

Report

Report to:	Social Work Resources Committee
Date of Meeting:	15 November 2017
Report by:	Director, Health and Social Care

Subject:	Self-Directed Support
----------	------------------------------

1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ consider the key findings and recommendations arising from the Audit Scotland report, 'Self-Directed Support - 2017 Progress Report', which is available via the following link below http://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support.pdf
- ♦ to inform key stakeholders of the progress of Self-Directed Support (SDS)

2. Recommendation(s)

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

- (1) that the content of the report be noted.

3. Background

- 3.1. SDS aims to improve the lives of people with Social Care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration. This means Social Care should be provided in a way that gives people choice and control over their own lives and which respects and promotes their human rights. It requires significant changes to the way Social Care has been provided in the past. Crucially, authorities should work in partnership with people and communities to design and deliver the services that affect them.
- 3.2. The ten-year SDS strategy was introduced jointly by the Scottish Government and COSLA in 2010. It is one of a number of national policies designed to empower people and communities to become more involved in designing and delivering services that affect them. The Social Care (Self-Directed Support) (Scotland) Act 2013, the Community Empowerment (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 were all introduced following the report by the Christie Commission in 2011. They were designed to encourage significant changes to how services were previously provided, and require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

- 3.3. Councils already had a legal duty to assess people's Social Care needs. If they assess someone as needing support and eligible to receive services, they provide, arrange or pay for services to meet these needs. They can require a contribution to the costs if the person has sufficient income. Councils do not have to offer the SDS options to people who do not meet local eligibility criteria. But in those circumstances, councils should inform individuals about where else they can find help, for example, voluntary groups and charities, or the local community.
- 3.4. This is now the seventh year of the ten-year SDS Strategy. It is recognised that implementing the Strategy is not just about authorities changing their Social Work processes and procedures, the way they plan and manage their budgets, and how they work with external providers and communities to ensure a balance of flexible, good-quality services. It is much more than that. Authorities must work in partnership with other people and organisations to transform the way they provide Social Care, so that individuals have as much choice and control as possible over the Social Care decisions that affect their lives. This transformation needs to involve not only Social Work Services, but other people in the authority, including: elected members and board members; front-line Healthcare and Social Work staff; other staff whose work affects Social Care Services (for example, finance, commissioning and procurement); third and private sector organisations; and people who need Social Care support and their carers, families and communities.
- 3.5. The aim of this follow-up audit was to establish whether councils, integration authorities and the Scottish Government are making sufficient progress in implementing SDS to achieve the aims of the ten-year SDS strategy. Audit Scotland set out to answer four key questions:-
- ◆ what progress have councils and integration authorities made in implementing SDS?
 - ◆ what impact is SDS having on people with support needs, carers, families and communities?
 - ◆ what factors are supporting or impeding effective implementation of SDS?
 - ◆ how effectively is the Scottish Government supporting implementation of SDS and evaluating its impact?

4. Key Findings

- 4.1. In terms of the summary of the key findings and recommendations the following observations were noted:-
- 4.1.1. SDS should be offered to people assessed as meeting local eligibility criteria for Social Care. More reliable data is needed on the number of people choosing each option and this is now being developed. The number of people receiving direct payments (Option 1) has doubled between 2010 and 2016, although it is still only 7,530, less than five per cent of the people receiving non-residential Social Care services.
- 4.2. Most people receiving Social Care services rate them highly. The national **Health and Care Experience Survey 2015/2016** found that 81% of people receiving formal Social Care services rated their overall help, care or support services as either excellent or good. Two-thirds of people felt they had a choice over how their Social Care was arranged.

