial contact centres play a crucial role - perhaps especially for those with immediate needs for social care - in ensuring people obtain answers quickly and through an appropriate channel. Where these services are unable to resolve queries, or to refer people appropriately, this may lead to delays, repeat enquiries, customer dissatisfaction, missed opportunities to intervene early, and extra costs. External research has tended to conclude that this is a major area for development in most places, at least where social care is concerned.[5]

Most councils have achieved efficiencies by streamlining their corporate contact services over the last few years, and there are now many different ways of delivering a specialist response for adults with social care needs.

During the period of this study, several of our councils were still planning and/or implementing new models and structures. For example, they were often developing the web-based information available to staff, improving their electronic shared records and/or referral systems, or re-structuring their initial contact services. This usually included the development of more effective ways of "triaging" people at the first contact point, and responding to simple requests without the need for further onward referral to professional teams. Our councils were finding different ways of doing this, with consequent debate about how the new access teams should be resourced and what skills are required for successful "triaging" work.

INTERESTING PRACTICE: Improving a council's initial response

From 2014, West Sussex is planning to improve the response of its contact centre, so that it: covers more functions; offers more extensive and reliable advice to callers; makes use of an improved web-based information system for signposting; resolves more enquiries at the first point of contact; reduces the number of repeat contacts; and improves recording of the contact requests and outcomes.

The county is also amalgamating nine Adult Social Care helpdesks into one centralised specialist Adults' helpdesk with an enhanced focus on promoting independence. The Adults' helpdesk will be staffed by a multi-disciplinary team including social workers, occupational therapists and rehabilitation workers. It will take referrals from the contact centre, conduct an initial assessment, and offer preventative support - with the aim of ensuring that 80% of new customers go through a promoting independence enablement service, prior to consideration for longer term care. The helpdesk team will also offer professional oversight and deliver more specific training for the "generalist" contact centre advisors.

These changes are part of a wider strategy to promote independence, and are designed to achieve economies of scale - including staffing reductions across the whole end-to-end process – as well as a better quality response.

During this study, we found a dearth of evaluative evidence on the comparative effectiveness of the different emerging models. However, a recent report from the LGA concludes that specialist Adult Social Care access points, staffed by multi-disciplinary teams, may offer the best opportunity to respond well, and therefore reduce demand for formal care services.[6]

A key issue is the nature of the performance measures traditionally applied to contact centres, which have tended to focus on volumes and response times – and, at best, on customer satisfaction - rather than on the outcomes being achieved. Most contact centres do monitor the percentage of enquiries "resolved" without onward referral as part of the RAP[7] return and this can provide good local management information. However, the councils in our sample found it difficult to know whether their response was actually attuned to the person's real needs and underlying issues, or genuinely promoting independence. (The notion of "signposting to other agencies" is subject to different interpretations, and – at worst – may be a euphemism for offering a quite limited range of suggestions).

Overall, councils' initial contact services appear to be balancing the competing imperatives to respond quickly and effectively to urgent calls, to avoid unnecessary formal referrals to professional teams, and to offer a helpful, preventative response to those with lower levels of need. At present, not all the councils in our study are confident they are getting the balance right, but most are now seeking to put more emphasis on successful prevention and "enablement" – helping people to find the best solutions without the need for ongoing care.

Some are building more specialist "back up" advice services into their initial response. In the case of Derbyshire, the in-house brokerage team is able to deal with enquiries passed on from the call centre, from people who are not eligible for council support but who would clearly benefit from more expert signposting or advice. Stockport actively encourages its call centre staff to signpost appropriately to FLAG. Cornwall has recently commissioned an extra preventative advice service, co-located with its Access and Assessment team, to whom people can be referred for more in-depth telephone help if required.[8]

> **"The contact officers only spend 3 minutes, on average, on each call. We can give people a bit more time".**
>
> **(Service provider)**

> **"It was nice to talk to a human being with a calming attitude when I was panicking about Mum's care".**
>
> **(Self-funding customer)**

When interviewed during this study, these "back up" providers emphasised the need for good working relationships with the council's contact service, and clear referral protocols and mechanisms (such as the ability to transfer calls directly from the contact centre rather than asking people to phone back), underpinned by regular joint training and reinforcement for the staff concerned.

> **"We don't get many referrals yet from the contact centre. We need to work to build up that relationship."**
>
> **(Service provider)**

**INTERESTING PRACTICE:
Offering a "guided conversation" to people who phone the council's contact centre**

Cornwall has recently commissioned Stay at Home Ltd to offer low-level information and advice, that enables some people who phone the council's contact centre to access preventative knowledge, services and activities to reduce the need for formal support. The service is co-located with the council's Access and Assessment Team, and has up to three people on duty in office hours.

