



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
27 FEBRUARY 2018

**REPORT ON:** PERSONALISATION PROGRAMME (SELF-DIRECTED SUPPORT)

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB3-2018

### **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the Partnership's progress and challenges in realising the aspirations and vision of delivering Person Centred Care, under Self-directed Support legislation, through our personalisation and transformation programmes.

### **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- 2.1 Notes the detail of Dundee Health and Social Care Partnership's Personalisation self evaluation report as summarised in Appendix 1, as a response to the direction and recommendations reflected in Dundee Health and Social Care Partnership's Strategic and Commissioning Plan 2016-2021, Scottish Government's National Self-directed Support Strategy and Audit Scotland August 2017 Progress Report: Self-directed Support.
- 2.2 Instructs the Chief Finance Officer to report back to the IJB on the progress being made in achieving the actions set out in the self evaluation report to meet the recommendations detailed in the reports in paragraph 2.1 above, on behalf of the Personalisation Programme Board.

### **3.0 FINANCIAL IMPLICATIONS**

Funding for Dundee Health and Social Care Partnership to implement and support Self Directed Support legislation equates to £108,000 per annum. This has been fully invested in the infrastructure noted in section 4.5.

### **4.0 MAIN TEXT**

- 4.1 This is the first report on Person Centred Care and Self-directed Support under the umbrella term of personalisation being brought before the IJB for consideration. Dundee Health and Social Care Partnership's Strategic and Commissioning Plan sets out a range of actions to support the Partnership's ambition to improve health and social care services and improve outcomes for individuals living in Dundee. Strategic Priority 3 specifically focusses on Person Centred Care and Support, with a specific suite of actions against Self-directed Support.
- 4.2 The national strategy for Self-directed Support 2010-2020 is a joint Scottish Government and COSLA 10 year plan, dedicated to driving forward the personalisation of social care in Scotland. It was launched on 23 November 2010 and sought to make best use of the strengths that people, communities and the workforce have to achieve transformational change in social care provision.

4.3 Since the national strategy was launched there have been a number of significant public sector reforms, most notably health and social care integration. Integration has come at a time where there has been an increase in fiscal pressures set against an increasing demand for support and whilst considerable progress has been made in delivering person centred care and implementing Self-directed Support there remains scope for improvement.

4.4 The Social Care (Self Directed Support) (Scotland) Act 2013 was part of the national ten year strategy and came into effect on 1 April 2014. Self-directed Support provides individuals, assessed as having eligible social care needs, with a range of choice options for how their care and support arrangements can be delivered to meet their agreed outcomes. Self-directed Support involves identifying a budget for the individual's support and it encourages them to consider and decide how much ongoing control and responsibility they want over their own support arrangements. It is an approach which is designed to bring about independence and choice for people with care or support needs.

#### **4.5 Infrastructure**

4.5.1 Funding has been provided by the Scottish Government to support the implementation of Self-directed Support. This funding will enable the establishment of a small dedicated, but time limited, self-directed support team to support an increase in the uptake of SDS option 1 (a direct payment) and option 2 (directing the available support). The team will also provide a mentorship role to the wider workforce.

4.5.2 In order to ensure that direct payment recipients, choosing to employ their own personal assistants, were able to pay their staff the living wage an uplift in the hourly direct payment rate was recently applied. The increase in the new hourly rate was the same as the percentage increase applied to our commissioned Care at Home Providers. Any agreed subsequent rises in the living wage will be automatically reflected in the direct payment hourly personal assistant employee rates and should meet any auto enrolment pension requirements.

4.5.3 Over the past three years there has been a 12% overall increase in the financial amount paid in direct payments. In 2016/17 £1,079,655 was paid to direct payment recipients.

4.5.4 Following the launch of the national strategy and the implementation of the Social Care (Self-Directed Support) (Scotland) Act 2013 it was recognised that Dundee required to embark on a significant change programme if the requirements set out in the new legislation and the aspirations in the national strategy were to be met.

4.5.5 A Personalisation Project Board and Delivery Team were set up to oversee this work and a project plan was developed setting out a number of work-streams, crucial to supporting whole system change programmes with lead officers identified.

4.5.6 The work-streams include the following:

- Workforce planning and development
- Commissioning and Procurement
- Outcome focussed assessment and support planning
- Resource allocation release framework, and
- Communication and Involvement

4.5.7 The local infrastructure to support the implementation of Self-directed Support has been subject to both internal and external scrutiny and it is this scrutiny that has over the past few years helped inform and direct continued investment and development with the aim of improving not only the quality of the lives of those who require support, but also improve performance as reported through the Local Government benchmarking information.

