

The duty to provide information and advice under phase 1 of the Care Act 2014 encouraged local authorities to look in detail at their offer to residents, how they were providing advice and information prior to the Act coming into force, and how better engagement with residents might be supported by online or digital methods.

Digital and information has a critical role to play in widening access to services and improving outcomes. In this area councils have sought to develop more meaningful and, in some cases, formal relationships with the voluntary, community and social care enterprise (VCSE) sectors. Councils have been working with partners on projects such as digital inclusion, improved information and advice and online engagement.

In seeking to build community capacity while delivering cost savings, councils have sought to develop more meaningful and, in some cases, formal relationships with the voluntary, community and social care enterprise (VCSE) sectors to foster and cement broad resilience, improve and diversify

channels of communication, and manage increasing demand for services.

We know that pressures across the health and care system mean that we need to look more broadly at capacity and capability through online methods.

How might you benefit from working with third sector and care provider organisations to better meet the needs of residents using digital methods? What opportunities are there to learn from other areas?

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1. CHANGING PUBLIC – THIRD SECTOR RELATIONSHIPS

The Care Act 2014 is the most wide-ranging set of changes to adult social care law in more than 40 years. Through implementing phase 1 of the reforms from April 2015, many councils and their partners in provider, health and community and voluntary organisations have been trying to make the aspirations of the Act a reality by reshaping how social care is provided and embedding the reforms in the practice and culture of social care.

Since the Act came into force, local authorities have been investigating and developing a number of approaches to meeting demand, while delivering on the Act's aspirations.

As a step change in the legislation governing social care, the emphasis has moved away from crisis-driven reactive services, towards the promotion of wellbeing for all.

More coordinated and personalised care for people will not happen overnight. The wider challenges facing councils and partners in realising the vision of the new policy context are complex, numerous and substantial. These include integrating health and care, commissioning and service delivery, meeting rising demand with falling or static budgets, shaping and supporting fragile care markets and, at the same time, improving quality.

Implementation of these reforms in the current policy landscape requires flexibility, a commitment to working with partners across place and a willingness to consider new ways of working.

In the drive toward more community asset-based approaches and services, and a shared, place-based commitment to person-centred care (including via Sustainability and Transformation Plans), the VCSE sector can be a critical partner alongside local government, as referenced in the 2016 LGA and Volunteering Matters paper, *Volunteering & social action and the Care Act*.

The paper 'Volunteering & social action and the Care Act' emphasises that there are opportunities for promotion of wellbeing as a core Care Act principle through greater collaboration across place and working with the third sector in delivering more holistic and person-centred outcomes



The sector is in its nature different everywhere, reflective of local history. But the sector's defining features include its responsiveness, flexibility and roots in community.

Volunteering & social action and the Care Act: An opportunity for Local Government, LGA; Volunteering Matters, 2016



VCSE organisations have already proven to be an effective and resolute partner for local authorities seeking to deliver both their Care Act responsibilities and improved, person-centred outcomes for those in need of care and support.

Third sector relationships can also underpin digital adoption through:

- good online information,
- promotion and signposting / user-led navigation,
- open data and systems
- wider sharing of useable information.

2. SOCIAL ACTION AND OPPORTUNITIES FOR ONLINE ENGAGEMENT

The Care Act sets out high-level requirements for universal care and support information and advice. Alongside councils looking in depth at their online offer to residents in support of the statutory duty, national charities such as Age UK, Carers UK, Independent Age and the Centre for Ageing Better have developed a range of online factsheets and supporting social care information and tools to help people navigate sources of available support.

With the increased use of smart, mobile and tablet devices, as set out in Briefing 9 of this series, the 'digital divide' is narrowing. A third of visitors to local authority websites are aged 60 or over. Nevertheless, there are still significant barriers to digital uptake for cohorts of potential users who might benefit from engagement with digital and online services.



Those at older ages (75+) are over five times more likely not to be using the internet than individuals aged 55 to 64.

Age UK Digital inclusion report, 2013



This is in keeping with findings from Ofcom's, [Adults' Media Use and Attitudes Report 2016](#) which highlights 8 per cent of those aged 75+ owning a smartphone, compared with about a third of users aged 65-74, while 56 per cent of the cohort aged 55-64 had taken up smartphone ownership at the time of publication.

On the one hand, councils have responded to this overall upturn in digital uptake by investing in channel shift, ensuring multi-platform compatibility with a range of devices. With the Local Government Digital Services Standard gaining traction, many councils are moving toward being 'digital by design', including a greater level of data sharing and interoperability with health and other partner organisations, providing wider access to information across local health and care economies.

On the other hand, for those cohorts of users who often represent the largest proportion of systemic spend when presenting in crisis, there is a risk that they will be left behind, unable or unwilling to get online in ways that will help them maintain their independence, providing access to relevant services and supporting social connectivity.

As such, basic digital skills training for residents, their families and carers should be an important and recognised part of the change process. In aiming to mitigate against the risks of social and digital exclusion, councils will need to continue to provide face-to-face support for those who need it.

It is in this capacity that support to help people use digital services made available through local VCSE organisations can deliver a range of benefits.

DIGITAL SKILLS TRAINING

In the face of austerity measures and the significant fiscal challenges facing councils, channel shift, including moving a range of services online, has been mooted as potential for cost savings and delivering more responsive, tailored and appropriate information and advice.



Driving digital inclusion supports a wide range of policy aims and service efficiencies, from higher employment to cost savings for the NHS. Digital flows through and underpins everything: it is not a side issue.