The service undertakes a "guided conversation" with people, and then links them to the support that might help them. For some people, there is the option of being referred to an "independence action planning" service that is able to carry out more in-depth assessment and support planning (see section 6 below). After the initial conversation, Stay at Home routinely makes a follow-up call to check that the person's issues have been resolved.

IMPROVING THE AVAILABILITY OF INDEPENDENT FINANCIAL ADVICE FOR SELF-FUNDERS

Part 3

The Care Act requires that people are offered advice about how to obtain independent financial advice where this is indicated.

This is a longstanding priority, perhaps especially in geographical areas where many people fund their own care. Some of these may find that their savings dry up when they are in a care home, and turn to the council for help – but the fee paid by the council may be lower than the fee charged by that home. This is always distressing for people themselves, and creates unpredictable financial pressures for councils[9]. Yet very few people are aware of these risks; according to one estimate, as few as 13% of self-funders receive the specialist care fees financial advice that might help them make better choices.[10] The funding reforms proposed in the Care Act are likely to have a dramatic impact on the market for financial information and advice – with more people needing to know how the changed thresholds and new "care cap" will affect them, and what they should do to realise their new entitlements.

A focus just on *financial* advice for self-funders will, however, be an insufficient way of addressing the problem. An equally important priority is to ensure that self-funding people and their families become better informed about the long-term support options available to them – and especially, the alternatives to residential care. Councils need to ensure that people have better access to the types of resource discussed throughout this report, including help to self-assess and/or exercise their right to a statutory assessment.

For those who do need long-term support, most will need basic advice on their benefits entitlements, and perhaps also on how the tax, including inheritance tax, system affects them. In addition, a complex range of financial products eg investment options, equity release, pension and annuity plans is available, whose suitability varies from one individual to the next, with a consequent risk that people might make misguided choices. There is a widely perceived need to encourage people to plan further ahead, and for a better range of financial products to be developed.

The Society of Later Life Advisors (SOLLA) is a not-for-profit organisation, that provides accreditation for advisors who specialise in the financial needs of older people. ADASS and its partners have suggested that organisations such as this one can offer added reassurance, and recommend that councils promote the importance of this special accreditation.[11] (The *"Paying for Care"* website is one national resource, that can link individuals to an accredited advisor in their local area: *http://www.payingforcare.org/).*

During this study, councils and their voluntary sector partners, were nevertheless cautious about their legal and ethical responsibilities in this area; a reluctance to promote self-employed advisors, who derive their income from the products they sell, appeared to be hampering the promotion of these services in some cases. The most innovative councils were committed to overcoming this obstacle, by creating easier access to independent financial advice whilst making sure that people could still choose their advisor and understand their role. These councils were convinced that the benefits of increasing take-up of independent financial advice justified their investment of effort. Whilst none of them could yet demonstrate measurable financial savings eg through a reduction in the number of self-funders whose funds dry up some were much more confident than others that they had identified a good approach.

INTERESTING PRACTICE:
West Sussex (Carewise)
http://www.westsussex.gov.uk/default. aspx?page=30846

Carewise is a partnership involving West Sussex County Council, West Sussex Forum, Age UK West Sussex and a panel of SOLLA-accredited specialist independent financial advisors. It has been carefully branded and marketed as a 'pathway' service that provides information and advice to help people choose the best solutions to meet their social care needs and the most cost effective ways of paying for care. People can access the service by contacting the specialist financial advisers or other partners directly (having found the details on the internet or from public information literature), or via the County Council, which can provide information and also make a referral to one of the financial advisers . The advertised telephone number routes people directly to the County Council's call centre.

The service is characterised by its proactive approach. Contact Centre staff ask callers if they would like a Carewise financial adviser to phone them, and if so, they will arrange a call. The independent advisors each work in specific areas of the county, and are allocated cases on a rotation basis. Customers are also informed that there is a panel of advisers and asked if they would like to receive the list. They are also advised that the list is available on the website. This is to ensure that a high element of customer choice is built into the scheme. At the end of 2013, about 25 people per month were being referred to the financial advisers via the Contact Centre, but the numbers were steadily rising.

The advisors all have Enhanced Disclosure & Barring Service, previously known as CRB checks, are trained in safeguarding policies and are approved under the Trading Standards 'Buy with Confidence' Scheme. They aim to work in a holistic way, and will refer people to Age UK West Sussex if they feel this would be more appropriate for the person's situation. They will also refer people to Adults' Services as necessary. If a person is considering going into a care home, the advisors seek to establish the reason, and advise them to have a statutory assessment where they believe this would help them to consider alternative forms of support. They offer a free "affordability indicator" to residential care/nursing home providers for all new care home residents.

