

Report

Report to: **Social Work Resources Committee**
Date of Meeting: **7 August 2019**
Report by: **Director, Health and Social Care**

Subject: **Thematic Review of Self-Directed Support**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the Committee of the outcome of the Thematic Review of Self-Directed Support in South Lanarkshire Council

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the outcome of the Thematic Review of Self-Directed Support in South Lanarkshire Council be noted; and
- (2) to note that the Committee will be updated in relation to the development of the Action Plan in one year's time.

3. Background

3.1. The Thematic Review of Self-Directed Support in South Lanarkshire Council led by the Care Inspectorate, was undertaken jointly with Healthcare Improvement Scotland. The inspection teams included associate assessors with lead roles in Self-Directed Support (SDS) in partnerships and other organisations across Scotland. The Review was conducted during the period 22 October 2018 to 5 November 2018.

3.2. The main purpose of the Review was to improve the Care Inspectorate's understanding of the implementation of SDS in Scotland and to support improvement in the delivery of this agenda. The Review sought to find out if the principles and values of SDS are being met and delivering positive personal outcomes.

3.3. The Care Inspectorate gathered the views of staff across social work, health and provider organisations in South Lanarkshire Council. This included:

- ◆ an online survey between 27 June and 13 July 2018 to gather the views of staff in relation to SDS, 136 staff participated in the survey
- ◆ the issue of questionnaires to supported people to capture their perspectives on how SDS had shaped their experiences of services, completed by 10 people
- ◆ file reading of 60 supported people who received a social work assessment and subsequent care and support services
- ◆ file reading of 20 people who had been signposted to other services at the point of enquiry
- ◆ meetings with a further three supported people and 10 unpaid carers to listen to their views about their experiences of services

- ◆ conversations with various staff from a range of agencies who worked directly with supported people and unpaid carers

4. Evaluation

- 4.1. The Care Inspectorate award evaluations on the basis of a balance of strengths and areas for improvement identified under each quality indicator. The evaluation is not a simple count of strengths and areas for improvement. While each theme within an indicator is important, some may be of more importance to achieving good outcomes for supported people and unpaid carers that they are given more weight than others. Similarly, weaknesses may be found which impact only on a small number of individuals, but are seen to be so significant, or present such risks, that they are given greater weight. All evaluations are based on a thorough consideration of the evidence.

5. Quality Indicators

- 5.1. There are nine quality indicators identified within the report. The following sections provide the evaluation score, a summary of the findings and actions required for improvement.

6. Quality Indicator 1 – Key Performance Outcomes

- 6.1. Supported people experience positive personal outcomes through the implementation of SDS. Evaluation score: adequate.
- 6.2. Summary of achievements
The following provides a summary of achievements recognised within the report:
- ◆ creative use of personal assistants, going beyond traditional role
 - ◆ improving positive outcomes for people, in particular those with a learning and physical disability
 - ◆ supported people and staff agreed that there was evidence of positive outcomes for people
 - ◆ Partnership agreement on an SDS team to work directly with IT, giving them the autonomy to make changes happen
- 6.3. Care Inspectorate recommendation for improvement
The Partnership should take action to ensure that it is able to robustly record, measure and report on the personal outcomes being achieved as a result of SDS on an individual and aggregated basis.

7. Quality Indicator 2 – Getting support at the right time

- 7.1. Supported people are empowered and have choice and control over their social care and support. Evaluation score: adequate.
- 7.2. Summary of achievements
The following provides a summary of achievements recognised within the report:
- ◆ independent organisations supporting people with help and advice, good positive relationships which take control, the Partnership has strong commitment in their support
 - ◆ strong commitment to advocacy
 - ◆ eligibility criteria will help us to look at community support and involvement
 - ◆ staff felt there were good conversations when discussing outcomes
 - ◆ staff shared information timeously
 - ◆ board game and passports are helpful and user friendly
 - ◆ positive steps taken around 'Building and Celebrating Communities Programme'

7.3. Care Inspectorate recommendation for improvement

- 7.3.1. The Partnership should gather evidence to understand the impact of 'signposting', preventative and early intervention services.
- 7.3.2. The Partnership should evaluate the impact of changes to its eligibility criteria policy and how these might impact preventative and early intervention services.

8. **Quality Indicator 3 – Impact on staff**

- 8.1. Staff feel confident, competent and motivated to practice in an outcome-focused and person-led way. Evaluation score: adequate.

8.2. Summary of achievements

The following provides a summary of achievements recognised within the report:

- ◆ majority of social work staff felt confident about their understanding and practice of SDS
- ◆ formal structure now in place to support staff via the SDS team
- ◆ staff felt confident in having good conversations about risk
- ◆ Team Leaders and Social Workers involved in decision making around assessments and budgets, staff able to contribute to making it person centred
- ◆ consistent message from staff that the SDS team were supportive
- ◆ staff felt SDS team helped them to understand systems and process and gave them the opportunity to reflect in practice. This is a critical element and constant link to practice, values and principles of SDS
- ◆ support for staff was a key feature of the SDS work plan. The document carried a large number of actions to help support staff in its implementation and effectiveness. This meant that support for staff was embedded in the Partnership planning. This reflected in the staff survey where 70 per cent felt leadership team encouraged creativity and innovation

8.3. Care Inspectorate recommendations for improvement

The Partnership should take action to develop health staff to be knowledgeable about SDS and build their confidence to enable them to support the delivery of SDS.

9. **Quality Indicator 4 – Delivery of Key Processes**

- 9.1. Key processes and systems create conditions that enable supported people to have choice and control. Evaluation score: adequate.

