

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 28 JUNE 2010**

**REPORT ON: SELF DIRECTED SUPPORT - DEVELOPMENT OF PERSONALISED SERVICES**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 359-2010**

### **1.0 PURPOSE OF REPORT**

This report introduces to elected members the concept of Self Directed Support as a means to deliver more personalised social care services in Scotland and provides an update of the progress made in Dundee to date to develop this approach. The report also advises members of the officer response to the recent consultation documents "Proposals For A Self-Directed Support (Scotland) Bill" and "Self Directed Support - A National Strategy for Scotland".

### **2.0 RECOMMENDATIONS**

It is recommended that the Committee:

- 2.1 Support the continued development of the personalisation agenda in Dundee and note the progress made to date in developing a framework to support more personalised services within Dundee.
- 2.2 To agree the recently submitted draft officer response to the Scottish Government's Consultation on Proposals for a Self Directed Support (Scotland) Bill and associated Strategy attached as appendices to this report.

### **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The development of self directed support within England over a number of years has been assisted by additional central government investment. It is widely acknowledged that given the current financial position, the development of more personalised services in Scotland will have to be delivered with at best very limited resources at a local level. This will lead to a different pattern of implementation in Scotland. Within Dundee, a financial framework will be developed to ensure the development of these services are met from within existing resources.

The development of personalised services may have long term financial benefits by reducing the need for costly support packages at times of crisis.

### **4.0 MAIN TEXT**

- 4.1 The foundations for a personalised approach to delivering social care have been laid by a wide range of legislation and policy directives across different services over a number of years. Development of more personalised services was a key challenge presented by the findings of the 21st Century review of Social Work, published in the "Changing Lives" report in 2006. Personalisation shares the emphasis on joint ownership approaches found in Joint Futures and Getting it Right for Every Child. It shares the emphasis on inclusion with The Same as You and Working for Change. It shares the emphasis on community support in The Future of Unpaid Care in Scotland, Working Together to Build Stronger Communities and Delivering for Health, while the emphasis on the rights for good quality care are consistent with those promoted in National Care Standards.

Self Directed Support is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them. Personalisation is wider than self directed support but is a crucial development in progressing the self directed support agenda in Scotland.

A small number of service users in Dundee currently receive a form of self directed support known as a direct payment, which enables them to manage their own packages of care and has been shown to lead to greater freedom of choice in managing care needs and diversity of activities. People with physical disabilities have benefited most from direct payments and work is ongoing to increase the uptake across other service areas.

Advancing the personalisation agenda will involve more than an increase in the number of direct payment recipients. It will require a fundamental shift in our thinking in terms of delivery of social care services.

4.2 There are a number of benefits to both the individual and the local authority in developing more personalised services. These include:

- Empowering people by providing support, guidance, education and information and working with them to build their capacity to manage their own lives and make lifestyle choices can reduce the likelihood of them requiring more intensive Health or Social Care services. It is also about making sure that services do not build dependency or treat people as passive recipients.
- If people become full participants in shaping and delivering service solutions and have more direct involvement in defining service quality, then they will move from being recipients of services to being contributors to their own services, including taking on some of the risks and responsibilities.
- Real consumer choice is needed for Personalisation which means a range of services that solve the same challenge but offer different ways of doing it.

4.3 The development of more personalised services will require:

- Structural changes in the way services are organised and provided. Service users will have the ability to choose whether to purchase services from local authorities or directly from external service providers. This will result in a change from the current traditional “block contract” arrangement with external service providers to individual contracts with people using the services. The shape of direct service provision by the local authority may change as a result on service users choosing to move away from traditional services.
- The development of a more flexible and responsive market to deliver services. As service users have more choice about the types of services they can access to meet their assessed care needs, which may not be the traditional model of services currently being provided, innovation will be required to meet their aspirations.
- New IT based processes to collect data on the recording and monitoring of outcomes.
- More investment in support services infrastructure to give advice to service users on being an employer of Personal Assistants, training for service users and assistants and providing payroll services.