See also, separate case study: **CAREWISE**

**INTERESTING PRACTICE:
"My Care My Home" in Barnet**
http://www.mycaremyhome.co.uk/

Barnet has established a partnership with My Care, My Home – an independent organisation that can offer assessment, and information and advice about a range of care options. The organisation does not charge for these services, although people can choose to pay if they would like more extensive help eg to arrange their service including the contract. It can also link people to SOLLA-accredited independent financial advisors.
My Care, My Home has its own, informative website which includes searchable lists of registered services across the UK. It has been well advertised in Barnet eg through a local poster campaign. The council's call centre can transfer people directly to "My Care, My Home" by phone.

ENSURING INFORMATION AND ADVICE ARE LOCALLY AVAILABLE, TO THE PEOPLE WHO MOST NEED THEM
Part 4

It is self-evident that although the use of the internet is increasing rapidly (and changing between generations) this is not an option for everyone; face-to-face contact is the best or only way of offering advice to some people. **Local consultation exercises typically conclude that information and advice should be made more available to people in their own localities – and from known and trusted sources.**

As discussed in our report on the strategic challenges[12], it is typical for local and neighbourhood information and advice systems to be fragmented. It is rare for one agency to be able to answer people's wide range of questions, but signposting between agencies is often fairly limited. The councils involved in this study are tackling this in a number of ways, ranging from the stimulation of new partnerships and consortia, to the re-commissioning of information and advice from a single, holistic provider.

Local information and advice providers are, in turn, grappling with how to make sure they are reaching those who most need their service. Our study identified at least two "targeted universal" services that are available to everyone, but are being proactive in seeking to reach the people who most need information and advice. This includes Stockport's FLAG, which is run by a consortium of voluntary organisations. It has a shop front in the main shopping centre but also deploys its staff in many other locations. Using an experimental approach, it has begun to find the locations that are most accessible to people with priority needs, focusing on the geographical areas and also on the groups that have been identified eg through the JSNA as priorities.

INTERESTING PRACTICE:
Stockport For Local Advice and Guidance (FLAG)
http://www.stockportflag.org.uk/

Stockport FLAG is a unique health and care information and advice service and is a key building block in this council's overall prevention strategy. It acts as a "one stop shop" to health and social care, and wider provision, for many people, by offering open and free access to wide-ranging information and advice; it describes its approach as "assisted signposting and follow-up".

It can demonstrate a range of benefits, which are explored in the separate case study report. It is willing and able to address an impressive range of issues (from access to bereavement counselling, to health-related information, to education and employment opportunities, to transport and community support) and responds to many different kinds of customer (from offenders, to people with mental health needs, to older people and their carers). Its response is flexible and personalised – and there is strong emphasis on empowering people to find solutions for themselves. The number of people using the service has been steadily rising – to more than 3000 per annum - with only 4% of these being referred on to the council. The use of its website is also increasing – to around 1500 unique visitors per quarter.

The service is actively promoted by the council and has also undertaken impressive work to market itself and to make itself visible in the community. It not only has a shop front in the main shopping centre, but also does peripatetic work in other locations such as libraries, the magistrate's court, churches and community centres, health centres, luncheon clubs, and ethnic minority groups. Having experimented with approaches in different locations, the service is increasingly confident that it is reaching priority areas and key target groups.

See also, separate case study:
STOCKPORT FLAG

WORKING IN PARTNERSHIP WITH GP PRACTICES
Part 5

Several of the councils in our sample are involved in discussion with their health partners about how to make sure that preventative interventions (including information and advice) actually reach those who can most benefit. A key issue is that people within the priority target groups may not approach either councils or other services – for example, because of their social isolation, depression, and/or mobility problems.

The engagement of GPs and associated community health professionals in this work appears to be a critical success factor, since they are often aware of the people most at risk. There are various risk stratification and predictive tools eg PARR (Predicting and Reducing Re-admission to Hospital), that attempt to categorise those most at risk; however, the relevant services in our sample tend to rely on the instincts of GPs and other practice staff, and/or on questionnaire surveys to patients, to identify the people who would most benefit from preventative help or advice. Our study surfaced much debate about whether or not this relatively informal approach was achieving the goal of reaching the desired target groups, with a sense that further piloting, and possibly more formal evaluation, may be required to answer this question. A key issue is that measures of "need" should be combined with an assessment of risk and of people's social assets; people's capacity to help themselves, and to access appropriate help,

does not correlate either with their age, clinical condition or their degree of ill-health.[13]

Our study identified three services in different places that have been very actively championed by GPs. Each is convinced it is achieving improvements in people's health and wellbeing, with varying methods being used to measure the impact. All are seeking to demonstrate that people's take-up of formal health and care services can reduce as a result of this kind of intervention, and there are some early, positive results.