- 4.3. There are many examples of people being supported in new and effective ways through SDS, and this has greatly improved the quality of their lives. Even a relatively small budget can make a big difference to the life of someone with Social Care needs and their carers, family and friends. Information and assistance from third sector agencies and organisations is helping people and their families to make decisions and arrange their support.
- 4.4. Not everyone with support needs is getting the choice and control envisaged in the SDS strategy. This includes people with mental health problems, who often need more flexible support. There can be good reasons for lack of choice, including protection from harm or limited options in rural or remote locations, but some people feel they have been denied the opportunity to access more effective ways to improve their quality of life.
- 4.5. Social Work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support.
- 4.6. People using Social Care Services and their carers need better information and help to understand SDS and make their choices. Many of those responding to the Audit Scotland survey and focus group were not aware of SDS before they were assessed. People need the information in the right format and at the right time and place.
- 4.7. The process of getting access to SDS Options 1 and 2 can be long and bureaucratic. When this happens people feel frustrated about the process.
- 4.8. Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.
- 4.9. Creative types of support can introduce some risks or uncertainty for supported people, carers, providers and staff. This means there can be difficult decisions to make. Authorities must also think about how they spend public money when people want to spend their budget on more creative types of support. People and professionals must work together to find an appropriate balance between the risks and the potential benefits in terms of a person's outcomes.
- 4.10. Authorities are experiencing significant pressures from increasing demand and limited budgets for Social Care Services. Councils' total spending on all services decreased by 5% in real terms between 2011/2012 and 2015/2016. At the same time, their spending on Social Work Services alone increased by 8.6%.
- 4.11. Within the context of these pressures, authorities' approaches to commissioning can restrict how much choice and control people may have. Authorities do not have clear plans for deciding how to re-allocate money from one type of service to another as more people choose alternative services. There also needs to be flexibility in provider contracts or agreements so that not everyone gets the same service, which may not be the best way to achieve people's outcomes.

- 4.12. SDS Option 2 is not yet fully developed. Option 2 was introduced in the SDS Act as a new way for people to control their support without having to manage the money. Of all the options, it is the most different between authorities in the extent to which people can choose their support and their provider.
- 4.13. Changes to the types of support available to people are happening slowly. Day centres are the main type of service that has seen changes to provide more personalised support. While there is investment in developing new, alternative and preventative types of support within local communities, it is too soon to see the potential long-term benefits from this.
- 4.14. Choice and control within a support service can often mean demand for greater flexibility from staff. This can have an impact on their health and wellbeing and their work-life balance, making recruitment and retention, which is already difficult, even harder.
- 4.15. The Scottish Government took an inclusive approach to developing the SDS Act and guidance. Since 2011/2012, it has spent £60.37 million on supporting SDS implementation and has committed another £9.51m in 2017/2018. When dedicated funding comes to an end, there is a potential threat to the provision of independent information, advice and advocacy, which helps individuals to choose and control their support.
- 4.16. SDS implementation stalled during integration of Health and Social Care Services. Changing organisational structures and the arrangements for setting up, running and scrutinising new integration authorities inevitably diverted senior managers' attentions. Some experienced staff are also being lost through early retirement and voluntary severance schemes as the pressures on budgets mount.
- 4.17. The Scottish Government and COSLA have produced a 2016/2018 implementation plan for the ten-year strategy, which they developed in collaboration with partner organisations following a period of consultation and review. It reflects the experience and lessons learned from implementing SDS up to that point. The plan sets out actions for the partners that target six significant remaining challenges.
- 4.18. It is the expressed view of Audit Scotland that their evidence – from people who need support and their carers and families, Social Work staff and managers in authorities, and third and private sector organisations – shows many examples of positive progress in many different ways. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS Strategy.
- 4.19. The Scottish Government should provide joined-up, strategic leadership across the range of its policies to ensure that SDS becomes a core part of how people with Health and Social Care needs are supported to improve their quality of life.
- 4.20. Audit Scotland has detailed a number of recommendations for local authorities/integration authorities, COSLA and the Scottish Government to consider. This report concentrates on the recommendations for local authorities and are summarised under four distinct headings:-
- 4.20.1. **Directing your own Support**
- ◆ work in partnership with service users, carers and providers to design more flexibility and choice into support options
 - ◆ review their processes for supporting children to transition into adult services

