

MEASURING PROGRESS

In order to support the process of change ADASS and LGA have worked in partnership with DH and other key stakeholders (including the Care Quality Commission - CQC) to establish a set of milestones against which we can judge our progress.

	April 2010	October 2010	April 2011
Effective partnerships with People using services, carers and other local citizens	<p>That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [By Dec 2009]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>	<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>	<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>
Self-directed support and personal budgets	<p>That every council has introduced personal budgets, which are being</p>	<p>That all new service users / carers (with assessed need for</p>	<p>That at least 30% of eligible service users/carers have a personal budget.</p>

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	used by existing or new service users/ carers.	ongoing support) are offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget.	
Prevention and cost effective services	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.	That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.	That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.
Information and advice	That every council has a strategy in place to create universal information and advice services.	That the council has put in place arrangements for universal access to information and advice.	That the public are informed about where they can go to get the best information and advice about their care and support needs.
Local commissioning	That councils and PCTs have commissioning strategies that address the future	That providers and third sector organisations are clear on how they can respond to the	That stakeholders are clear on the impact that purchasing by individuals, both

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	<p>needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs.</p>	<p>needs of people using personal budgets.</p> <p>An increase in the range of service choice is evident.</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.</p>	<p>publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.</p>
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