*Adam Mickelthwaite
Director of Business and Innovation,
The Good Things Foundation*



As highlighted in Briefing 4, councils are investing in developing online transactional services in order to modernise and streamline business processes and service provision, while driving down the cost of delivery.

National organisations such as Doteveryone and the Good Things Foundation (formerly the Tinder Foundation), have been supporting councils across the country in meeting the challenge of maximising the potential of digital, increasing digital literacy through delivering skills training to vulnerable groups, including older people.

Councils themselves have developed a range of local relationships to support widening the reach of skills training and have often been driven through the commitment and reach of community organisations.

The 2016 Government report [Digital Skills for the UK Economy](#) highlights the importance of digital skills in reference to current supply and demand and via recommendations made for local and regional government and agencies, and cites the importance of councils addressing the digital skills needs of their local areas.



Local agencies should ensure that relevant and focused information is made available about digital skills training and education provision across all sectors in their geographical areas.

Digital Skills for the UK Economy, Department of Culture, Media and Sport & Department of Business, Innovation and Skills, HMG 2016



Leeds City Council is launching a drive to equip thousands of 'digitally excluded' adults in Leeds with basic online skills, coupled with a tablet lending scheme.

It is estimated the campaign - 100% Digital Leeds - could help generate £45m for the city's economy over the next decade, and more than £4m in the first year alone.

Councillor Paul Truswell, who chairs the Leeds City Development Panel, has called for the creation of a major new piece of research to examine in further detail the extent of the city's digital divide.

As with the overall case for digital transformation, demonstrating the case for change and securing dedicated resources for digital inclusion programmes, requires a tenacious and evidence-led approach. As stated by Cllr Truswell, it is really critical to get it right and demonstrate the value.

GO ON CROYDON PROJECT

The Go ON Croydon project is a programme led by Croydon Council to make sure that everyone in the borough has basic digital skills.



Croydon was the first London borough to partner with [Doteveryone](#), a team of researchers, designers, technologists, and manufacturers who are exploring how digital technology is changing society, building proofs of concept to show it could be better for all and partnering with organisations to provoke and deliver mainstream change.

Over half of all UK charities do not have the digital skills needed to prosper in the digital age². In Croydon there are an estimated 85,000 residents who lack these basic skills.

By working with Doteveryone, local partners and their networks, the council is reaching right across Croydon to ensure that residents and VCSE organisations (among others) have the skills to benefit and prosper from increasing digitisation.

The Go ON Croydon project aims to make a tangible difference by improving digital inclusion in Croydon through boosting digital skills and literacy for those most likely to suffer from a range of poor outcomes including social isolation and frailty. While this includes older people, the programme has a number of underlying projects to support widespread digital adoption.

The project works with volunteer ‘digital champions’ who provide ‘hands-on’ support to help unlock the potential of residents and services. Sessions are delivered through Digital Zones and online centres, often organised via local community-based hubs and faith group buildings. These sessions help to encourage online social connectivity through the promotion of Skype and the benefits of social media tools and they demonstrate the benefits of wider online services, eg price comparison tools.

It has been estimated that Croydon residents could save up to £600 per year by going online. In terms of wider social value, such savings could have a significant impact on areas linked to social care and older people’s wellbeing, such as paid-for transportation to local services/community groups and combating winter fuel poverty.

BENEFITS OF DIGITAL SKILLS INVESTMENT

- Connecting people to family and friends
- Greater familiarity with other helpful online services, eg shopping, banking, price comparison advice etc.
- Learning more about local social clubs or hobbies
- Fostering communities of interest and maintaining peer groups/social connectivity
- Supporting council-led digitisation and the capabilities of vulnerable residents to engage.

Despite the clear benefits of digital skills training and the impact that organisations such as the Good Things Foundation and Doteveryone have made in bridging the digital divide, when considering digital uptake among older people, there are often many more barriers than purely a lack of digital skills.

Particularly in considering maximising ‘indirect’ access to digital offers through close contacts such as family, friends, carers, local VCSE groups and services, there is a need to understand better how the ‘digital supply chain’ might improve wider adoption of the wealth of national and local products and services on offer.



We are thrilled to provide the first Go ON Digital Zone led by a local authority in the UK.

Our Digital Zone sits in the heart of our face-to-face service for residents, Access Croydon, which is already set up to assist accessing our services online, and now means we can help them much more widely to feel comfortable in seeking help with basic digital skills.

We know that the digital world can feel intimidating to people, particularly to vulnerable groups, so we’ve created our Digital Zone with the intention of being a friendly, social space where people can come and get help or advice from our digital champions in a relaxed atmosphere.

*Councillor Mark Watson
Croydon Council*



Crucially for the cohort most at risk of social and digital exclusion, take-up of specialised products and services can be improved by a more personalised tailoring of any offer of digital information or technology. The use of brokers, advocates or care navigators can be instrumental in this process.

JOINED UP DIGITAL PROJECT

In 2016, the Centre for Ageing Better began working with a number of other organisations, including the Age Action Alliance (a partnership of more than 800 predominantly VCSE some local authorities) and New Philanthropy Capital, on a project to understand how access to and adoption of digital solutions with older age groups, might be improved.

The Joined Up Digital (JUD) project aimed to explore what can be achieved by bringing together a number of organisations with a shared objective of getting the benefits of digital to more people in later life.

Accepting that the world we live in is becoming increasingly digital, those supported and enabled to embrace this change can become more socially connected and better supported and informed. The JUD project used network mapping to assess the relationship between individuals and their families, friends and communities, including local organisations and national services.

This gave JUD project leads and wider associates a number of insights into how gaps in the 'digital supply chain' could be addressed.