9.2. Summary of achievements

The following provides a summary of achievements recognised within the report:

- ◆ in the last 12 months steps have been taken to review the system and processes to implement SDS effectively
- ◆ gathering feedback from staff has shown effectiveness and is a work in progress
- ◆ changes in assessment has improved consistency
- ◆ assessment gives scope for supported persons' views
- ◆ support plan in place to compliment assessment
- ◆ asset based support taking place in some areas
- ◆ some evidence of work with the supported person to develop their own informal networks particularly in LD
- ◆ staff have positive attitude to managing risk
- ◆ managers and staff enable positive risk taking
- ◆ evidence of technology being used in positive risk taking
- ◆ positive discussions around options

9.3. Care Inspectorate Recommendation for improvement

- 9.3.1. The Partnership should engage with supported people and unpaid carers to find ways of ensuring they are involved and informed in the process for finalising budgets.
- 9.3.2. The Partnership should ensure it records that people agree with their assessment and support plan, in line with the principles and values of SDS. The Partnership should ensure that people have copies of their assessment and support plan, should they so wish.

10. **Quality Indicator 5 – Policy development and plans to support improvement in services**

- 10.1. The Partnership commission's services that ensure supported people have a range of choice and control over their social care and support. Evaluation score: adequate.

10.2. Summary of achievements

The following provides a summary of achievements recognised within the report:

- ◆ Partnership is taking positive steps to increase range of providers available for the supported person
- ◆ engagement events held for the public have helped to shape the Strategic Commissioning Plan and has a focus on SDS
- ◆ commissioning leads had analysed and assessed the levels of supply and demand for care and were confident there was enough work to ensure an increase in the numbers if providers was sustainable
- ◆ robust approach to independent advocacy

10.3. Care Inspectorate recommendation for improvement

- 10.3.1. The Partnership should ensure that the increase in the number of providers is monitored to ensure it is sustainable and delivers positive outcomes for people.

- 10.3.2. The Partnership should establish clear systems for capturing SDS performance information and this is evaluated and used to drive improvement and change.

11. **Quality Indicator 6 – Management and support for staff**

- 11.1. The Partnership empowers and supports staff to develop and exercise appropriate skills and knowledge. Evaluation score: adequate.

11.2. Summary of achievements

The following provides a summary of achievements recognised within the report:

- ◆ senior leadership carried out an evaluation which included an internal case audit and staff survey to establish support staff required
- ◆ changes were made and a new SDS work plan was created
- ◆ end of February 2018 established a SDS team to support staff
- ◆ SDS team valued by staff and managers
- ◆ August 2018 a working group was set up to look at specific training material
- ◆ SDS clear priority for senior management
- ◆ internal audit identified ongoing work
- ◆ focus on reviewing and implementing tool and forms to increase confidence
- ◆ SDS team work closely with staff on one to one basis to support and develop staff

- ◆ SDS team well respected by staff and senior managers have confidence on developing SDS and deliver improvement to practice and processes
- ◆ SDS Implementation Board was reconfigured positively now has focus on ensuring health managers actively are involved in promoting the message of SDS
- ◆ multi-function teams within the Partnership

11.3. Care Inspectorate recommendation for improvement

11.3.1. The Partnership should give particular attention to the role of managers, at first-line level and above, and identify specific training requirements for them in relation to SDS.

11.3.2. The Partnership should ensure that health staff at all levels understand their role in relation to SDS and have had adequate training to allow them to fulfil these roles.

12. **Quality Indicator 7 – Leadership and direction that promote partnership**

12.1. Senior leaders create conditions that enable supported people to experience choice and control over their social care and support. Evaluation score: adequate .

12.2. Summary of achievements

The following provides a summary of achievements recognised within the report:

- ◆ significant positive change in how leaders promote SDS
- ◆ evidence of commitment to promote and embed SDS
- ◆ senior leadership identify what issues were and ensuring a coherent and structured work plan was developed in response
- ◆ leadership identified ongoing evaluation
- ◆ SDS Implementation Board ensures remedial actions are taken
- ◆ if planning, direction and leadership is maintained this should ensure the Partnership continues to make progress on SDS
- ◆ key changes in leadership personal has taken place to address limited progress since 2014
- ◆ senior managers implemented an approach that considers systems, process, culture and practice within social work
- ◆ from the internal audit and staff survey findings the SDS team developed a robust work plan which addresses issues identified in every aspect of implementing SDS which are ranked as priority
- ◆ senior leadership team had a clear sense of what was needed to be addressed and in what order
- ◆ current leadership is committed to embedding principles and values of SDS
- ◆ one team clearly stated that leadership team supported creativity and innovation
- ◆ senior leadership team aware of Carer involvement

12.3. Care Inspectorate recommendation for improvement

12.3.1. The senior leadership team needed to ensure its vision for progressing SDS was maintained and seen to completion.

12.3.2. The Partnership should develop a strategy for ensuring supported people and Carers are meaningfully involved in helping shape the full implementation of SDS.

13. Employee Implications

13.1. There are no employee implications associated with this report.

14. Financial Implications

14.1. There are no financial implications associated with this report.

15. Other Implications

15.1. The council would be deemed at risk if the Action Plan was not fully progressed by the final compliance date of December 2020.

15.2. There are no sustainable development issues associated with this report.

15.3. There are no other issues associated with this report.

16. Equality Impact Assessment and Consultation Arrangements

16.1. There is no requirement to carry out an impact assessment in terms of the proposals contained within this report.

16.2. An Action Plan will be developed and submitted to the Social Work Governance Group and SDS Implementation Board.

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Director, Health and Social Care

28 June 2019

Link(s) to Council Values/Ambitions/Objectives

- ◆ Improve Health Care and Wellbeing
- ◆ Deliver better health and social care outcomes for all
- ◆ Protect vulnerable Children, Young People and Adults

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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