



Dumfries and Galloway  
IJB Clinical and Care Governance Committee

13<sup>th</sup> February 2020

This Report relates to  
Item 7 on the Agenda

# Self-directed Support

*Paper presented by Lillian Cringles*

*For Discussion and Noting*

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<b>List of Background Papers:</b>	Not Applicable
<b>Appendices:</b>	Not Applicable

<p><b>1.</b></p> <p>1.1</p>	<p><b>Introduction</b></p> <p>The purpose of this report is to provide an update on local progress on the implementation of Self-directed Support (SDS) in Dumfries and Galloway against National Health and Wellbeing Outcomes 1 and 2:</p> <ol style="list-style-type: none"> <li>1. People are able to look after and improve their own health and wellbeing and live in good health for longer and</li> <li>2. People, including those with disabilities or long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in the community.</li> </ol>
<p><b>2.</b></p> <p>2.1</p>	<p><b>Recommendations</b></p> <p><b>The IJB Clinical and Care Governance Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Consider the report</b></li> <li>▪ <b>Note the progress made locally in line with the Scottish Government’s vision for Health and Social Care and plans for the continued implementation of the Self-directed Support legislation in line with the Government’s 10-year strategy and Self-directed Support Implementation Plan 2019-2021.</b></li> </ul>
<p><b>3.</b></p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p><b>Background and Main Report</b></p> <p><b>Background</b></p> <p>The ten-year Self-directed Support strategy was introduced jointly by the Scottish Government and COSLA in 2010. It was intended to empower people and their carers to become more involved in planning and controlling their social care and support.</p> <p>The Social Care (Self-directed Support) (Scotland) Act 2013 is part of the SDS strategy and gives people a range of options for how their social care is delivered, beyond just direct payments. The Act empowers people to be able to make choices about and decide how much ongoing control and responsibility they want over their own care and support arrangements. The legislation is underpinned by a rights-based approach which is fundamental to social work values.</p> <p>Local Authorities now have a legal duty to offer people eligible for support, four options for how their social care is managed:</p> <ul style="list-style-type: none"> <li>• Option 1 – The individual or carer chooses and arranges the support and manages the budget as a direct payment.</li> <li>• Option 2 – The individual chooses the support and the local authority or other organisation arranges the chosen support and manages the budget.</li> <li>• Option 3 – The authority chooses and arranges the support.</li> </ul>

- Option 4 – A mixture of options 1, 2 and 3.

3.4 SDS is an approach to social care that puts the person at the heart of everything we do. It enables people, carers and their families to make informed choices about how their care and support looks and is delivered.

3.5 We firmly believe that the quality of life of people who require care and support is improved through increased choice and control over the services they receive.

### **Main Report**

3.6 The vision of the Scottish Government is that SDS will be the mainstream approach to the delivery of social care in Scotland. This approach encourages health and social care professionals to facilitate good conversations with people and their families to capture information about what really matters to them and understand the outcomes they wish to achieve.

3.7 Our shift to this more personalised approach requires fundamental change at each level throughout our partnership to embrace and embed this different way of working.

3.8 We have concentrated on developing a personalised and outcome focused partnership model with a strong emphasis on empowering the people we work with, and their families and carers, to build on their own strengths and skills.

3.9 Our continued commitment to offering a personalised approach through SDS ensures people are placed at the centre of decision making about their care and support and can make informed choices which enable them to achieve the outcomes that are important to them.

3.10 The successful implementation of SDS relies on providers from the independent and voluntary sectors being able to deliver services in a different way. This has brought significant challenges, particularly in relation to recruitment and developing new models of delivery.

3.11 Locally, we can point to good progress being made on the implementation of SDS. Building on the strategic outcomes of the Scottish Government's SDS Implementation Plans, we continue to strive towards ensuring:

3.12 People have more choice and control over their social care and support:

3.12.1 Our outcome focussed assessment for adults considers the whole experience of the individual and considers his/her needs and outcomes whilst balancing risks against decision making.

3.12.2 This shift supports our change from professional experts leading on outcomes to one where the person becomes the expert in their situation.

3.12.3 We encourage and support an asset-based approach to meeting outcomes. This ensures traditional service solutions are only considered after natural and community supports have been exhausted.

- 3.12.4 356 individuals across our region choose to manage and direct their own support through a Direct Payment (Option 1). A further 2,370 have chosen to receive care and support through a managed service (Option 3). Whilst 17 individuals have chosen Option 2 as their preference. Compared with figures from January 2019, this data evidences a slight increase in the number of people choosing Option 1 and a reduction in the number of Option 3 packages.
- 3.12.5 Extensive work has been carried out to help the public and a wide range of related professionals, to understand the changes and shift towards choice and control for people within social care.
- 3.12.6 We recognise the role advocacy and advice play in supporting people and have developed a strong and effective partnership with a local independent support organisation who have secured funding from the Scottish Government's Support in the Right Direction (SIRD) Fund. This local approach has helped people to develop creative and flexible solutions for their care and support by offering a brokerage service to those receiving an individual budget. Due to operational pressures in a change of provider, the organisation is being supported to enable the continuation of this service. Work is also underway to develop a peer support network for people who use or have experience of using SDS.
- 3.12.7 Commissioning for personal outcomes will create a more responsive and flexible approach going forward. A revised Care at Home framework will aim to develop longer term commissioning plans for care at home services which will see more flexible and more outcome focussed contractual arrangements developed for services.
- 3.13 Workers are confident and valued, and enable and empower people to make informed decisions about their social care support:
- 3.13.1 We continue to develop a confident and competent workforce to support the delivery of a personalised approach through the application of SDS. Events and training are offered to support health and social care professionals in having good conversations with people and their families and gathering the right information. This includes our work with carers.
- 3.13.2 The ongoing learning and development programme is a mixture of formal training, online materials, staff surgeries and work-based learning. The work-based learning has been highly valued, providing an opportunity for staff to share practice, reflect and learn from each other. Staff have reported that their practice has improved in relation to developing an outcome focussed approach and understanding their statutory duties as well as increasing their confidence in supporting people to identify their personal outcomes and the options available to them.
- 3.13.3 Workers can access direct support from the SDS Co-ordinator to assist them in their work with individuals choosing Option 1 and a comprehensive suite of support and learning materials are available for staff to access on a central SharePoint site.