JUD conducted an investigation phase concluding in June 2016, to explore how it might be able to work with the care sector to achieve its goal. It convened a working group of around [50 organisations](#), including many recognised experts on digital and ageing to discuss how to address the challenge. The working group identified a number of overarching themes:

- Digital is not being effectively 'sold' to new users - there is a need to make it personal to the person's want and needs.
- Greater emphasis is needed on how digital can support opportunities for older people, not just fix their problems.
- There is a need to get around the barrier of digital skills without relying on mass roll-out of digital training.

- The lack of access to broadband and devices is an ultimate barrier for many people.
- The role of the 'conduit' person is crucial - there is a need to make more of those close to us such as friends, family, carers and community-based organisations.
- Solutions need to be co-produced with older people, not created for them in relative isolation (this includes engagement solely for user-testing purposes).
- A lack of digital innovation is not seen as a core challenge. There are plenty of suitable solutions already out there, but they are not being widely used.
- Funding digital ageing solutions has not maximised potential impact owing to solutions not making it to the front-line at scale.
- The challenge is too vast for any one sector or organisation to solve, requiring a 'whole system' focus.

CONNECTING COMMUNITIES USING DIGITAL

There are a significant number of VCSE organisations and networks where promoting the use of digital and technology as a means of improving access to relevant information and services (while promoting and widening citizen adoption), is either core to their mission, or fundamental to the ways in which they work.

Care brokers, advocates, formal trusted intermediaries or care navigators who act as conduits to information and advice are key to bringing the benefits of digital technology to far more people in later life. This could, of course, include friends, family, neighbours and carers, but should also, where possible, make best use of the infrastructure, capacity, specialist skills and local knowledge of organisations to articulate benefits, wherever possible. Such volunteer 'conduits' who typically go beyond the more familiar role of digital champions can act as an indispensable bridge between older people and technology, representing a credible and impartial source of product information and advice.

This includes perceptions of such volunteers having a better understanding of people's lives, aspirations and needs; being able to develop the relationships required to lend both practical and emotional support throughout any required upskilling or product demonstration process.

This could mean that significant numbers of older people who have never used the internet, or lack access to broadband and/or devices, could be made aware of, or directly access the benefits of digital without the need for specific skills training.

There is a need to understand better the opportunities on offer to support these volunteer 'conduits' to find appropriate online solutions and information or help people navigate available services and products marketed online.

Diverse, modern volunteering, supported by digital tools, syndicated information and a level of interoperable systems, can be empowered to contribute to a number of social care concerns, all of which support the duties and aspirations encapsulated

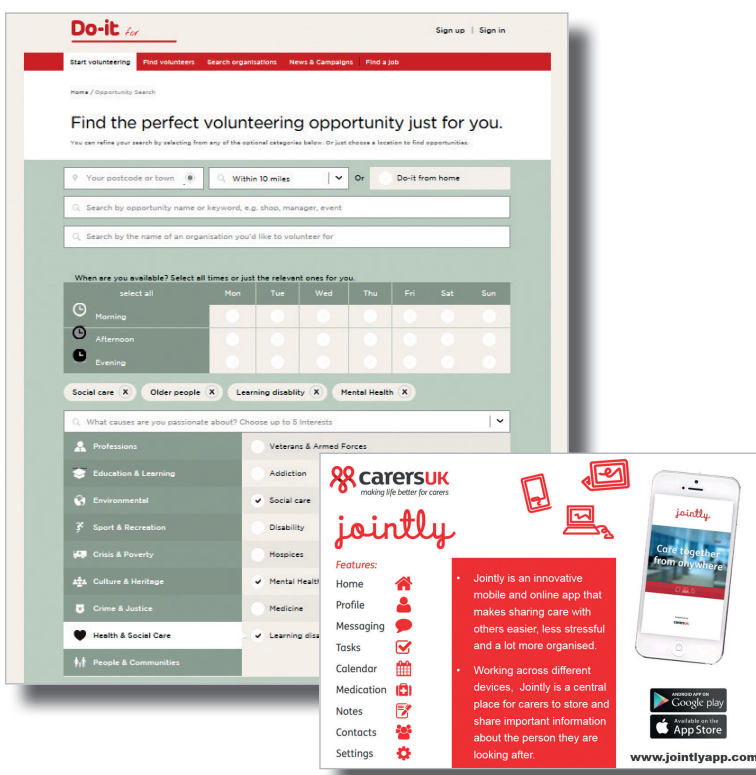
in the wellbeing principle of the Care Act. It can provide councils and local people with precisely what is needed to deliver many of their Care Act duties, in ways which are sustainable and which reflect the values of the legislation and guidance. These duties are articulated in the guidance on reducing and delaying needs, on providing information and advice and on integration, co-operation and partnerships.

It is worth noting that solutions already exist for this purpose and a range of free and part-paid for services that aim to support a more streamlined and active local volunteer market. Some websites, such as Do It match volunteers with local volunteering opportunities. Other free or minimal cost online tools or applications, such as ['Jointly' developed by Carers UK](#), help to support a network of informal carers around the needs of an individual.

To support the step-change in the role of VCSE organisations in further promoting or maximising the potential of digital, online methods will need to be combined with more traditional offline methods, such as training volunteers to support their peers and making tools available which allow for supported navigation of products and offers.

[Ami](#) matches volunteers to lonely and isolated people in their communities, helping them to remain living independently for longer. A pilot in summer 2017 with NHS England's Healthy New Towns will enable people or volunteer conduits to create more social connections for themselves around shared interests. John Boyle, MD of [Oxford Computer Consultants](#) said

We create so ware solutions around social care for local authorities, so we're aware of the public health crisis caused by loneliness and have developed Ami in partnership with local charities to address the issue.