4.20.2. Assessing Needs and Planning Support

- ◆ provide staff with further training and help on identifying and planning for outcomes
- ◆ work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent
- ◆ establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice
- ◆ support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly
- ◆ ensure they are providing information on sources of support to those who are accessing SDS
- ◆ work with service users, carers and providers to review the information and help they offer to people during assessments, reviews and planning discussions

4.20.3. Commissioning for SDS

- ◆ develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another
- ◆ work with service users, carers and provider organisations to develop more flexible outcome-focused contractual arrangements
- ◆ continue to work with communities to develop alternative services and activities that meet local needs

4.20.4. Implementing the National SDS Strategy

- ◆ develop targeted information and training on SDS for Healthcare professionals who have a direct or indirect influence on people's Health and Social Care support
- ◆ monitor and report the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services

5. Self-Directed Support in South Lanarkshire

- 5.1. The Audit Scotland report is welcomed and provides a benchmark from which we can evaluate progress within South Lanarkshire.
- 5.2. The Council fully acknowledges the significant transformational change that the SDS legislation seeks to embed and as a consequence major changes have been adopted in terms of our assessments and methodology around allocating funds to support eligible needs.
- 5.3. As an indicator of how SDS is progressing, the following data has been submitted to Scottish Government as part of the annual Social Care Return. This is currently being collated by Scottish Government and will be published in due course. Comparable data for 2015/2016 is detailed below also.

Data Extract	2015 - 2016	2016 - 2017
Number of SDS1 clients (regardless of what other options chosen)	287	314
Value of payments (Option 1)	£3,174,000	£4,11,8000
Number of SDS2 clients (regardless of what other options chosen)	4	54
Number of SDS3 clients (regardless of what other options chosen)	563	7,213

- 5.4. There is a marked change in the figures reported which in part is a consequence of improved information held on the Social Work system. Data confidence is one of the key issues identified by Audit Scotland.
- 5.5. Whilst much progress has been made there remain a number of key developments to be put in place. In summary these relate to:-
- ◆ further refinements to the Adult Outcomes Support Plan
 - ◆ revisions to the assessments for carers that also needs to take account of the impending implementation of the new Carers Act
 - ◆ finalise the changes to review modules
 - ◆ agree future funding methodology in terms of children supported through SDS
- 5.6. This work continues to be overseen by the SDS Implementation Board. Action plans are in place and progress monitored.
- 5.7. The Audit Scotland report, as with previous reports on this matter, highlights the critical role of elected members and Board members.
- 5.8. Supplement 3 to the main Audit Scotland report, attached as an appendix, provides a checklist for elected members as an aid to understanding how SDS is being progressed within their authority.
- 5.9. An evaluation of our approach to SDS took place on 3 November 2017 and a report has been drafted on the outcome of this.
- 5.10. The Council works in partnership with Take Control South Lanarkshire which is managed by the Glasgow Centre for Inclusive Living (GCIL). They provide an independent source of information and advice to service users and carers on how the SDS options work and the issues that need to be considered in making a choice for example, employers duties if employing a personal assistant. This service is funded in part by the dedicated SDS implementation funds provided by Scottish Government. The Audit Scotland report comments specifically on the risks to the continuation of such services once the SDS funding comes to an end.
- 5.11. Social Work Resources continues to work closely with colleagues in legal and procurement to ensure that the Council's interests are protected whilst balancing other statutory duties relating to choice, best value, contractual obligations and procurement rules impacting on Social Care.
- 5.12. In relation to the specific recommendations identified by Audit Scotland the following additional information is relevant:-

5.12.1. Directing your own Support

- ◆ Social Work Resources engage directly with service users, carers and partners to develop more flexible ways in which to support individuals, this in part is fulfilled through our Users and Carers Sub Group and provider meetings
- ◆ Social Work Resources have in place a revised protocol for managing transition cases between children and adult services