> "Everything we invest draws them in. We have to move completely away from that. An early intervention is something that connects people with their community…We always assume there'll be a cost to health and social care. We have to say no, it's not like that."
>
> (General Practitioner)

INTERESTING PRACTICE: "Case-finding" in Stockport

In Stockport, there is a project offering annual 'health and wellbeing checks' that started at one GP practice in 2010 and has expanded to four other practices. The GPs send out a simple questionnaire to all patients over the age of 70 years requesting completion. This provides the opportunity to detect emerging health or social needs. Where needs are identified, the person is contacted by an Age UK worker or by Stockport FLAG, who are able to have more in-depth discussions about the issues raised and offer advice, information and practical help as applicable.

There are plans to build on this work to develop community navigator services across Stockport in each of the 4 integrated health and social care hubs.

"We have huge ambition that we'll shift the energy, so the focus will be in the community: the "footfall" at GPs will reduce by 50%..."

(Council officer)

"It's about everyone in the system learning new tricks"

(Service provider)

INTERESTING PRACTICE: "Connect4Life" in Lancashire

Lancashire's Connect4Life service seeks to work in a preventative way with people considered at particular risk. As part of this project, four voluntary organisations have been commissioned to oversee preventative work in localities, with some development support from Salvere. The service currently takes referrals from 11 GP practices, with a target to increase this to 66 by the end of 2014. At present, all referrals are checked to ensure they are appropriate (including whether they are already allocated to a social worker) then allocated to the relevant voluntary organisation. The voluntary organisation responds in a way that is designed to re-connect people to their local communities, and build their confidence and resilience. This often involves matching people with a peer supporter or volunteer, and/or encouraging them to volunteer themselves.

See also, separate case study:
LOCAL AREA CO-ORDINATION IN LANCASHIRE

INTERESTING PRACTICE: Newquay Pathfinder

In Newquay, Cornwall, Age UK has worked in partnership with a GP practice to pilot a preventative approach with people who present with multiple health and social problems, but whose needs may be met in non-traditional ways. The service has so far worked with more than 100 people, and – having begun to demonstrate measurable benefits including reduced take-up of health and care services - is now being extended to another area. In 2013, the service won a Health Service Journal gold standard award. The evaluation methodology for this service is featured in in the separate case study on this project.

The key to the success of this service is a multi-disciplinary team approach. Regular practice meetings are held, with Age UK workers and highly-trained volunteers (described as "practitioners") being considered as full members of the team. Where people are identified as being at risk, an Age UK worker or volunteer visits to carry out an informal "guided conversation" which may cover many different aspects of the person's life. People are usually helped to access "free" resources such as local clubs or peer supporters to reduce their isolation - but where there are specific health or care issues, the practitioners can make a straightforward referral back to their colleagues in the multi-disciplinary team.

See also, separate case study:
NEWQUAY PATHFINDER PROJECT

BROKERING ACCESS TO LOCAL SOURCES OF SUPPORT
Part 6

TLAP has consistently emphasised the importance of developing a range of support planning options, including the option of enabling people to do this for themselves. The many advantages of separating "assessment" from "support planning" and/or "brokerage" processes are described and illustrated on the TLAP website. However, in cases where these processes (including the governance and approval arrangements) are poorly designed and implemented, the system can feel bureaucratic and unwieldy for people themselves.

Our study included several examples of support planning and brokerage services; all are seeking to get the balance right between achieving better outcomes for people and communities on the one hand and speed/efficiency on the other.

The models vary to the extent that they are very difficult to compare with each other. The variables include:

- The type of provider – i.e. council, private or voluntary sector;
- The targeting of the service – i.e. for people eligible for state-funded support, or open access;
- The customer groups who use the service, with younger adults tending to receive a more holistic service;

- The depth of support plans – ranging from very detailed to a two-sided document;
- The range of outcomes to be met;
- The length of time taken to complete support plans, from 24 hours to 6 weeks;
- The nature of the relationship they establish with people ranging from telephone support to a lot of face-to-face contact;
- Whether they focus only on "support planning" or also arrange services once the support plan is agreed.

Most of these councils began with an early focus on helping council-funded people to develop a support plan, but have since extended the approach to a wider range of people. Several currently offer free and open access to the whole community. However, there was live, and largely unresolved discussion in many places about how to predict future demand, and about whether these services will be affordable over the longer term. Some of these councils were actively considering whether to stimulate new services in the independent and community sector that might charge people who do not meet the council's eligibility criteria, but none had gone down this route so far.

Some of the apparent benefits of these services, and the challenges they face, are discussed below.