#### 4.4 **Development of Personalised Services In Dundee**

An officer working group within the Social Work Department has been set up to develop a planning and implementation framework for the delivery of more personalised services in Dundee. The main activities undertaken to date include:

Discussion with OLM and In Control Scotland, independent organisations that provide programmes and processes for assessment/monitoring and managing the change to Personalisation, to assess our systems;

Visits to North Lanarkshire Social Work Department, regarded nationally as the "best in class" on personalisation, to hear about their progress with a demonstration project involving a small number of service users receiving their own budget for information, advice and to benchmark our progress locally; and

Information gathering from national network meetings regarding other Scottish local authorities experience of developing local policies and implementation programmes for personalisation.

Based on the information above the main areas of development required to move to a more personalised approach in Dundee are as follows:

- The involvement of service users and carers in planning services and support.
- The establishment of a data system to inform service development.
- The development of a Resource Allocation System, which drives the identification of a service users' individualised budget, used to purchase the care they wish.
- The determination of capacity, finance and workforce development.
- The drafting of specifications for personalised services, procurement and contracting processes.
- Reviewing compliance and regulation through contract monitoring.

Should Social Work and Health Committee endorse the development of personalised services in Dundee, the working group will effect the necessary changes required to existing structures and processes to allow the development of a framework for Dundee.

## **5.0 CONSULTATION ON SELF DIRECTED SUPPORT BILL & NATIONAL STRATEGY**

The Scottish Government recently published a consultation document - "Proposals for a Self Directed Support (Scotland) Bill". The proposals are designed to consolidate and extend the legislation relating to direct payments as well as introducing legislative provision for self-directed support. The Scottish Government has published alongside this a self-directed support strategy which sets out a ten year framework for the development of self directed support as the main way to deliver social care, supporting the personalisation of services in Scotland.

Officers from Dundee City Council responded to the consultation documents and the responses are attached for information.

## **6.0 POLICY IMPLICATIONS**

This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty and Equality Impact Assessment.

There are no major issues.

## **7.0 CONSULTATION**

The Chief Executive, Depute Chief Executive (Support Services), Assistant Chief Executive and Director of Finance have been consulted in connection with the preparation of this report.

**8.0 BACKGROUND PAPERS**

None.

**ALAN BAIRD, DIRECTOR OF SOCIAL WORK**

**DATE: 9 JUNE 2010**



**DUNDEE CITY COUNCIL'S RESPONSE TO THE SCOTTISH GOVERNMENT CONSULTATION DOCUMENT - "PROPOSALS FOR A SELF DIRECTED SUPPORT (SCOTLAND) BILL"**

<b>CONSOLIDATING EXISTING STATUTE</b>	<b>Responses</b>
<p>The government proposes that a new Bill on self-directed support consolidate and update existing legislation on direct payments.</p> <p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• Do you agree with the proposal to consolidate and update existing legislation on direct payments?</li><li>• If not, why not?</li><li>• Should a new Act be based on a set of guiding principles? If so, what are your views on the most important principles?</li></ul>	<ul style="list-style-type: none"><li>• Dundee City Council (DCC) agrees that there is a need to consolidate and update existing legislation.</li><li>• N/A</li><li>• DCC's view is that the most important guiding principles are:<ul style="list-style-type: none"><li>○ Better outcomes - this should be for individuals and their carers.</li><li>○ Choice - we agree with the statement that individuals have the right to choose the best method of obtaining care and support which meets their needs.</li><li>○ Participation - it must be acknowledged that in some situations individuals will lack capacity to make an informed choice.</li><li>○ Processes should be easy to understand.</li></ul></li></ul>

<p><b>SETTING THE FRAMEWORK FOR SELF-DIRECTED SUPPORT</b></p> <p>The government proposes that the new legislation introduce the term self-directed support into statute, define this term and make it clear that self-directed support includes the choice of direct payments.</p>	<p><b>Responses</b></p>
<p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• What are your views on the proposal to place legislation on direct payments in a Bill that defines the term self-directed support?</li></ul>	<p>DCC agrees with the proposal to define self directed support.</p> <ul style="list-style-type: none"><li>• Any definition of self-directed support must have at its heart the principle of choice. The definition must be kept simple and concise.</li><li>• New legislation must link with current Direct Payment legislation and CIPFA Guidance.</li><li>• Direct Payments should be one of several options for self directed support.</li><li>• Legislation should be linked to the Self Directed Support strategy and timescales for developing and implementing mechanisms for resource allocation/individual budgets.</li></ul>