CARE AND SUPPORT BROKERAGE

Care and support brokers provide a broad service. This can often cover everything from establishing the type of support needed for a person, to evaluating its effectiveness both prior to and following its commission or inclusion as part of a care package.

Support brokers can assist with a variety of aspects of developing the package of care around an individual, not just simply setting up the service. This could include:

- setting up an assessment of needs
- helping plan the support process
- negotiating personal budgets and their uses
- organising support to help manage the individual's personal budget
- evaluating the service the person receives.

Many local federated VCSE organisations are playing more of a coordinated and, in cases, funded and integrated role to deliver bespoke support brokerage both to social care clients and, those, including carers, who might benefit from engaging with relevant community services.

Oxfordshire County Council has a history of working with the local VCSE sector to deliver person-centred services with a level of integrated planning and service delivery, from the partnership to provide support brokerage through to the more recently funded programme [Circles of Support Oxfordshire](#). This project embeds staff and volunteers in teams of health and social care practitioners with the aim of helping people to stay out of hospital 'by keeping well, active and connected'.

The support brokerage model developed in Oxfordshire has relied on online self-assessment (or, in essence, a structured online referral) for potential clients and carers, with review undertaken by trained volunteers at Oxfordshire Age UK and Carers Oxfordshire as part of the service agreement.

It is in this capacity that the case example offers some insight into what is possible as regards online self-assessment / structured online referral, case management between organisations and embedding a person-centred approach.

OXFORDSHIRE REFERRALS TO AGE UK SUPPORT BROKERS

Oxfordshire Age UK and Carers Oxfordshire were commissioned by Oxfordshire County Council to offer a range of flexible and practical solutions to help residents stay independent both at home and out and about. Using the service delivery model, the two organisations aimed to tailor available support to suit the referred individual's preferences and lifestyle choices, linking in with other services that might help the person to live well and stay connected in the local community.

USE OF SUPPORT BROKERS TIME

The independent Oxfordshire Age UK broker role involves completing a four-stage process of planning for individuals who require care in the community. For effective planning and continuity of advice in providing information and guidance, the four stages are interlinked, and it is not appropriate for them to be completed by different people, or in isolation from each other.

REFERRAL: Broker needs the following:

- A Broker Referral Form, including quota release date.
- Needs assessment
- Additional information eg risks / hazards etc.



VISIT: Broker will discuss:

- What's working and what's not working so well
- Support options available
- Direct payments and employment advice
- Further actions



PLANNING: Broker will

- Research options
- Consult and negotiate on behalf of the client
- Identify costs and budgeting
- Help people advertise and recruit and budget for personal assistants



SUPPORT PLAN: Broker will

- Where required, give support with writing the plan
- Draw up budget spend and provide a cost breakdown
- Liaise with locality teams to help implement the support plan

JOINT WORKING BETWEEN SOCIAL CARE STAFF AND BROKERS

Oxfordshire Age UK brokers aim to work closely with social care professionals to help communications flow in effectively and positively between the client and the council, particularly when conflicts arise.

The brokers will help people to understand the council's responsibilities and their expectations around meeting eligible needs and using a personal budget.

In certain instances it may be appropriate for the broker and social care professional to work jointly with a client. However, the broker must continue to be involved in all the four stages of support planning.

Carer assessment uptake:

Assessments received: 1171

Percentage assessments received online: 57%

Spend to date on assessments via direct payment: £337,400

'Assessments received online' refers to carers who submit their assessments unaided. 43% receive support either over the phone or face-to-face.

Spend on direct payments:

Once carers have submitted their self-assessment those who meet the national eligibility criteria are subject to a Resource Allocation System which determines the level of direct payment they are to be offered. This is calculated on the level of impact that caring has on their wellbeing.

Future plans:

- Introducing webchat, enabling carers to have remote assistance from customer service advisors while they are completing their form.
- Making the carer's self-assessment available through the Liquidlogic Client Portal (live since November 2016).

A number of social purpose businesses and community interest companies (CICs) have also been established to provide an end-to-end care brokerage service – often making best use of digital technology to support and enhance interactions between individuals and relevant agencies; to support shared care planning, data capture and visibility across organisations; and to track and improve outcomes for the individual.

A leading example of this is [My Support Broker](#) which brings together people in need of support navigating the care system and those with experience of navigating the care system, often in the context of managing long-term conditions, underpinned by innovative, co-designed technology.

The service uses a digital platform based on a customer-held integrated health and social care record, which brings together information from all agencies to make development, coordination and communication of support plans and actions more holistically focused on the individual's aims and outcomes.

The secure online platform connects people through their own bespoke online personal support network with their local support broker and their public service professionals (including local authority and NHS staff and back office systems) and whoever they chose to be part of their own network.



