

Report To: Health and Social Care Committee **Date:** 25th August 2016

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Inverclyde Health and Social Care Partnership (HSCP) **Report No:** SW/41/2016/BC

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Subject: Self-Directed Support

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee on the implementation of Self-Directed Support (SDS) in Inverclyde.

2.0 SUMMARY

- 2.1 SDS was introduced in Scotland on 1st April 2014 implementing the Social Care (Self-Directed Support) (Scotland) Act 2013. Local authorities are now required to offer people who are eligible for social care a range of choices over how they receive their social care services and support. The introduction of SDS means that everyone eligible for social care support has the right to choice, control and flexibility to meet their personal outcomes.

3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the progress around implementation of Self-Directed Support and to note the plan to continue this.

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4.0 BACKGROUND

- 4.1 SDS was introduced in Scotland on 1st April 2014 implementing the Social Care (Self-Directed Support) (Scotland) Act 2013. Local authorities are now required to offer people who are eligible for social care a range of choices over how they receive their social care services and support. The introduction of SDS means that everyone eligible for social care support has the right to choice, control and flexibility to meet their personal outcomes.
- 4.2 Inverclyde has a positive record of supporting people with a range of flexible support that meets the individuals assessed need and to allow them to achieve agreed outcomes to meet their health and social wellbeing.
- 4.3 Since the introduction of the Social Care (Self-Directed Support) (Scotland) Act 2013, Health and Social Care Partnership staff have been reviewing procedures, guidance and public information to ensure effective implementation of the Act.

5.0 PERFORMANCE

- 5.1 Since 1st April 2014, Scottish councils have a legislative duty to offer the 4 SDS options to all service users assessed as requiring social care support.

SDS allows people to choose a number of different options for getting support. The person's individual budget can be:

Option 1 Taken as a Direct Payment.

Option 2 Allocated to a provider that the person chooses – the Council holds the budget but the person is in charge of how it is spent.

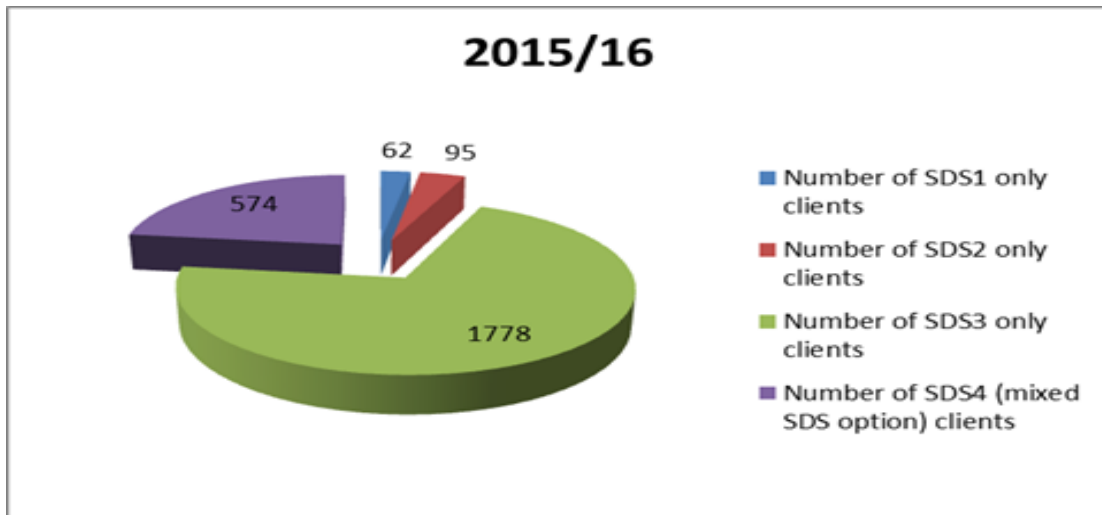
Option 3 The person can choose a Council-arranged service.

Option 4 The person can choose a mix of these options for different types of support.

Collating the information to evidence the choices being made and the shift in services was previously a complex change to record. Since January 2016 we have put in place an individual support plan that is able to record the SDS option chosen by service users and carers and link this to the service provided.

For 2015/16 all 2509 service users assessed or reviewed were offered a choice of the 4 SDS options and Chart A illustrates the number of individual service users who chose each option; 574 individuals chose a mix of the options offered which demonstrates the exercise of real choice and control by these individuals and the flexibility of service provision within Inverclyde.

Chart A: Choices made by Service Users in relation to the four Self-Directed Support options.



Note on graph above:

Number of SDS1 only clients - 62
 Number of SDS2 only clients - 95
 Number of SDS3 only clients - 1778
 Number of SDS4 (mixed SDS option) clients – 574

There is a slight but gradual increase in number of SDS Option 1 (Direct Payment) which appears to be in line with other local authority areas.

The more marked increase is in Option 2 (individual service fund) and is related to changes in service provider following the implementation of the Homecare contract, choice around an independent day care provider for older people and re-coding services such as short breaks from Option 3 (HSCP arranged service) to Option 2.

This greater accuracy in recording support packages reflects the commitment to monitor the performance relating to SDS.

6.0 HSCP SDS IMPLEMENTATION PLAN

6.1 The Scottish Government identified 4 policy priorities for Self-Directed Support 2015 and 2016:-

i. My support, my choice

To ensure more individuals and carers are engaged, informed and empowered to exercise choice and control.

There is a statutory requirement to provide service users with the right information to allow them to make decisions around the choices presented by SDS. Public information has been produced in the form of a range of information booklets designed in partnership with service users and the Scottish Personal Assistant employment network.