<p><b>Providing a framework for future developments in self-directed support</b></p> <p>The new Bill on SDS should provide a legislative framework that would allow the Government to consider extending direct payments in the future.</p>	<p><b>Responses</b></p>
<p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• Do you agree that the proposed bill should set a framework that would allow the Government to consider in future extending direct payments and other forms of self-directed support?</li><li>• If not, why not?</li><li>• What are your views on the broad areas where Ministers should be permitted to bring forward further legislation? If you think it should cover other areas what should these be?</li></ul>	<ul style="list-style-type: none"><li>• DCC would be supportive in principle of the bill allowing the government to extend the scope of direct payments and other forms of Self Directed Support. Any extension to Self Directed Support should only be considered after piloting the extended provision and a robust evaluation of the impact of the proposed changes. Reviewing evidence from existing models of support. should provide data to be used across all Local Authorities.</li><li>• Ministers should be permitted to bring forward further legislation with regard to including individual health budgets forming part of the Self Directed Support.</li></ul>



<b>MOVING FROM OPT-IN TO OPT-OUT</b>	<b>Responses</b>
<p>The new Bill on SDS may require for the offer of self-directed support to be provided on an opt-out as opposed to an opt-in basis.</p> <p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• Do you agree with our proposal to amend the legislation so that self-directed support is the default position for the provision of social care, requiring individuals to opt out of this method as opposed to the current situation whereby they can choose to opt in?</li><li>• If a default position is introduced, should it be for the broader range of options for self-directed support, or for direct payments?</li></ul>	<ul style="list-style-type: none"><li>• We would agree in principle with the proposition that Self Directed Support is the default position but only if adequate resources in terms of advocacy and other independent sources of advice are in place to support an informed decision. Local authorities should be able to set local timescales for the introduction of the change to ensure adequate resources are in place, as unless the legislation is phased in, many local authorities, including Dundee City Council would not be in a position to effect the structural changes in the short term.</li><li>• The default position should be for the broader range of options and not specifically for Direct Payments.</li></ul>

<b>PEOPLE WHO LACK THE CAPACITY TO CONSENT</b>	<b>Responses</b>
<p>We are considering expanding the categories of persons who can receive direct payments on behalf of an adult with incapacity. This would allow other categories of persons to receive such payments, so long as a guardianship order, or power of attorney, with relevant powers was not already in place.</p>	
<p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• Do you agree that the categories of persons who can receive direct payments on behalf of adults with incapacity should be expanded? If not, why not?</li><li>• Do you agree with the proposal to remove the current requirement for Guardianship or Power of Attorney to be in place before a direct payment can be offered?</li><li>• Do you agree that where a guardian or an attorney is not already in place, the Access to Funds scheme should be capable of being used as an alternative way of receiving Direct Payments?</li></ul>	<ul style="list-style-type: none"><li>• We agree to the expansion of categories who could receive direct payments if appropriate safeguards are in place.</li><li>• We agree to remove requirements for Guardianship or Power of Attorney before direct payments can be offered. A less cumbersome route should be considered.</li><li>• Access to Funds may not be the best option. It cannot be used for Direct Payment recipients at present and may require changes in processes to embrace Self Directed Support. There are currently difficulties being experienced by local authorities with the banks in relation to the establishing access to funds bank accounts.</li></ul>

<ul style="list-style-type: none"><li>• If not, why not?</li><li>• Do you consider that arrangements other than the Access to Funds scheme should be put in place to expand the categories of persons who can receive direct payments on behalf of adults with incapacity? If so, what arrangements?</li><li>• Do you have any other views that you would like us to consider if we proceed to bring forward legislative changes on this matter?</li></ul>	<ul style="list-style-type: none"><li>• N/A</li><li>• We agree that consideration be given to Appointees being given a role in managing direct payments if appropriate safeguards are in place.</li><li>• Whatever changes are made they must be easily understood by both those receiving care and their carers. In particular, carers and those in care are not lead to believe that self directed support is additional to the care currently being received.</li></ul>
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<b>EXTENDING ELIGIBILITY</b>	<b>Responses</b>
<p>The new Bill on SDS may remove the restriction to direct payments and other forms of self-directed support for people with mental health problems who are subject to certain compulsory treatment orders.</p> <p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• Do you agree with our proposal to amend the legislation in order to remove the restriction on providing direct payments and other forms of self-directed support to those with mental health problems who are subject to certain compulsory treatment orders?</li></ul> <p>If not, why not?</p> <ul style="list-style-type: none"><li>• Do you agree with our proposal to provide local authorities with a power to provide self-directed support to these people, as opposed to a duty to use this method of support?</li></ul>	<ul style="list-style-type: none"><li>• We agree that people under compulsory treatment should have access to direct payments. The current system prevents continuity of care and support for someone who has a compulsory treatment order applied, when in receipt of a Direct Payment.</li><li>• N/A</li><li>• We agree that local authorities should have the power to provide self directed support rather than a duty in line with the principles of choice.</li></ul>