4.6 The findings from an Internal Audit Report No 132-2017 on Self-directed Support was brought before the Council's Scrutiny Committee on 19 April 2017. The scope and objectives of the internal audit were to "review the Council's approach to fulfil the legislative requirement that authorities should offer those with eligible needs, greater choice and control over the support

required to meet their needs.” The principal conclusion drawn from the review was that whilst there was basically a sound system of control, there were some areas where it was viewed improvements could be made and this was primarily in relation to the time period for reminder letters requiring to be formally determined and service users monitoring procedures in relation to the financial monitoring forms, including accelerating the issue of reminder letters, should be followed. Action to address these issues have since been implemented.

4.7 At the time of the audit fieldwork there were 5,726 clients receiving care under SDS; the vast majority having selected option 3 where the local authority arranged the services on the service user’s behalf.

4.8 The Scottish Government National Self-Directed Support Strategy - Implementation Plan 2016-2018 (attached as Appendix 3) essentially took stock of what had been achieved nationally and set out four key strategic outcomes required to successfully implement self-directed support and these are:

- Supported people have more choice and control
- Workers are confident and valued
- Commissioning is more flexible and responsive
- Systems are more widely understood, flexible and less complex.

4.9 Furthermore, the Audit Scotland August 2017 Progress Report: Self-Directed Support also recognised the challenges Partnerships had experienced in implementing self-directed support and explicitly highlights that there was an underestimation of both the scale of change and challenges required in implementing Self-directed Support and that some of the challenges could not have been foreseen in the early years of the strategy. This report also recognised and to an extent echoed what the Scottish Government Self-directed Support Strategy - Implementation Plan 2016-2018 had set out as required further actions for successful implementation within its key strategic objectives. A summary of the key messages and recommendations is attached as Appendix 2.

4.10 Dundee Health and Social Care Partnership’s approach through the Personalisation Project Board and Delivery Group has been to take the recommendations and actions from both of these reports along with the recommendations from the Internal Audit report and identify and progress a number of actions, the most significant of these being:

- **Conducted a Staff survey:** This involved all Care and Assessment Teams aligned with the Health and Social Care Partnership including integrated teams. A series of questions were designed to inform us about the workforce’s levels of confidence in relation to offering self-directed support and their understanding of the current processes in place across the service.
- **Commissioned a Third Party Money Management Service:** this was developed in partnership with the independent support service we commission in order to support people who wished to direct and manage their own care and support arrangements, but who may struggle with, or would be unable to undertake the range of financial requirements in managing a direct payment.
- **Developed Outcome Focussed Assessment Processes:** the approach to assessment has been completely changed by moving to a participative outcomes approach.
- **Enhanced Information Technology Systems:** the implementation of the new electronic client management system (MOSAIC) for health and social care services has been configured to provide improved processes to support staff in navigating the various SDS options and to provide quantitative performance information in relation to SDS for the first time.
- **Developed E-Learning:** in partnership with the neighbouring Health and Social Care Partnerships an E-Learning personalisation module has been developed and this is

currently being tested across all three partnerships to support the Partnership workforce as well as the wider NHS Tayside workforce.

- **Facilitating Market Development:** Dundee Social Enterprise Network has been commissioned to help develop social micro providers within the marketplace to provide a wider range of support options under Self-directed Support option 2.
- **Production of a Charter Mark:** a good employer Charter Mark for individuals who are employing their own person assistants is being co-produced.
- **Investment in Supporting Infrastructure:** a small Self-directed Support delivery team has recently been created to take forward a number of initiatives and to ensure the personalised approach is embedded in practice.
- **Developed a Personalised Budget Allocation System:** an equivalency model has been developed to support the appropriate allocation of resources to service users in relation to their personalised budget.

4.11 Although much has been achieved over a relatively short period of time it is recognised that some significant tasks remain. The Audit Scotland report noted “*Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Councils’ total spending on all services decreased by five per cent in real terms between 2011/12 and 2015/16. At the same time, their spending on social work services alone increased by 8.6 per cent.*”

4.12 The Audit Scotland Report outlined a checklist that councillors and board members may wish to consider in seeking assurance about progress in implementing self-directed support in their council or integration authority. This is attached at Appendix 1 with an assessment of the current position from a Dundee perspective noted alongside required actions.