MySupportBroker Model for Councils

Components of MSB's offer	Description	Benefit	Impact
Customer Facing Integrated Technology	<ul style="list-style-type: none"> Integrated customer held Health and Social Care record Secure, cloud based platform, N3 NHS Network Support planning and brokerage online workflow IG compliant data sharing between Councils, customers and families, NHS agencies, service providers Database of peer led and reviewed local services/activities 	<ul style="list-style-type: none"> Syncs with inhouse IS, 75% reduction in paperwork Consistent, auditable activity across all staff and customer activities Low cost technology licencing agreements Database of live commissioning, performance and outcomes data 	Incremental
MSB Expert Quality Assurance	<ul style="list-style-type: none"> Standards based on evidenced outcomes achieved by MSB model to date ALL plans QA'd online delivering target efficiencies and quality including local bespoke requirements Social Work/Clinician led 	<ul style="list-style-type: none"> 10-20% savings in overall cost of care 98% plans within RAS allocation 40% plans use community resources Risk identified and managed in each plan Measurable improved outcomes for customers 	
Training and Development for Cultural Change	<ul style="list-style-type: none"> Bespoke support planning and brokerage training NOCN Qualification options Appropriate for professionals, service providers, customers Delivery options across face2face and e-learning 	<ul style="list-style-type: none"> 60% reduction in support planning cost Low cost, multi-stakeholder scalable training Designed to deliver transformative working and cultural change across agencies Delivers consistent customer-centric approach Programmes across all customer/patient groups 	
Supply Chain of Innovative Services and Support	<ul style="list-style-type: none"> MySupportBroker MySupportMoney MySupportAssistant MySupportLifestyle MySupportCoach MySupportCollege MySupportIntel 	<ul style="list-style-type: none"> Alternative to conventional Direct Payment Service Delivery shift from agency provision to PAs For PB holders AND self funders Alternative to long term case management Care Act and Care Cap-ready self-funder service 	
Peer Support Brokers and Peer Coaches	<ul style="list-style-type: none"> Peers QCF Level 3 trained and accredited Co-designed person centred support and ideas Local community expertise Peer Personal Coaches 	<ul style="list-style-type: none"> Reduced social isolation, increased connectedness Increased local employment and entrepreneurialism Market shaping and stimulating local microenterprises Increased use of 'mainstream' services and activities 	Transformational

The service model actively recruits people with experience of being carers or of managing their own conditions to become peer advisors or brokers, independently helping people in need of support get the most out of care and connect with other tools for social support.

According to figures published by MySupportBroker, this model reduces costs by an average of 20%.

There are a number of tools available from social enterprises, CICs and charities, as well as commercially developed care apps and free online wellbeing offers, that support individuals and organisations by simplifying messaging and coordinating care-related tasks, helping create and/or sustaining a pool of volunteers or providing more flexible and accessible volunteering opportunities.

Though councils will need to be mindful of providing alternative service options for those who have limited digital skills or access to digital technologies, developments in digital to support new or traditional volunteering models or ways to coordinate care should encourage councils to consider ways in which social action might be better supported locally to help manage demand and improve outcomes.

Although attracting and engaging volunteers and local VCSE organisations is not the panacea to financial and provider stability concerns across social care, public-facing or community-based strategies for online engagement should include consideration of how digital might support better 'whole-system' responses to the capacity challenge.

3. TRIAGE AND CARE NAVIGATION

Returns to the [2016 Social Care Digital Maturity Self-Assessment](#) for local authorities, show that over 80% of respondents are pursuing potential opportunities afforded by channel shift and self-service in transforming adult social care. But what is also clear is that digital strategies are considering major changes to business process or lean systems thinking, exploring shared systems and services and looking at new approaches to commissioning.

Corporate contact strategies and how this intersects with digital show that many councils are looking at online forms as a way to manage demand and drive down costs across a range of services. For social care, whether this is in the context of online needs assessment or online financial assessments (where available) completion of these forms typically results in an indication of eligibility and, where applicable, a level of online triage through signposting to appropriate local and national services or alternative sources of advice and further support.

In the largest UK survey of public sector organisations’ drive to deliver better services through online channels, local government respondents cited better online forms as the main improvement that would accelerate channel shift.

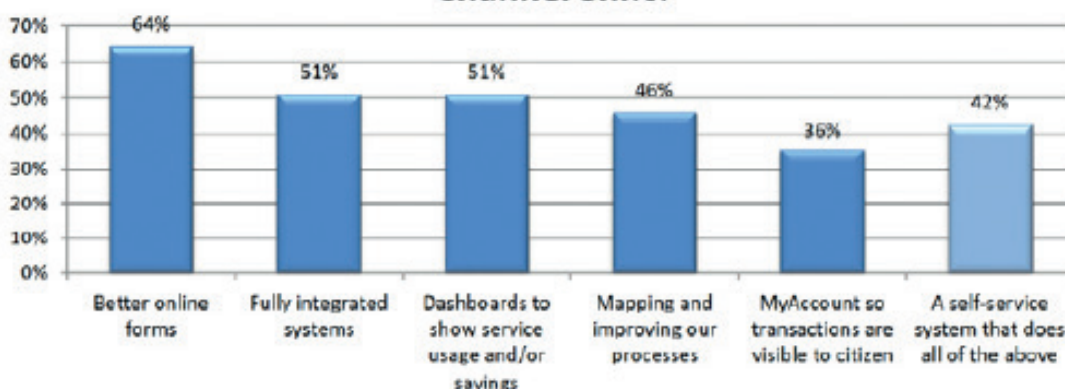
We have seen that councils are exploring and investing in options for engaging with residents to provide basic skills training and are offering support in local communities to promote better use of digital and online services, assistive technologies and online tools, and apps for self-care and wellbeing self-management.

We have also seen that the systematic use of peer support, underpinned by online engagement and service matching, the establishment of digitally-enabled community connecting roles, and tailored online information and advice supported by enhanced advocacy offers, are all areas in which VCSE organisations might play a significant role in the current and future vision for universal and sustainable personalised social care.

That said, there are certain considerations when assessing the viability of the local VCSE sector to support a place-based response to known challenges.

- High turnover of social care staff, particularly in contact centre roles, can often present a significant level of operational challenge. Ensuring the appropriateness of referrals to VCSE organisations, the ‘right’ organisation at the ‘right’ time to meet the specific need is key.
- Aside from care-based assessment and caseload prioritisation, people with different digital needs will also need to be ‘triaged’ appropriately.