<b>Residential Care</b>	<b>Responses</b>
<p>We are considering options to amend or remove the restriction on the use of direct payments for the purchase of residential care</p>	
<p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• What are your views on the proposal to remove the current restriction on the use of DPs/SDS for residential care?</li><li>• If you think the restriction should remain, please explain why</li><li>• What are your views on the potential impact of an extension of DPs/SDS to residential care, in particular the impact on care home provision?</li></ul>	<ul style="list-style-type: none"><li>• In general we feel it should not be used as a means of bypassing waiting lists for people who are Local Authority funded.</li><li>• Provisions would need to be in place to ensure that individuals do not become subject to "top-up" fees because they are dealing directly with the Service Provider.</li><li>• Direct Payments/Self Directed Support could be used for individuals, already in receipt of a Direct Payment, who are at an end of life stage to ensure a seamless transfer to a care home.</li><li>• The restrictions should remain but see above for end of life stage exemption.</li><li>• This could result in smaller, more flexible care homes if individuals were able to negotiate their own terms and conditions.</li></ul>

<ul style="list-style-type: none"><li>• Is there any advantage to extending DPs/SDS to the free personal and or nursing care element of care purchased under Route 2 (see above)?</li><li>• Should DPs/SDS be extended to care home places purchased under Route 3 (see above)?</li><li>• Would the advantages of DPs/SDS for Route 3 contracts be greater than the benefits currently derived from the National Care Home Contract?</li></ul>	<ul style="list-style-type: none"><li>• No - If this is already provided by the local authority, people may be reluctant to ask friends or family to manage a DP on their behalf.</li><li>• There would be no advantage if already managed by the local authority.</li></ul> <p>Direct Payment rates may be no higher than those agreed in National Care Home contract, so there would be no advantage.</p> <p>An individual's choice of care home depends on places being available, not who is funding the placement. The provision of choice is covered in other primary legislation.</p>
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<b>Carers</b>	<b>Responses</b>
<p>A new Bill on SDS may remove the restriction placed on local authorities to provide direct payments or other forms of self-directed support to unpaid carers, where this supports carers to continue to provide care.</p> <p><b>Consultation questions</b></p> <ul style="list-style-type: none"><li>• Do you agree with the principle that carers should be made eligible to receive self-directed support and direct payments in certain circumstances?</li><li>• If not, why not?</li><li>• If so, what are your views on the detailed proposals for how this might be achieved?</li></ul>	<ul style="list-style-type: none"><li>• Yes we agree but there would have to be very clear guidelines as to which circumstances would meet that criteria. The suggestion is that this would only occur in a very small number of instances and should relate to the needs of the cared for person who relies on the carer's ability to provide ongoing care. The concern is that carers may interpret this differently and interpret this as their right. There are potentially significant financial implications of widening the scope of services.</li><li>• N/A</li><li>• This would need to be linked to carer's legislation so that carers can receive services in their own right.</li></ul>

**Self Directed Support National Strategy - Dundee City Council's Response**

**Consultation Questions Self Directed Support National Strategy**

<p><b>Question 1: Do you agree with the values and principles? If not: what would you remove?, what would you add?</b></p>	<p>It should be acknowledged that there will be a small minority of service users who will be unable to exercise choice and control, even with support, but the situation should be reviewed regularly, in accordance with their changing needs. Agree with values and principles but would add phrase "where possible" in relation to empowerment and "needs should be monitored where, in a small number of cases, others are making decisions/exercising control" Values and principles should be reviewed regularly in relation to changing need.</p>
<p><b>Question 2: The strategy demonstrates the need for broad ownership of this agenda, and leadership at all levels</b></p>	<p>The ADSW/SDS Network meets regularly and feedback is provided to both ADSW committee and Scottish Government. Members attending from individual Local Authorities take information back to their respective Councils. All Lead Officers should be included in the Network group. Wider ownership across Health Boards and Councils should be encouraged by having requirements to meet in Single Outcome Agreement. Some training is already supplied by three Lead Officers but a module should be developed for use at SVQ and degree level at local Universities and Colleges.</p>
<p><b>Question 3: How could they be more involved in ensuring that provision across all the services is co-ordinated so that not only social care budgets contribute to the desired outcomes?</b></p>	<p>Community Partners should be linked into an agreement to support the promotion of Self Directed Support and show commitment that the terms of the agreement will be followed up.</p>