5.12.2. Assessing Needs and Planning Support

- ◆ a comprehensive programme of learning and development is in place to support staff respond appropriately to the legislative duties and practice shifts. Further work is being undertaken to review and refine operational procedures to strengthen accountability and delegated authority
- ◆ risk is embedded within the co-produced assessments and is an area for consideration within the support planning phase leading ultimately to a clear understanding of the nature of risk and its relationship with stated outcomes

5.12.3. Commissioning for SDS

- ◆ the Strategic Commissioning Plan is set by the Health and Social Care Partnership and provides direction as to the commissioning intentions. Further work is being undertaken to refine the Strategic Commissioning Plan taking account of the developments of localities and the transformational shift needed in order to fulfil Scottish Government's expectations of changing the balance of care
- ◆ Social Work Resources works closely with colleagues in procurement service to ensure a mix of service provision which balances flexibility and choice with the statutory duties of best value and procurement rules and regulations

5.12.4. Implementing the National SDS Strategy

- ◆ the SDS Implementation Board includes Health professionals whose role is to consider how as a Partnership we give effect to Section 13 of the statutory guidance for SDS; and
- ◆ a range of briefings and support information has already been provided to Health professionals and additional support is planned to ensure Health staff understand their role in supporting the SDS process

6. Employee Implications

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

7. Financial Implications

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

8. Other Implications

8.1. There are no risk implications associated with this report.

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

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

9. Equality Impact Assessment and Consultation Arrangements

9.1. There is no requirement to carry out an impact assessment in terms and proposals contained within this report.

9.2. There is no requirement for consultations of proposals contained within this report.

Val de Souza
Director, Health and Social Care

30 August 2017

Link(s) to Council Values/Objectives

- ◆ Improve services for older people
- ◆ Protect vulnerable children, young people and adults
- ◆ Get it right for every child
- ◆ Strengthen partnership working, community leadership and engagement

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:-

Pat McCormack, Service Development Manager

Ext: 3708 (Phone: 01698 453708)

Email: pat.mccormack@southlanarkshire.gcsx.gov.uk

Self-directed Support

Checklist for councillors and board members

ACCOUNTS COMMISSION ✓

AUDITOR

GENERAL ✓

The Auditor General and the Accounts Commission published their joint report, Self-directed Support, 2017y progress report on 24 August 2017. This checklist accompanies that report and sets out some questions that councillors and board members might ask to seek assurance about progress in implementing Self-directed Support in their Council or integration authority.

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required Actions
How users, carers and families experience self-directed support in our authority			
Paragraphs 15-22, 65-66	<p>Do we offer self-directed support (SDS) to all eligible people when we assess or review their social needs?</p> <ul style="list-style-type: none"> In what circumstances are people not offered the four SDS options? What are we doing to give these people more choice and control? 	<p>Yes. The act and supporting regulations set out the circumstances in which either people would not be able to access SDS or there are limitations that apply to certain options e.g people on certain statutory orders or option 1 not currently available for long term residential care. The SDS guidance also recognises that SDS would not be appropriate in circumstances where the individual is in crisis and where the support arrangements would not be described as stable and</p>	<p>Staff have access to both the statutory guidance and council guidance. Arrangements are in place to offer flexibility of providers through Option 2.</p>