Which of the following would help you to accelerate Channel Shift?



- Online services need to try to work for everyone, including those who have mixed needs, limited digital skills (eg a level of confidence with web-browsing but less of a familiarity with transacting online), or limited access to the internet.
- Local VCSE organisations will often have a level of immaturity in respect of IT infrastructure compared with local public sector agencies.
- Partnerships will need to be supported by clearly defined organisational responsibilities, activities and support arrangements to ensure delivery of the right service at the right time.
- Despite these challenges, the VCSE sector can be an invaluable partner in reducing preventable demand for emergency and crisis services by ensuring that information and advice is as accessible as possible when a problem is first identified.

In considering approaches to online self-assessment, there is an overriding need for councils to assure themselves that any assessment carried out online reflects a true and accurate record of an individual's needs. Whether self-assessments have been carried out online or not, validation of this information by social care teams is a core requirement of the assessment process.

Increasingly, forging closer links with the VCSE sector and enabling local community-based organisations to provide verification of online self-assessments has been an area that some councils have looked at in developing more person-centric models of care delivery.

USE OF VOLUNTARY AND COMMUNITY GROUPS IN ASSESSMENT VERIFICATION

As with the Oxfordshire case study, there are a number of notable examples of local VCSE organisations being commissioned to work alongside social care teams in supporting individuals to complete an online self-assessment and to help citizens navigate a range of potential options both in the event of eligibility and non-eligibility.

This focus on building community capacity and personalising care and support planning to deliver more choice and control for citizens and their carers, acknowledges a vital role for VCSE organisations.

The key concept is that volunteer staff from relevant local organisations can be trained and contracted to either carry out or to verify assessments on the council's behalf.

These are most often user-led organisations (ULOs) or VCSE organisations active in the local area, although using care providers may also be feasible in certain scenarios.

There are issues to consider in terms of implementing an assessment verification approach with VCSE partners notably:

- co-design of processes
- qualifying criteria and conflicts of interest
- contract structure
- training
- individual choice of assessor
- audit and assurance
- recording
- confidentiality.

This option is complicated and is likely to require much more planning and developing than any of the other joint-working options detailed in this briefing. However, there is significant potential for this approach to meet a substantial proportion of 'Tier 1' demand outside the most complex social care cases.

Local consideration needs to be given to which organisations and volunteer staff are most suitable to carry out this assessment and / or verification, and what other support could be made available to VCSE assessors alongside or immediately following the assessment. For example:

- Do assessment and verification staff need to be directly employed by the council?
- Does a senior operational manager need to be on hand or can this be conducted remotely?
- Does an occupational therapist always need be present to offer alternative solutions?
- Can choice be offered alongside equipment self-assessment solutions such as those already available on the market and used by some local authorities, eg Easier4U in Cumbria?
- Could the VCSE organisation's premises be used for appropriate providers to advertise their services?
- Could a drop-in service also offer help with support planning?

COMMISSIONING OUT CARERS ASSESSMENTS KENT COUNTY COUNCIL

Kent County Council (KCC) is currently working with four VCSE providers across Kent to meet better the demand for carer's assessments. The third sector contractors carry out full assessments within the context of trusted assessorship, and commissioned assessors enjoy full access to a KCC email account for secure assessor communications/case management purposes.

The programme is overseen by a senior administration assessor, based at KCC and includes data input directly into case management systems with the safeguard of appropriate role-based system access. The council has noted capacity improvements and greater consistency of care through the additional assessment resource provided by VCSE partners.

Key features and components of the delivery model are detailed here:

COUNCIL FEEDBACK:

- Post-implementation of Care Act phase 1 statutory duties, KCC reported a sizeable increase in referrals to providers for carer's assessments.
- The offer/take-up of carer assessments has been lower since the Care Act has come into force. It appears that wellbeing screening in place before full assessment is enough for some carers, who subsequently do not take up the offer of a full carer's assessment.
- KCC is analysing findings from the delivery model and service implementation to support a better understanding of prevention and delay; for both carers and practitioners.
- The next step is trialling the use of Digipens:
 - Digital pens ('Digipens') are pens that are used to make care notes when carrying out a face-to-face assessment with a client. They allow instant access to care notes through an online client extranet system.
 - The pen activates when the nib is depressed and a small lens captures every stroke of the handwriting, which is written on 'digital paper' printed specifically for each client.
 - As notes are written, the pen records the handwriting and saves it in its internal memory. The data is then encrypted until it is downloaded, decoded and stored securely via an online area.

COMMISSIONING AND DELIVERY MODEL:

- Thirty-six VCS organisational grants were consolidated into one block contract.
- The funding formula was based on geography and condition prevalence, eg dementia.
- Kent ran an online submission of bids for the tendering process – subsequent bid review stages included a structured interview and presentation (importantly with no price element, the focus being on the quality of service delivery).
- Three-year contracts were awarded with the option of a two-year extension, initially from April 2013.
- There is a nominated carer lead (KCC-based) responsible for mental health, older people, learning disabilities and physical impairments.
- Core training for senior assessors was provided free of charge to contractors as part of overall contract management.
- KCC email access was provided for individual workers with differing levels of access. Role-based access control has been maintained through the use of the secure fob facility; sharing securely via KCC system (Outlook Web Access allocated key fobs).
- Each contracted provider also has their own organisational KCC email account for ease of referral from KCC practitioners.
- Third-party contractors are fully involved with developing business processes.
- Authorisation protocols for direct payments include established budgetary controls; team leaders authorise one-off payments up to and including a maximum of £250. Ongoing direct payments (or those above the £250 threshold) are authorised by KCC senior practitioners, in line with KCC's practitioner authorisation protocols.
- One in 10 assessments is checked by nominated carer leads. Service improvements within this designated role are facilitated by the sharing of best practice.

