

**Report To:** Community Health & Care  
Partnership Sub Committee

**Date:** 28<sup>th</sup> February 2013

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**Report No:**  
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**Subject:** SELF DIRECTED SUPPORT

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## 1.0 PURPOSE

- 1.1 To update Inverclyde Community Health & Care Partnership Sub Committee on a summary of the Scottish Government's Self-Directed Support Strategy and Bill, and to provide high level activity and outcomes required for implementation across Inverclyde CHCP.
- 1.2 To update Inverclyde Community Health & Care Partnership Sub Committee on the Scottish Government funding allocation and a proposed schedule of spend

## 2.0 SUMMARY

- 2.1 The policy objective of the Self-Directed Support (Scotland) Bill is to make legislative provisions relating to the arranging of care and support for community care and children services in order to provide a range of choices to individuals as to how they access care and support. The purpose of the change is to improve the quality of life of people who require care and support through increased choice and control over the services that they receive.
- 2.2 The strategy defines Self-Directed Support as 'the support individuals and families have after making an informed choice on how their individual budget is used to meet the outcomes they have agreed. Self-directed support means giving people choice and control.' The strategy makes clear that there are other ways of having choice and control beyond a direct payment and that support users should be able to choose the option that is right for them.
- 2.3 It is anticipated that the commencement date of the Social Care (Self-Directed Support) (Scotland) Bill will be in the Autumn of 2013 or early 2014.
- 2.4 The Scottish Government has allocated £24.1 million across local authorities to implement the bill. Inverclyde CHCP has been allocated the following funding;

2011/12 - £35,000

2012/13 - £151,120

2013/14 - £211,680

2014/15 - £125,240

2.5 Inverclyde CHCP has established a Self Directed Support Steering Group and is developing a Programme Framework which will set out how SDS will be developed and implemented within Inverclyde.

### **3.0 RECOMMENDATIONS**

3.1 To note the content of the Self Directed Support Bill & the Scottish Government Self Directed Support Strategy.

3.2 To note the position of Inverclyde CHCP in readiness for the implementation of the Self Directed Support Bill and to agree a 6 monthly progress report cycle.

**Brian Moore**  
**Corporate Director**  
**Inverclyde Community Health & Care**  
**Partnership**

## 4.0 BACKGROUND

### 4.1 Self Directed Support (Scotland) Bill

The Scottish Government published a draft Bill in 2010 setting out proposals for Self Directed Support, the Bill is currently still being considered by Parliament and is likely to be formally approved early in 2013.

In order to effectively progress the requirements of the Bill the Government also published a National Strategy for Self Directed Support.

Supporting a 10-year programme of reform, the Social Care (Self-directed Support) Bill will help to underpin new, flexible models of support, placing greater control and responsibility in the hands of citizens and thereby enhancing people's independence and wellbeing.

#### Key Points – if enacted the Bill will:

- Apply a framework of choice to the range of support provided to adults, carers and children.
- Introduce general principles on the arrangement of care and support. The principles are:
  - \* **Informed choice** for the citizen
  - \* **Involvement** of the citizen
  - \* **Collaboration** between the citizen and the professional
- Place a duty on local authorities to offer four options of self-directed support to citizens

**Option 1**, the local authority makes a direct payment to the supported person for them to arrange their support (this can include the purchase of support);

**Option 2**, the supported person chooses their support and the local authority makes arrangements for the support on the person's behalf;

**Option 3**, the local authority selects the appropriate support and arranges support on behalf of the supported person, and;

**Option 4**, a mix of options 1, 2 and 3 for specific aspects of a person's support.

- Provide a discretionary power to councils to provide support to carers following a carer's assessment;
- place a duty on local authorities to explain the nature and effect of each option, and
- Consolidate, modernise and clarify existing laws on direct payments.

### 4.2 Self Directed Support Strategy

The Scottish Government published a long term National Self Directed Support Strategy in 2010 spanning 10 years, which responds to the increasing interest in reshaping care and support in Scotland. The strategy also aims to set out and drive a cultural shift around the delivery of care and support that views people as equal citizens with rights and responsibilities. As of yet the Strategy does not provide detail on how Self Directed Support will be practically delivered at a local level.

The key themes of the Strategy are:

- The values and principles behind self directed support
- Ownership and leadership
- Supporting choice and control
- The processes (including how people are supported, how resources are allocated and how outcomes are agreed)

- The mechanisms (including the different ways choice can be delivered and consideration of the Personal Assistant workforce)
- The specific needs of people who use self-directed support and their carers
- Local authority procurement and commissioning of practices

#### 4.3 National Implementation

It is accepted by the Scottish Government that local authorities are at very different stages in terms of implementing Self-directed Support but it is anticipated that throughout 2012/13 the key areas for investment should be:

- A shift to outcomes focused assessment, review and support planning that embed the 4 options for SDS
- Developing accessible information and communication strategies for local areas that positively promote SDS
- Reshaping services to reflect the needs and aspirations of local communities through strategic commissioning for personalised support
- Short term bridging for services that are reconfigured in response to the choices made by individuals
- Changes to systems in order to meet authorities' duties under the SDS Bill
- Skills development for staff

#### 4.4 Local Implementation

Inverclyde has made the following steps towards progressing Self Directed Support within the CHCP:

- Recruited Self Directed Support Lead for the CHCP in September 2012
- Self Directed Support Event in July 2012 which brought together a range of stakeholders.
- Establishment of an SDS Steering Group – this will establish the overall vision for SDS and ensure that all workstreams and activity are working towards this Group's action plan.
- Engaged with National Agenda through National Forums, workshops and training days

4.5 The CHCP SDS Steering Group has been established with the aim of developing a programme framework which will set out how SDS will be developed and implemented within Inverclyde.