- **Having a fresh approach:**
The services in our sample all employ staff with a range of skills and who do not necessarily have professional qualifications. The sample includes examples of "peer led" support planning, as well as organisations employing people from very diverse backgrounds, in the belief that new attitudes and a fresh approach may be more important than professional qualifications. This is consistent with the advice presented in TLAP's recent publication on self-directed support processes, which found that "culture and competency" were amongst the main barriers to successful support planning.[14]

> "People are starting to ask for a different sort of relationship. They're saying 'we want to be coached'".
>
> (Service provider)

- **Extending choice and control:**
These services are all characterised by their commitment to innovation, and determination to shift the focus away from purchasing traditional services. A common theme in our discussions with them was that mainstream council services are still relying too heavily on a "menu" of expensive services that may also create long-term dependency.

> "As a health and social care community, we're very good at shrinking people's worlds. Making them live in one room with a kettle and commode…We should help people live the lives they want to live, not make them live in the way we want them to".
>
> (Service provider)

> "They don't want a carer to come in four times a day. They want to get out!"
>
> (General practitioner)

- **Improving health and well-being outcomes:**
All these services monitor their work using outcome-based tools, and are confident they are improving outcomes - although none have so far attempted to aggregate this evidence. Their approach is characterised by a sensitivity to people's own goals and preferences, and a commitment to promoting social inclusion. In some cases, this entails quite painstaking work to ascertain what resources in the community might be appropriate for the individual.

Figure 1 Finding out what matters to people

Do you think I could find a 'sitter' who likes chess and classical music?

Where can I find a befriender who speaks Polish?

I only use my computer to play solitaire as I've never learnt to do anything else…

I don't want to go to a day centre, but I do like woodwork…

Can I get my lawn mown for little or no cost?

Can I get work experience on a farm?

Are there any walking groups that I could join?

Who will look after my pets while I'm in hospital?

Where can I find clothes that will fit me?

Can I get a grant to have my boiler fixed?

Where can I find someone to escort me to the supermarket once a week?

● **Improving cost-effectiveness:**
These providers are implicitly and sometimes very explicitly seeking to minimise the costs of people's support packages in the short-term. All are also seeking to identify solutions that will optimise people's health, wellbeing and independence over the medium term.

However, for a variety of reasons, the services featured in this study, with one exception, could not demonstrate *immediate* reductions in the costs of people's support. Most of the support planners were working within a provisional budget established by the council; most were exercising discipline in not exceeding this, but a common theme was that provisional budgets were already "tight" and could probably not safely be reduced. The one exception was the Cornwall scheme: in this case, the support planners had begun to work with people who received small packages of home care, whom the council believed could be supported better and more cost-effectively in other ways – see case study, below.

● **Efficient processes:**
The process for accessing support planning and brokerage – especially for council-funded customers – was a live issue in some but not all cases. Some of these services reported smooth and easy transfers to and from the council's assessment teams; they had developed effective referral systems including quick and effective electronic transfer of documentation and/or fully shared records. However, most reported that they had had "teething problems" and/or protracted difficulties in getting themselves established and receiving referrals. All had had to establish relationships

of trust with assessment teams and other council services, as well as developing effective systems. A common theme was that social workers might be initially reluctant to refer this kind of work to another agency since it has, until recently, been regarded as an intrinsic part of their role. It can take time for them to build up trust and confidence in the service.

The providers took varying lengths of time to complete support plans or arrange services. The best were emphasising the importance of speed, because this was often cited as especially important by people themselves. So, for example, Salvere has a target to complete all support plans within 2 weeks of the referral. Derbyshire's brokerage service aims to arrange people's services within 24 hours of receiving the referral, with the start dates determined by service availability and to meet the needs of the client.

None of these services had undertaken formal cost/benefit evaluation. However, at least two felt confident that they were achieving reductions in the cost of the end-to-end process; their case rested largely on the fact that their salaries were lower than the usual rates for qualified social workers.

INTERESTING PRACTICE:
Support Planning in the
independent sector

In Lancashire, people in receipt of council-managed budgets have access to an independent living advice service, delivered by **Salvere** and other voluntary organisations. The service has been running since 2012. Their process is greatly enhanced by the existence of the web portal that is shared with the council, to enable instant shared access to people's personal records (see above) with appropriate permissions.

Support planning for people with complex needs is usually undertaken by the Salvere team, but half the support plans are sub-contracted to other voluntary organisations; the county pays a tariff for each completed plan, which has been set at a competitive rate. The plans are developed with the person who uses services and costed to ensure they are within the allocated budget. The option of taking a direct payment is discussed each time, with an early resulting increase in the take-up of direct payments.