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required Actions
		ongoing. The immediacy of response is to deal with the crisis. Once the assessment is that we are in a stable state then the four options should be offered.	
Paragraphs 23-29	How many people do we support, how many people have been offered the SDS options, and how many people have chosen each option? <ul style="list-style-type: none"> how do we expect these numbers to change in future, and why 	The Social care return for 2016-17 is detailed at section 5.3	We will continue to improve the data quality and recording to evidence progress.
Paragraphs 8, 36-43	How do we involve service users, carers and providers to help design more flexibility and choice into support options? <ul style="list-style-type: none"> What do they tell us about how we all could improve? 	We have a dedicated user and carers group that meets quarterly and have been involved from the outset in the development of our approach. Similarly, we had a providers group to develop a shared understanding of the processes and options. SDS is now a standing item on provider meetings. The two main issues which users and carers raise are timescales for completing the assessment process and the level of funding available.	Clear statement of the council's eligibility criteria will assist in managing expectations and provide clarity of levels of intervention. We have streamlined the approval process to minimise delays between completion of assessment and approval of funding. A tailored assessment is in place for those individuals seeking to access low level services such as community meals, alert etc.
Cont.			
	Have we reviewed our assessment and	Yes. We	We will

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required Actions
Paragraphs 36-43, 47-51	<p>support planning processes to make them simpler and more transparent?</p> <ul style="list-style-type: none"> • what do users and carers think about the processes? 	<p>continue to keep this under review and will adjust where appropriate. Users and carers offer different views on their experiences but generally the issue of timescales is a recurring theme.</p>	<p>continue to review and update to ensure the best possible fit between statutory compliance and service user choice and control.</p>
Paragraph 38	<p>Have we reviewed our processes for supporting children to transition into adult services?</p> <ul style="list-style-type: none"> • have we jointly agreed improvement actions between children's and adult services 	<p>Yes. A revised protocol was approved and implemented in 2017.</p>	<p>We will monitor to ensure the agreed arrangements are working as intended.</p>
Paragraphs 35, 47-51	<p>Have we reviewed the information and help we offer to people during assessments, reviews and planning discussions?</p> <ul style="list-style-type: none"> • do people understand our information? Does everyone who needs it get it? Do they get it at the right time? • how have we involved users, carers and providers in reviewing the information and help? • do we offer people independent advice and advocacy when they need it? 	<p>Yes. We have produced a range of communications aimed at service users, carers and staff. We developed a communication strategy for SDS that was shared with service users and amended to reflect their comments and observations. The councils website has a dedicated SDS page that offers both general information on SDS as well as links to providers that could offer support. The council has a current contract with Glasgow Centre for Inclusive Living (GCIL) who provide the independent advice service. The service is</p>	<p>We will continue to monitor, review and update our information in both printed and electronic formats.</p>

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required Actions
		known locally as Take Control South Lanarkshire and is based in Campbell Street, Hamilton. GCIL have a long history of supporting people with disabilities and long term conditions and have provided excellent support people as they explore the various options available to them.	
Paragraphs 25, 36, 44-46	<p>What difference is SDS making to people's personal outcomes?</p> <ul style="list-style-type: none"> • how do we record and monitor this so that we know if things are improving across the board? • how are we using this information to plan future SDS processes and services? 	<p>The new L15 Outcomes Support plan for adults and the equivalent child's plan will detail the outcomes for individual service users and carers.</p>	

Supporting Social Work staff to implement SDS

Paragraphs 44-46, 52-54	Do all our Social work staff feel they have the time, information, training and support they need to be able to identify and plan for people's personal outcomes?	Yes	We have recently issued a SNAP survey to all frontline staff to capture their views. This will be considered and reported on in due course
Paragraphs 44-46	<p>Do all our Social Work staff fully understand outcomes?</p> <ul style="list-style-type: none"> • are they confident about working with personal outcomes? • have they had sufficient training? 	Yes	As above.
Paragraphs 52-54	Do our behaviours and processes encourage and support Social work staff to develop innovative solutions to meet individual needs flexibly?	<p>There is a tension between SDS and procurement in terms of service users choice.</p> <p>A small number of new and</p>	We are working closely with the procurement service to strike a balance between procurement