4.6 Initial work has already been undertaken within the CHCP to develop governance arrangements and an action plan for the implementation and delivery of SDS. The action plan which is currently in draft form will focus on the following 7 areas:

#### **SDS Communications**

This workstream will be established to manage the CHCP's engagement with all stakeholders concerning SDS. This will crucially keep internal and external partners up to date on progress of SDS with agreed key messages and timelines, developing forums and networks. It is also important to note the emphasis that the Scottish Government has placed on the active promotion of Self Directed Support by Local Authorities.

#### **SDS Process**

This workstream will develop a robust process that documents both the Service User and Practitioners' journey, eligibility. And as part of the assessment process, moving to an outcome focused conversation with service users. This must also ensure support and practical guidance for all stakeholders.

## **SDS Learning and Development**

This workstream will develop training and awareness sessions for internal stakeholders at all levels, embedding the changes within staffing groups and making cultural adaptations that are necessary for SDS objectives to be truly embraced. Fundamental to all of this is the need for training on outcomes-focused assessment for all areas. Our CHCP arrangements lend themselves well to us extending the ethos of SDS and outcomes focused assessment and support across all of our services so that, for example, people with long-term conditions who require health services support can be encouraged to direct that support in line with the overall outcomes that have been articulated and agreed.

## **SDS Finance Process and Resource Allocation**

This workstream will review the current finance and social care processes relevant to SDS and will revise and develop these accordingly. The workstream will review the requirement for a separate Resource Allocation Model outwith the current allocation processes and the ongoing implementation of the SWIFT finance module. All of this work will be underpinned by the principles of ensuring that resources made available to people through any options within SDS are fairly and transparently allocated.

## **SDS Reporting & Infrastructure**

The SDS Reporting & Infrastructure workstream will review our current information technology and scope what adaptations are necessary for the successful implementation and monitoring of SDS. The scoping will include the current and anticipated performance reporting required on all areas of SDS and ensuring process, documentation and systems facilitate the timely retrieval of information.

## **SDS Partnership & Providers**

This workstream will lead in engaging with providers through appropriate forums to understand the part that they can play in delivering the best outcomes for people and their families. It will also have a focus on making the most of resources by creating a directory of community resources and local assets. Work will be undertaken to anticipate the probable changes in the Bill that will place a duty on Councils to facilitate and shape the marketplace.

## **5.0 PROPOSALS**

- 5.1 To acknowledge the principles of the Self Directed Support Bill.
- 5.2 To develop a Self Directed Support Action Plan for Inverclyde CHCP.

## **6.0 IMPLICATIONS**

- 6.1 Legal: Nil at this time
- 6.2 Finance:

Non Recurring Funding over the life of the project.

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Year</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>
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02412	Various	2011/12 to 2014/15	£523,000	N/A	Detailed spend per analysis at Appendix 1
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Currently £108,280 is unallocated over the 4 year funding period, however proposals are at an early stage and detailed monitoring of the financial position will ensure resources are fully utilised.

6.3 Personnel: Nil at this time.

6.4 Equalities: Nil at this time.

6.5 Depopulation: Nil at this time.

## **7.0 CONSULTATION**

7.1 Ongoing discussions are continuing with finance colleagues regarding the creation of a Finance Officer post (to March 15) to support both Self Directed Support and the implementation of the SWIFT Financial Module.

**Self Directed Support Draft Resource Plan**

**APPENDIX 1**

Note	2011/12	2012/13	2013/14	2014/15	Total
	£	£	£	£	£
<b>Staffing</b>	0	58,000	117,000	113,000	288,000
<b>Workstreams:</b>					
<b>Communications</b>					
Estimated Costs		3,000	5,000	10,000	18,000
<b>Process</b>					
SPEAN SLA		6,000	9,000	9,000	24,000
<b>Learning &amp; Development</b>					
Estimated Costs		6,000	6,000	6,000	18,000
<b>Resource Allocation</b>					
To be confirmed - nil at present					0
<b>Reporting &amp; Infrastructure</b>					
To be confirmed - nil at present					0
<b>Partnership &amp; Providers</b>					
Estimated Costs			5,000	5,000	10,000
In Control Subscription		3,500	3,500	3,500	10,500
<b>Other</b>					
Contribution to SWIFT	35,000				35,000
<b>Total Costs</b>	<u>35,000</u>	<u>76,500</u>	<u>145,500</u>	<u>146,500</u>	<u>403,500</u>
SDS Adult Funding	(35,000)	(126,120)	(211,680)	(125,240)	(498,040)
SDA Children Funding		(25,000)			(25,000)
<b>SDS Funding</b>	<u>(35,000)</u>	<u>(151,120)</u>	<u>(211,680)</u>	<u>(125,240)</u>	<u>(523,040)</u>
<b>Annual Balance</b>	<u>0</u>	<u>(74,620)</u>	<u>(66,180)</u>	<u>21,260</u>	<u>(119,540)</u>
<b>Running EMR Balance</b>	<u>0</u>	<u>(74,620)</u>	<u>(140,800)</u>	<u>(44,920)</u>	<u>(98,280)</u>
<b>Current Unallocated Funding</b>					<b>(98,280)</b>