Salvere and the county have a culture that emphasises a speedy response: their maxim is "no faff, no fuss". The process takes a maximum of 2 weeks from the point of referral to the completion of the plan. At present, the county then arranges the services in the support plan – although this responsibility may eventually be delegated to the support planners. The service aims for high quality and there are almost no so-called "validation disputes" when support plans are returned to the council for sign-off.

The service is on course to receive more than 2000 referrals in its first year, with the aim of doubling this in its second year as the county implements a policy to offer direct payments as the "default" mechanism. Around one third of all referrals are aged 80-89.

INTERESTING PRACTICE:
Peer support brokerage

Barnet Centre for Independent Living was established as a community interest company in 2010, and was a trailblazer for the "Right to Control" project. It manages or delivers a range of services including: information and advice (Tier 1), advice and advocacy (Tier 2) and peer support brokerage (Tier 3). It has so far developed support plans for about 400 people, 80% of whom are below the age of 55. The manager and about 75% of the staff have lived experience of disability.

The brokerage service appears to offer much more "in depth" support than the other services included in this study, characterised by the development of an enabling relationship between the broker and individual concerned. The emphasis is on helping people to achieve their life goals as opposed to just meeting their "social care needs". So, the service begins by reviewing people's identified outcomes and sometimes new ones, (such as overcoming negative attitudes to disability), are added. The broker then helps the person to research how the outcomes could be met within the provisional allocated budget, and to access support once the plan is agreed. This process takes up to six weeks.

INTERESTING PRACTICE:
A council-managed brokerage service

Derbyshire has a large in-house brokerage service that currently deals with around 7,000 referrals per annum. Its main job is to arrange rather than to plan people's support, although the team's "can do" attitude and open access means that it can respond to people in diverse ways.

The service has been in operation since early 2010 and has gradually expanded in its scope as well as scale. For people receiving council-funded personal budgets they are able to respond quickly to all requests and usually arrange support or services within 24 hours; they then do a follow-up call to check that the person is satisfied. This speedy and helpful response is one of the factors most valued by customers, and by the social work teams, according to the feedback.

The team offers each person a choice and information about available providers. When people need domiciliary care, their requirements are quite carefully specified (for example, in relation to the skills and experience of the care worker, the times of visits and other personal choices) and providers are required to "bid" for each new referral. The team believes this has had the effect of improving the quality and responsiveness of services over time. The team also collects information about the market – including obvious gaps – which is routinely used to inform strategic commissioning.

Although the majority (70%) of customers are helped to access home and residential care, the team prides itself on its ability to link people to a wide range of community resources and social activities. It can also provide telephone advice and respond to quite simple queries from people who need low-level support. The team has impressive local knowledge, and believes that over time, they have influenced both the shaping of the market and the culture of the council and local providers.

See also, separate case study:
DERBYSHIRE BROKERAGE SERVICE

INTERESTING PRACTICE:
Independence Action Planning

Cornwall has developed an approach called "independence action planning". It has recently commissioned Stonham to use this technique with people who are at risk of needing expensive social care support. The service targets people defined as having "high/moderate" needs, who no longer meet the councils' eligibility criteria, and also some people who have historically received small funded home care packages, who may benefit from a less traditional response.

The service focuses on establishing people's own goals and aspirations. It identifies risks to people's independence, and considers how these risks can be mitigated. It then helps connect people to commissioned and community-based prevention services and activities, with an emphasis on making use of a range of local resources and assets.

Each person's plan is recorded on a relatively simple form with four outcome domains, which include "delaying and reducing the need for care and support". The contract for the service requires that demonstrably improved outcomes are achieved as a result of the plan - measured by reviewing the person's situation and seeking their feedback after 3 months.

The service offers "open access", but currently receives most of its referrals from the council. The county has a savings target associated with the provision of enabling, substitute support for people who may have been offered home care in the past. Unusually, Stonham is required to contribute to this target by demonstrating both cash-releasing and "cost avoidance" savings.

"ASSET-BASED" APPROACHES
Part 7

7.1 Building individual social capital

The most successful of the schemes featured in this report aim implicitly or explicitly to help people to improve their own problem-solving skills, recover lost skills and social networks, and put them to good use by helping themselves and others. For example, once they become more knowledgeable about ways of coping, people can be encouraged to share their new knowledge and skills with their peers.

The staff involved in these schemes including clinicians emphasised that this involves an entirely different relationship between the person and the health and care system around them, including changes in professional cultures and attitudes. Some felt that these changes may be required in the voluntary sector too, since a tradition of "helping people" may lead to quite resource-intensive involvement and/or a reluctance to "let go" at the end of an intervention.

"The system calls him someone with depression, but he was a teacher or a pilot or an insurance broker…"

(Service provider)

"You're treated like a human being, instead of a poor old worn-out thing in a chair".