SHOWCASING TECHNOLOGY TO SUPPORT SELF-CARE AND PREVENTION

In addition to what may be available online through navigation tools and e-marketplace websites such as [AskSARA](#) hosted by the Disabled Living Foundation and [myCareSupermarket.com](#), community assets such as Carers Hubs can also offer considerable opportunities for showcasing and trialling new and user-approved assistive technology equipment.

Alongside South Staffordshire Age UK and Staffordshire and Stoke Carers Hub, Staffordshire County Council has supported programmes to promote digital technologies to residents and relevant networks in the county as well as creating online videos to support showcasing of useful equipment, eg [showcasing the benefits of the Memrabel2](#) a dementia-friendly audio-visual calendar and alarm clock.

Leeds City Council is focusing on the concept of 'place as a platform', which aligns different service providers towards shared outcomes, for instance, by bringing together local tech companies and community organisations to collaborate on apps to help elderly residents.

In Suffolk, use of the Microsoft Dynamics platform is supporting webchat facilities, which provide real-time wrap-around support, aligned with online web content. This can include analytics measurement, which can be reviewed periodically based on metrics including throughput and usage heat-maps, which can in turn support proactive changes to online content (thereby reducing reactive demand).

4. OPEN DATA AND INNOVATION

The LGA's [2016 Social Care Digital Maturity Self-Assessment](#) showed that more than 90% of respondents are involved in some form of information sharing initiative across children's or adult services.

Aligned with this trend, there is an evolving architecture developing across place-based health and care partners. Development of different collaboration tools, the use of shared and/or open platforms and exploration of the potential offered by successful integration of local datasets, supports the overarching acknowledgment that greater integration between health and care services will deliver better and more efficient levels of service and improved outcomes for local residents.

Collaboration with the VCSE sector is crucial to responding to the capacity challenge in a way that is sustainable and takes account of the benefits that a richer dataset offers for both client and population level care and health.

Opening up local authority data could transform councils' capacity to understand and respond to new and emerging needs. Federation of active directories, the use of electronic enabled forms for automated upload to case management tools (as in the Kent case of commissioned carer assessments), real-time electronic alerting in support of managing provider capacity and unlocking the capabilities of community-based providers, could all be supported through the use of more open data.

A significant number of local authorities are now making their data openly available online through open data portals, such as Data Mill North (formerly Leeds Data Mill) which, at the time of writing, published 466 datasets or the London Datastore, which currently has more than 700 published datasets.

Councils can play a pivotal role, being able to build local networks and provide opportunities for local agencies to come together, to use the available data and to develop innovative approaches to place-based challenges. By playing this central coordinating role, councils can ensure that data capture and analysis is focused on improving outcomes for local residents generally or specific cohorts known to be more at risk overall or periodically, eg to support a proactive easing of winter pressures.

However, experience tells us that it is not enough simply to open up data. The users or potential beneficiaries need to be linked up to data scientists to make sense of the data.

As championed by [DataKind UK](#), one potential model is a [Data Dive](#), an event that brings together the data science community with a small number of charities to tackle their data problems. Volunteers are matched up with these charities in advance of the event to clean up the data and make sure that it is usable for the Data Dive.

Results vary, but through these events, charities have created interactive visualisations, amended their internal processes and systems, and shared and linked data across organisations. This model could be adapted to focus on local council data and bring together a range of organisations that represent service users and service providers.

The screenshot shows the Data Mill North website interface. At the top, there are navigation links for 'Data', 'Visualisations', 'Community', 'ODI Leeds', and 'More'. Below the navigation is a search bar and a '466 Datasets' count. The main content area displays a list of datasets, including 'Council spending', 'Employment rate from 1971 - 2015', 'Crime Bradford', 'Healthy life', and 'WiFi spots'. On the left side, there are filters for 'Topics' (Local Services, Transport, Geospatial, Health, Education, Business and Economy) and 'Formats' (csv, html, xls, json, pdf). At the bottom left, there are sections for 'Publishers' (Leeds City Council, Leeds Observatory, Durham County Council, Stockport Metropolitan Borough Council, City of Bradford Metropolitan District Council, Newcastle City Council) and 'Developers' (Source Datasets).

5. COMMON FEATURES OF A SUCCESSFUL LOCAL APPROACH

Many of the notable examples of building community capacity that promote the role of voluntary action (in the context of digital transformation or citizen adoption) have a number of common features, particularly for innovative models of service delivery. They include:

- **Co-produced.** Very often, they are co-produced by commissioners and professionals working in genuine partnership with people who use support services, their families and the VCSE organisations that support them.
- **Responsive to local context.** They are rooted in the life of the communities they seek to serve, building on the particular strengths of local resources and personalities and reflecting distinctive identity and culture. They often involve community leaders as key players.
- **Human in scale.** They are often built on some form of microenterprises, with their roots in local issues and local experience.
- **Strength-based.** They are built upon the assets or strengths, ie the passion, talents, skills and experience of concerned organisations and individuals. Sometimes these features are referred to as ‘real wealth’ to distinguish them from financial wealth. Importantly, this includes the real wealth of those who use support services; they too can volunteer.
- **Focus on sustainability.** They provide a level of assurance for those working in social care to commission and/or deliver programmes alongside VCSE partners and among the volunteers and those with care and support needs, by designing interventions which build individuals’ confidence, resilience and networks, which can outlast initial support.
- **Adaptive.** And they are open, flexible and are able to adapt and learn from experience.
- **Augmenting, not displacing paid work**

VCSE organisations have a crucial role to play in building and sustaining local health and social care systems that are effective, efficient and fit-for-purpose. However, they can only do this if their contribution focuses upon the added value they bring – and not upon cost-savings through the replacement of paid staff. Experience teaches that the latter causes tensions on all sides and can be counter-productive.