## Going Forward

- 3.14 Good outcomes and high standards of support will be achieved as integration of health and social care further develops and people feel that their access to services and support is seamless.
- 3.15 However, the significant transformational approach required by the SDS strategy comes at a time when our budgets are under significant pressure owing to ongoing financial constraints, increasing expectations and rising demand for health and social care services and shortages in the social care workforce.
- 3.16 A recent national survey undertaken by Self-directed Support Scotland (SDSS) evidences positive progression in implementing SDS across our region. There are also a number of areas which require further development, including:
- a need for better quality information about SDS options at an earlier stage in a person's journey;
  - making greater use of NHS staff in the provision of information which would strengthen the integration of health and social care;
  - improved partnership working with statutory service colleagues to assist with their understanding of SDS and support with signposting people to social work and other appropriate resources;
  - the creation of a local people's forum that would support gathering feedback from people about their social care experience and, in turn, assist with continuous improvement to systems and processes.
- 3.17 In addition to the proposed recommendations for the survey noted above we have also identified a number of key areas we would want to improve, including:
- 3.18 Further work is required to implement Option 2 to ensure this is a real choice for all. This new way for people to control their support without having to manage the money has been highlighted as a challenge across Scotland. It would be beneficial to make use of, and further develop, the model contract for Option 2 developed by the Coalition of Care and Support Providers in Scotland (CCPS) which meets legal requirements. This provides a template for authorities that can be adapted and changed to suit local needs.
- 3.19 We require time and resources to develop and enhance our local data to help with the reporting of progress on SDS, to evidence personal outcomes and to support continuous improvement. This would be supported through improving our recording of good conversations with people about the four options, choice and control and personal outcomes. This will help us to monitor the extent to which people's personal outcomes are being met and help us plan for future processes and services.
- 3.20 We welcome the opportunity to work closely with the Scottish Government project team funded until March 2021. This team will lead a range of activities designed to give renewed impetus to SDS implementation and will focus on four key areas critical to the next stage of SDS implementation:
- Senior decision makers and systems create the culture and conditions for

- choice and control of social care support;
- Workers enable and empower people to make informed decisions about their social care support;
- Workers in all aspects of the delivery of social care support exercise the appropriate values, skills, knowledge and confidence;
- People have choice and control of their social care support.

#### **4. Conclusions**

- 4.1 Building on the progress made to date in fully implementing the SDS strategy, we continue to work on strengthening the shared vision for the future delivery of health and social care to ensure this approach is embedded in the way we deliver our business to people across our region.
- 4.2 We will continue to support and develop our workforce to ensure our practice is focused on assets, personal outcomes and early intervention and prevention services and that all staff across the partnership have the skills, knowledge and confidence to deliver SDS.

#### **5. Resource Implications**

- 5.1 The Lead Officer and Self-directed Support Co-ordinator are funded through the Scottish Government and the Health and Social Care Partnership, to deliver the strategic aims of the Act.
- 5.2 The Health and Social Care Partnership have a statutory duty to ensure people and their families have real choice and control through the effective delivery of self-directed support. Our aim is to ensure individuals can live independently and be part of their community.
- 5.3 This requires information and guidance on the four options and the need for us to engage with people to communicate the Scottish Government's vision to deliver better outcomes for individuals and their communities.
- 5.4 Our responsibility as the lead assessor under Section 12a of the Social Work (Scotland) Act 1968, provides the legal basis for all assessments for adults.
- 5.5 In financial year 2018/2019, we spent in the region of £6m on Option 1 and £32m on Option 3. As we further embed SDS we expect an increase in the take up of Options 1 and 2 and face the significant challenge of meeting these increases from within our existing budgets.

#### **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 6.1 SDS links with the National Health and Social Care Standards and is key pillar of Scotland's public reform.
- 6.2 The National SDS Strategy and the current Self-directed Support Implementation Plan provides the vision to improve the quality of life of people who use services and promote their rights, and those of their carers, to live fulfilling lives. This includes the right to exercise choice and control over any support provided.

6.3 SDS ensures individuals are supported to feel safe and free from exploitation and abuse whilst promoting positive risk taking.

## 7. Legal and Risk Implications

7.1 SDS legislation provides new duties under the Act and is built on the values and principles of social work practice. As a Partnership, we need to ensure people are well informed and can access the four SDS Options and that any care and support arrangements are outcome focused.

7.2 We need to ensure that people can access an equal level of support whatever option they prefer and that choosing any of the four options will not put an individual at a disadvantage.

## 8. Consultation

8.1 The Chief Social Work Officer and the Social Work Senior Operational Manager have been consulted and are in agreement with the contents of this report.

## 9. Equality and Human Rights Impact Assessment

9.1 As this report does not propose a change in policy or strategy, it is not necessary to complete an Equality and Human Rights Impact Assessment.

## 10. Glossary

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

<b>SDS</b>	<b>Self-directed Support</b>
<b>CCPS</b>	<b>Coalition of Care and Support Providers in Scotland</b>
<b>SDSS</b>	<b>Self-directed Support Scotland</b>
<b>SiRD</b>	<b>Support in the Right Direction</b>

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