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required Actions
		innovative services have been developed which offer a different model of support rather than traditional care services e.g. Clydesdale Community Initiatives.	legislation, delivery of best value and continue to offer flexibility and choice to service users
Cont.			
Paragraphs 55-58	Do Social Work staff have sufficient guidance and support on how to balance innovation, choice and risks with service users and carers?	There are a number of sources of guidance that support frontline staff. This has been developed nationally by Social Work Scotland on behalf of COSLA, SSSC and NES in respect of health staff.	
Monitoring and planning progress in SDS implementation			
	<p>Do we regularly review our progress in implementing SDS?</p> <ul style="list-style-type: none"> do we review progress against our SDS implementation plans? do we monitor and report on the SDS options chosen by people, ensuring this data is accurate and consistent? do we monitor and report on whether people's personal outcomes are being met with SDS? 	<p>Yes. The SDS Implementation Board meets regularly to review progress.</p> <p>SDS is reported nationally as part of the annual Social Care Survey.</p> <p>Updates are provided to committees, CMT and others as appropriate.</p> <p>The councils internal audit service has conducted several internal examinations of the processes and compliance with the act.</p>	<p>We will continue to develop the information on SWISplus and IMPROVE to ensure SDS data is captured, analysed and acted upon in support of the council's evidence of compliance and making a difference to service users and carers.</p>

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required Actions
		Further work requires to done on measuring outcomes and this is the focus of work nationally and locally.	
	Do we use national information, reports and tools to help us improve how we are implementing SDS?	Yes. Reviewed by SDS Implementation Board	Continue to apply lessons learned from reviews and research.
Paragraphs 63-72	<p>Do our strategic commissioning and related plans show:</p> <ul style="list-style-type: none"> • how more choice and control will be achieved for service users? • how decisions will be made about re-allocating resources from one type of service to another in response to people making their SDS choices? 	<p>The Strategic Commissioning Plan reflects SDS and service users choice. Further detailed work will be undertaken in respect of locality planning and engagement with stakeholders at a local level to inform future commissioning intentions.</p>	<p>The council recognises the tension between traditional services, particularly building based services and more personalised, individualised support arrangements.</p> <p>The council continues to offer building based services and the usage and demand will inform future options.</p>
Paragraphs 65-70	<p>Are we using flexible contractual arrangements that give supported people and providers the opportunity to be flexible about support?</p> <ul style="list-style-type: none"> • have we involved users, carers and providers in developing this? • If we do not have outcomes-focussed contractual arrangements, how are we giving supported people flexibility, choice and control? 	<p>Revised option 2 approach improves the flexibility for service users to make arrangements with providers of choice. This already existed through option 1 (Direct Payment)</p>	<p>Continue to streamline processes but retaining the statutory requirements of best value, duty of care, managing risk and protection as appropriate.</p>
Paragraphs 73-75	<p>Are we working with communities to develop alternative services and activities that meet local needs?</p> <ul style="list-style-type: none"> • how are these community-based services and activities helping to support people? • are there opportunities to develop more community-based services and activities? 	<p>Working with VASLAN and other organisations to improve the visibility of community based alternatives and</p>	<p>Continue to develop through strategic commissioning plan.</p>

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required Actions
		provide links to other services and support.	
Cont.			
Paragraph 91	<p>Have we developed targeted information and training on SDS for healthcare professionals who have direct or indirect influence on people's Health and Social Care support, including:</p> <ul style="list-style-type: none"> • primary care professionals such as GPs, district nurses, occupational health professionals? • hospital staff who may influence decisions about discharging patients when they need temporary or permanent support? • managers and administration staff? 	<p>We have delivered a number of awareness sessions for NHS community based staff. We have worked with colleagues in NES to develop a bespoke portal for SDS information specifically targeted at health staff.</p>	<p>Continue to work with NHS colleagues locally and nationally to increase awareness of SDS and the application of section 13 of the statutory guidance</p>

✓ **AUDIT SCOTLAND**

Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN

T: 0131 625 1500 E: info@audit-scotland.gov.uk

www.audit-scotland.gov.uk