6. CONCLUSIONS AND YOUR NEXT STEPS

VCSE organisations have developed digital tools and resources that reduce barriers to active volunteering, such as apps that allow people to find regular opportunities to volunteer, or to give whatever time they have to specific causes.

Twenty-first century councils aim to be lean, agile and data-driven. Often acting as brokers or enablers, they sit at the centre of an extended network of dedicated community organisations, mature and proficient providers and innovative cross-sector partners.

Councils are using digital platforms to share resources with other councils, businesses and residents.

In the journey towards health and care integration and with the focus on place-based planning, supporting the third sector to be more digitally engaged and enabled alongside planned changes to infrastructure and service delivery through open data and an increased level of interoperability, could ultimately allow local government to shift its business model for certain services from provider to broker, highlighting what services exist and helping people to understand which of these suit their needs, instead of providing these services directly.

It is generally accepted that ‘platform thinking’ can be extended beyond care records to combine care resources around an individual’s specific needs. To copy what Twitter has effectively done for journalism and Airbnb for hotelier services, there is the opportunity to use technology to revolutionise personalisation and choice within the context of volunteering services to allow for an opening up of spare capacity at a time where this is at a premium in the care sector and local provider markets are increasingly at risk.

This so-called ‘Uberfication’ of the care system as a concept offers distinct possibilities. While potentially ‘game-changing’, it does present questions that must be considered about consistency of care, safeguarding, information sharing and quality, as part of any new service modelling.

As part of a place-based approach, local authorities should be building up a picture of community assets, particularly those assets which are likely to enhance older people’s social interaction and resilience. This might include an assessment of capacity against aligned objectives as part of an overarching digital strategy.



Taking an asset approach to communities requires a shift in mindset, from a deficit approach which focuses on problems, needs and deficiencies, to looking at capacity, skills, knowledge and resources, and building on these.

Combating loneliness: a guide for Local Authorities, LGA, AgeUK, Campaign to end loneliness, January 2016



One thing is certain, however. The true potential of the digital revolution will only be realised when digitisation is seen as core to what councils do, as opposed to a discreet or separate set of services. To realise this vision, councils need a digital architecture that enables a streamlining of business functions and enables data sharing and integration across all services, including those delivered by third sector organisations, with a greater focus on investing more readily in experimentation, accessibility and skills.

As well as the excellent work of digital inclusion organisations that provide support and training to individuals, we need to help organisations and groups who interact with people in later life to understand the potential of digital technology, and use it more effectively, critically to help others. Without that greater understanding and adoption, particularly at a local level, digital supply chains will remain blocked, and individuals and communities will not be as well-served.

NEXT STEPS FOR YOU

- Consider what local steps can be taken with VCSE organisations or national partners to improve digital inclusion.
- Assess whether digital tools can underpin a greater role for VCSE organisations to become involved in assessment or support planning or brokerage.
- As part of the preventative agenda, encourage volunteering platforms locally.
- As a key enabler for Sustainability and Transformation Plans, implementation of Local Digital Roadmaps should include asset-based approaches. VCSE organisations should be represented in this process.
- Likewise, in exploring the potential of integrated place-based datasets, the potential for Data Dive activity or similar with local VCSE partners should be considered in developing potential project options.
- Review co-production principles as part of any channel shift, digital engagement or transformation programme/plan as advocated by Think Local, Act Personal, as well as a number of cross-sector organisations.

FURTHER INFORMATION

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³ The Charity Digital Skills Report 2017: <http://report.skillsplatform.org/charitydigitalreportdetail/>

⁴ Combating loneliness – a guide for local authorities, LGA & AgeUK, 2016: <http://www.local.gov.uk/documents/10180/7632544/L15-431+Combating+loneliness+-+a+guide+for+local+authorities/b4b88757-2623-4696-ae04-565892a58909>

⁵ What is the role of Voluntary, Community and Social Enterprise (VCSE) organisations in care and support planning? National Voices, 2016: http://www.nationalvoices.org.uk/sites/default/files/public/publications/what_is_the_role_of_vcse_organisations_in_care_and_support_planning.pdf

⁶ Later life in 2015: An analysis of the views and experiences of people aged 50 and over; Centre for Ageing Better, Ipsos Mori; 2015: <https://16881-presscdn-0-15-pagely.netdna-ssl.com/wp-content/uploads/2015/12/Later-life-in-2015-Ipsos-MORI-Ageing-Better1.pdf>

⁷ AgeUK Digital Inclusion Report: <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Digital%20Inclusion%20Evidence%20Review%202013.pdf?dtrk=true>

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⁹ Coproduction publications and resources – Think Local, Act Personal: <http://www.thinklocalactpersonal.org.uk/Browse/Co-production/>

¹⁰ Internet Users in the UK: 2016; Office for National Statistics: <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>

¹¹ Future of an ageing population: evidence review – Government Office for Science, HMG 2015: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463263/gs-15-6-technology-and-support-networks.pdf

¹² UK Digital Strategy, 2017 – Department for Culture, Media and Sport, HMG 2017: <https://www.gov.uk/government/publications/uk-digital-strategy>

Engaging Citizens Online

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