(Customer)

"For me personally it's been really educational. I've really been encouraged to look at patients where I thought their dependency levels would only increase, and see that actually (…) they can be encouraged back to a much lower level of dependency".

(General Practitioner)

**INTERESTING PRACTICE:
People Powered Health in Stockport**

For people with low-level mental health needs in Stockport , there is a Prevention and Personalisation Service that is part of a wider "People Powered Health" initiative. It operates from GP surgeries; it is overseen by the National Endowment for Science, Technology and the Arts (NESTA), with Stockport FLAG providing advice and signposting, and MIND providing personalised support planning where required. This initiative claims to have demonstrated a 22% reduction in repeat visits to GPs. The longer term aim is to develop peer support from people who have used this service and to extend the scope to include people with long term conditions.

USEFUL RESOURCES:

1. ABCD Institute
http://www.abcdinstitute.org/

The Asset-based Community Development (ABCD) Institute in the USA is a recognised hub of knowledge about this issue. Its website includes a range of useful publications including practical toolkits.

2. People Powered Health
http://www.innovationunit.org/our-projects/ projects/people-powered-health

More information about "People Powered Health is available from the Innovation Unit. This includes case studies of pilots overseen by NESTA. The principles that underpin this approach are summed up as follows:

- **People** – the health care system mobilizes people – family, friends, communities and peer networks – as assets to work alongside health and care professionals to support patients to live well with long term health conditions.
- **Powered** – the power to live well with long-term conditions is underpinned by a new relationship between people and health care professionals that is a partnership of equals.
- **Health** – the health care system commissions approaches that achieve improved health and wellbeing outcomes for people with long term health conditions. These outcomes encompass both physical and mental health, and incorporate social as well as bio-medical indicators. The system also supports an integrated approach to health across the NHS, social care and public health.

3. TLAP
http://www.thinklocalactpersonal.org.uk/ BCC/EvidenceAndEvaluation/whatworks/ Socialcapitalandbetteroutcomes/

TLAP's website includes a range of resources on building social capital, including different approaches to evaluation.

7.2 Developing community assets

Asset-based approaches involve the development of entirely new skills across the sector, including "connecting skills" to put individuals and organisations in touch with each other, and new ways of sharing information and advice[15].

Many of the services featured in this study – including the brokerage services – were setting out to be catalysts for change, by influencing their colleagues and others around them, disseminating knowledge, and exemplifying new approaches. The energetic work of Lancashire's "Community Connectors", featured below and in the separate case study, illustrates how people in communities can be helped to become more expert at helping themselves and each other.

> **"It's a whole new way of working – enabling and empowering - building key relationships with people, and cascading the "people-powered" effect"**
>
> (Service provider)

> **"We'd got the enthusiasm, what we didn't have was the know-how and all the contacts"**
>
> (Service provider)

**INTERESTING PRACTICE:
Lancashire's Community Connectors**

Within the Connect4Life project, Lancashire employs 2 "Community Connectors" whose job is to build capacity in communities, by identifying local assets and resources and making connections. In practice, they are forging strategic links (for example, with the university, to recruit student volunteers) whilst also stimulating and developing the voluntary sector – including informal self-help and peer support schemes.

At the heart of their approach is the development of community profiles – which are usually based around "communities of interest" rather than geographical areas. The Connectors hold "community parties" or "big brew ups", during which people talk about what works and does not work in their communities. The findings are summed up in an accessible map (produced on one large page). This triggers work to share information about local resources and to tackle some identified gaps.

The staff help to strengthen small voluntary organisations – for example, by advising on sources of grant funding, finding places for them to meet, helping them make useful contacts, and imparting new skills. They set up peer support groups (an example being a group for people with serious weight management issues, who previously attended a 10 week class run by the NHS but were at risk of losing support and confidence thereafter).

They are becoming expert on the use of social media – for example, as a way of recruiting volunteers. An example is a recent successful "Winter Warriors" campaign, which used Facebook to raise people's interest in volunteering during cold weather.

See also, separate case study:
LANCASHIRE'S APPROACH TO LOCAL AREA CO-ORDINATION

INTERESTING PRACTICE:
Volunteer development in Newquay

Age UK Cornwall *http://www.ageuk. org.uk/cornwall/* knows that training and development for its volunteers are important building blocks for initiatives like the Newquay Pathfinder. Some of its volunteers are qualified "health champions" and/or know how to look at health and safety issues within people's homes, and source simple aids and equipment. An initiative called "Steady On" involves training people to be training buddies – visiting older people and helping them exercise. Some volunteers are trained in "motivational interviewing" and cognitive stimulation techniques.