We have specific booklets to assist with each option and have produced a Personal Assistant Employer Handbook (these are shared as part of the assessment process) and have strong links with the Scottish Personal Assistant Employer Network.

ii. Service innovation and responsive commissioning

The commissioning environment is sufficiently flexible and creative to support individuals to meet their personal outcomes

Taking a focused approach to 'Positioning the Market' will allow us to facilitate support to local communities and support them with the implementation of Self-Directed Support (SDS).

This requires a change in the relationship between Inverclyde Council/Inverclyde Health and Social Care Partnership and the social care market, with a greater understanding of market positioning and development. This is being supported through a range of initiatives such as the development of a community portal (online directory of services and supports available locally) utilising provider forums, the development of a partnership commissioning development programme, and the development of community connector model.

Community Portal

Work has commenced to bring together a range of disparate directories of services that exist locally to create an online resource which can be accessed by local people and professionals. It is intended that the portal is used to help people exercise choice and control over their care by accessing services and supports which they feel best meet their needs and outcomes. The unique aspect of this portal will be the central focus on the individual with a function to build their own care and support plan.

Provider Forums

There is a strong history of engagement across the public, independent and Third Sector in Inverclyde which we will continue to build on by utilising provider forums across a range of service areas. The aim of the provider forums is to build relationships and facilitate development.

Communication is and will be delivered in various formats and evidence suggests this improves relationships between all partners. Our providers' forums which have existed thus far are evaluated well by providers and have been shown to increase awareness and understanding by providers on national policies and initiatives which set out care services will be reshaped and delivered in the future.

Partnership Commissioning Development Programme

Working across the range of players in the partnership we are developing a Commissioning Development Programme locally. The aim of the programme is to ensure leadership development, primarily in the Third Sector, to increase capacity for engagement in modern strategic commissioning. Building on the appetite there was locally to engagement with the Social Value Lab, Ready for Business and Partners for Change in recent years we hope to embed an ongoing culture of partnership learning and development in relation to market facilitation and commissioning, following an initial development programme funded via the Integrated Care Programme. It is hoped that this development can maximise opportunities for social enterprise and micro-enterprises to facilitate a rich market from which people can purchase their own care via SDS.

Community Connectors

We have strong communities in Inverclyde and our local people have a rich history of looking after each other and supporting each other through challenges. We will capitalise on these assets and harness them to increase individual choice and control. We are piloting a model of community connectors which we intend will be used to help people avoid unnecessary engagement with statutory services where these are not best placed to meet identified needs. The emphasis is to support people to re-engage with their local community and local resources.

- iii. Empowered workforce

To support the workforce through a significant culture change to ensure people are empowered to exercise choice and control of their care and support to meet their personal outcomes.

Staff Training and Development

The development of a training matrix has set a context for a series of programmed course modules which specifically relate to assessment and support planning. This has areas associated with SDS integrated into the training programme and will be mandatory for all staff depending on their remit and role within the assessment and care management process.

The training courses and briefing sessions are grouped into three main categories:

- **General workforce** - Those who as part of their job are likely to come into contact with adults, their carers and other family members. These workers will not usually be involved in any in-depth assessment work with them but may provide a support or care service.
- **Specific contact workforce** - Those who carry out direct work with adults, their carers and/or other family members, and/or form more in-depth relationships around assessment and care co-ordination with them, including an element of risk assessment and could provide specific services to them.
- **Intensive contact workforce** - Those who are working with complex cases which may well have a safeguarding element such as Adults with Incapacity or Adult Protection. These cases will certainly have a strong element of managing risk. The worker will be the Lead Professional or are Council Officers.

The first cohort of the assessment and support training is scheduled for August and September 2016.

iv. Appropriate systems and processes

To support local authorities and service providers to develop appropriate systems and proportionate processes that support personal outcomes.

Resource Allocation System

The current resource allocation system has been in place since April 2015. The proposal is to continue with this model until October and review uptake and problems or barriers in its effectiveness. We will also look to bench mark against other Councils.

Procedures and Practice Guidance

The past year has seen a concerted effort to review and develop the procedures and guidance required to underpin the move to an outcome focused assessment and support planning system.

The guidance has been revised in light of the SDS Act and supporting regulations and includes:-

- Service User Agreement for SDS Options
- Outcome Focused Assessment
- Support Planning for Outcomes
- Calling Up Services
- Direct Payment Guidance

- Employer handbook for service users who have chosen to employ personal assistants

Service User Care Groups

It is not the view at this stage that the policy and procedures around Self-Directed Support will differ for any of the applicable service user care groups. This will allow for a consistency of approach, application of the policy and to allow a more cohesive recording of performance. The revised guidance takes into account the service user group specific policies. Children with Additional Support Needs are able to use this guidance within the context of GIRFEC.

Self-Directed Support requires to be further embedded into the assessment and care management process building on current progress. There are particular opportunities to have a clear focus on service users in transitions, particularly those moving from childhood to adulthood who have a learning disability.

7.0 IMPLICATIONS

Finance

- 7.1 The Scottish Government have been providing non-recurring funding to all local authorities to support the implementation of Self-Directed Support. This funding is committed to continue to 2020 although a decision is taken around this on an annual basis. This year the funding of £84,000 is being utilised to provide better and clearer information to service users and additional resource to support the review of the resource allocation system and development and implementation of the Self-Directed Support strategy.

One of Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

- 7.2 None.

Human Resources

- 7.3 There are no Human Resource implications at this time.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 None.

8.0 CONSULTATION

8.1 None.

9.0 BACKGROUND PAPERS

9.1 None.