<p><b>Question 4: One recommendation is local area co-ordination should be developed and funded by community planning partners. Views? Recommendations?</b></p>	<p>Local area co-ordination should be re-branded to be more inclusive of a wider range of needs. Its function should not be seen purely as a Social Work function for Social Work clients. There should be links with Community Planning Partnership which would help to reinforce that responsibility lies beyond Health and Social Work and a more holistic response is required.</p>
<p><b>Question 5: The strategy recommends that the Government explores the ways of supporting people to have more choice and control, right through from assessment to support, and including review. Views?</b></p>	<p>National Standards should be in place to provide support and information on the services to be provided to service users. There should be a clear indication of roles and responsibilities and support could either be in-house, by Voluntary Organisation or a Provider Support should also be provided to enable users to manage Self Directed Support, arrange for training for users and Personal Assistants and to provide financial management support. Support Services need to be strengthened to assist with employment policies and practices as they arise. Scottish Government should provide some funding towards provision of Support Services. Self assessment may not always be appropriate but it is important that Care Managers embrace the concept of Self Directed Support to ensure all users are given sufficient information to allow them to make an informed choice about how their care needs should be met. Providers will need support to take this forward because it will impact on partnership working, business planning and service level agreements. It is important that realistic timescales are built into contracts with providers and that all providers are offered full information and guidance by Councils and Scottish Government regarding the implications for their services.</p>

<p><b>Question 6: The strategy recognises that local government is responsible for identifying and allocating budgets for social care and support. Comments?</b></p>	<p>Market conditions vary in different areas and each Council should set their Direct Payment rate according to their geographic area and financial position. This may change in the future when agreements become outcomes focussed and a budget will be an annualised calculation. There are varying opinions about the success of the RAS but the current ADSW pilots in five Local Authorities should provide evidence of success of the RAS, when feedback is available. The IoRN has proved successful for Older People but it is a helpful monitoring tool rather than a predictive tool. If it is to be used, it will require further development for use in other areas. Integrated services require joint funding and universal services will not succeed unless there is access to other budgets, such as Education and Health, and that these are used in a holistic way. The Strategy does not address the financial implications for Local Authorities and it is acknowledged that there will need to be investment to make the Strategy a reality.</p>
<p><b>Question 7: The definition of self-directed support includes a range of options for exercising choice, Views?</b></p>	<p>Lead Officers should consider a simple questionnaire, with specific questions relating to Self Directed Support, which can be used across the Network to identify service users who are directing their own support. The assessment document should contain a question which identifies if Self Directed support was discussed and offered, and also show whether this was refused.</p>
<p><b>Question 8: What are your views on the overall vision and aims of the strategy</b></p>	<p>The visions and aims of the Strategy are aspirational, but in the present economic climate it will be necessary to be realistic about the choices offered. It has to be acknowledged that there are constraints for everyone in all walks of life. Other public services and Health need to be included and committed, so that Self Directed Support can be offered in an encompassing manner. This may have to be promoted through legislation.</p>

<p><b>Question 9: Do you think are there are any major gaps in the strategy?</b></p>	<p>The Strategy does not explicitly state that people should know the level of funding they are assessed as needing. This should be provided so they are aware of the choices which are available to them. There should be mention of Children's Services and how Self Directed Support can be offered, especially in relation to the Transition period. Support Services should provide training for self development/employer responsibilities in relation to safe working practice/employment issues and training and development for Personal Assistants.</p>
<p><b>Question 10: What do you believe are the priorities for future development?</b></p>	<p>Feedback from pilot sites is crucial to prevent progress being delayed in other Authorities, if work is being duplicated. It is important to have examples of what is working in Scotland, where markets and methods of service delivery may differ from those in England and Wales. An agreement on the best form of a Resource Allocation System should be made.</p>