Age UK Cornwall works in partnership with Volunteer Cornwall *(http://www. volunteercornwall.org.uk/)* which has played a part in several award-winning initiatives. It has helped to develop Cornwall's social inclusion strategy, which is published (in draft) on their website.

CONCLUSION
Part 8

As emphasised in our report, "Shaping the future"[16], information and advice about social care ultimately needs to reach a diverse range of people in communities, at different stages in their journeys. Those responsible for commissioning and delivering information and advice need to be aware of this complexity; ultimately, the conundrum is that although there is no dearth of information about social care, people regularly report that they do not know what is available or what their entitlements are.

One conclusion is that efforts to expand or improve the information available (for example, on websites, or in public information leaflets, or through contact centres) should be underpinned by equivalent efforts to understand what channels people actually use to find things out. Some people do have expertise in doing their own detailed research, and are proactive in using the internet and/or approaching the relevant agencies. However, the evidence from local consultations consistently suggests that people's capacity to do their own research varies, and that many of the people who need social care rely on face-to-face contact - with their neighbours and friends, voluntary workers or health professionals – to find things out. In this respect, people who are socially isolated, or who lack or are losing their capacity for other reasons, are priority target groups.

For these reasons, the councils in this study tended to emphasise that information and advice was integral to their whole approach. Whilst most are purchasing some specialist information and advice services, all are aware of an imperative to increase the knowledge base of all their customer-facing employees and other professional groups, so they can more effectively signpost people to sources of help. In this respect, those responsible for "support planning" and "brokerage" are in particularly key positions, as people who both generate knowledge about local sources, and use this knowledge with their customers.

Perhaps most importantly of all, there is the task of harnessing the capacity of people in communities, ranging from the larger, funded organisations to small self-help groups, to individuals who have experience of using social care, to pass on their knowledge and expertise. A key theme from all the interviews carried out for this study was the importance of *making connections*: linking databases to each other, developing relationships between agencies, encouraging co-ordination at community level, and thus becoming more effective at connecting people to the help they need.

ENDNOTES

1 See *"The development of online services for information and advice supporting the Care Act 2014"*, pub. ADASS/SOCITM 2014. The document is a sequel to their previous guidance on building a business case: *http://www.adass.org.uk/AdassMedia/stories/Standards_and_Performance/Business_case_factors_v1.pdf*

2 The ADASS/SOCITM report has a useful section on "working in partnership": ibid, 2014.

3 See *"Self-directed support: reducing process, increasing choice and control"* pub. TLAP 2013.

4 *"LGA Adult Social Care Efficiency Programme – the final report"*, pub. LGA 2014.

5 See, for example, *"Getting over the threshold for advice: Issues arising from the Care Quality Commission's unpublished review of English social services' response to people's 'first contact' for information, advice, help or support"*. Pub. Independent Age, 2011.

6 *"LGA Adult Social Care Efficiency Programme – The final report"*, pub. LGA 2014.

7 Referrals, Assessments and Packages of Care.

8 Some different examples of successful initiatives – such as Calderdale's "Gateway to Care", which is a joint health and social care service – are illustrated in *"LGA Adult Social Care Efficiency Programme – the final report"*, pub. LGA 2014.

9 According to one estimate, councils currently spend at least £490m per annum on care for self-funders in residential and nursing homes whose resources have dried up. See: *"Independent ageing: Council support for care self-funders"*, pub. LGiU 2011.

10 See Paying for Care website: *http://www.payingforcare.org/working-with-local-authorities.*

11 *"Paying for Long-Term Care in England"* pub. ADASS/PPF 2011.

12 *"Shaping the future: Planning, commissioning and delivering information, advice and brokerage services"* pub. TLAP 2014.

13 This issue is discussed further in *"Shaping the future: Planning, commissioning and delivering information, advice and brokerage services"*. pub. TLAP 2014.

14 *"Self-directed support: reducing process, increasing choice and control"* pub. TLAP 2013.

15 One useful resource for organisations (for example, to assess the extent to which they use an asset-based approach) is: *"Discovering Community Power": a guide to mobilising local assets and your organisation's capacity"*, pub. ABCD Institute 2011. *http://www.abcdinstitute.org/docs/kelloggabcd.pdf*

16 *Shaping the future: Planning, commissioning and delivering information, advice and brokerage in the context of the Care Act.* pub. TLAP 2014.

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

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

Gearing up for change is part of a suite of resources commissioned by the Department of Health in partnership with the Local Government Association and Association of Directors of Adult Social Services to support local government in implementing the Care Act 2014.
To find out more, visit www.local.gov.uk/care-support-reform.

Gearing up for change – Part 2 discusses the **work in progress** at our six volunteer sites and draws out lessons from their work. It presents the **"interesting practice"** being implemented or tested in these places.

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

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