4.13 In this context the Partnership needs to continue to implement change in how services are commissioned to enable people to have choice, control and flexibility over their supports and more significantly their lives. This includes developing long term commissioning plans which will be transformational in that they are different from current service provision and continue to test the market place to seek creative, local solutions and options for people and the communities they belong to

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

<b>Risk 1 Description</b>	We will not achieve our Strategic Priority to deliver Person Centred Care or meet our statutory duty, as set out in the Social Care (Self-directed Support) (Scotland) Act 2013, to offer individuals assessed as having eligible social care needs with a range of choice options for how their care and support arrangements can be delivered to meet their agreed outcomes.
<b>Risk Category</b>	Operational, Legal, Workforce and Governance
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = Risk Scoring 12 (High)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"><li>• Develop a robust and deliverable action plan which incorporates the actions required set out in the self-evaluation appendix 1.</li><li>• Personalisation Board tasked with monitoring and evaluating progress of delivery plan</li></ul>
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable

## 7.0 CONSULTATIONS

The Chief Officer and Head of Service - Health and Community Care were consulted in the preparation of this report.

## 8.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

DATE: 7 February 2018

Avril Smith Hope  
Senior Manager  
Transformation Programme & SDS Lead



Checklist for Councillors and Board Members

How users, carers and families experience self-directed support in our authority

Questions for consideration	Assessment & Self Evaluation	Required Action
<p>Do we now offer self-directed support (SDS) to all eligible people when we assess or review their social care needs?</p> <p>• In what circumstances are people not offered the four SDS options?</p> <p>•What are we doing to give these people more choice and control?</p>	<p>Yes – this is a fundamental element of the assessment process.</p> <p>When people are not eligible we sign post or refer them onto community supports and direct them to the Mylife on-line information portal.</p> <p>When it is a short-term service or intervention that has been put in place (eg enablement)</p> <p>Or</p> <p>When there are significant risks which would place the person at risk</p> <p>Ensure that through the assessment and personal planning processes we are identifying actions to reduce risk factors and open up all four options.</p>	<p>Review option to either continue investment with current on-line information portal – Mylife or plan for disinvestment with suitable replacement through further development of the new MOSAIC care management system information portal.</p> <p>Introduce a Third Party Money Management Service to support people who would struggle with the business end of managing a direct payment, but who are able to direct their care arrangements.</p>

### How users, carers and families experience self-directed support in our authority

Questions for consideration	Assessment & Self Evaluation	Required Action
<p>How many people do we support, how many people have been offered the SDS options, and how many people have chosen each option?</p> <p>• How do we expect these numbers to change in future, and why?</p>	<p>At the time of the internal audit there were 5,726 people receiving care under SDS although the majority of those continue to receive services arranged by the local authority (SDS Option 3)</p> <p>We are looking to increase the number of people selecting option 1 and 2 and we are looking for a decrease in option 3.</p> <p>Introduce support which reduces barriers for people e.g. - Third Party Money Management Service, Chartermark, review and improve current resource allocation process, continue to invest in staff development opportunities, continue to invest in developing the marketplace</p>	<p>Full commissioning of the Third Party Money Management Service</p> <p>Carry out a review of the flexibility of the funding allocation process</p> <p>Continue to support the development of micro businesses</p>
<p>How do we involve service users, carers and providers to help design more flexibility and choice into support options?</p> <p>• What do they tell us about how we could improve?</p>	<p>Historical examples available:</p> <ul style="list-style-type: none"> <li>• Providers Personalisation event we hosted.</li> <li>• Mental Health Short Breaks Public Social Partnership as a good example of involvement with carers, service users and providers</li> <li>• Focus Groups we set up for testing out ideas and hearing suggestions.</li> </ul>	<p>Further engagement with service users and carers is required to be taken forward by the newly established SDS Implementation team</p>



**How users, carers and families experience self-directed support in our authority**

Questions for consideration	Assessment & Self Evaluation	Required Action
<p>Have we reviewed our assessment and support planning processes to make them simpler and more transparent?</p> <ul style="list-style-type: none"> <li>• What do users and carers think about the processes?</li> </ul>	<p>Yes – as part of the introduction of the new MOSAIC IT client management system all such processes have been mapped and simplified.</p> <p>This has not as yet been assessed</p>	<p>SDS Implementation team to develop consultation and engagement options</p>
<p>Have we reviewed our processes for supporting children to transition into adult services?</p> <ul style="list-style-type: none"> <li>• Have we jointly agreed improvement actions between children’s and adult services?</li> </ul>	<p>This is currently to be developed. The SDS implementation plan covers both children and adults services</p>	<p>SDS Implementation team to review transition processes</p>
<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"> <li>• Do people understand our information? Does everyone who needs it get it? Do they get it at the right time?</li> <li>• How have we involved users, carers and providers in reviewing the information and help?</li> <li>• Do we offer people independent advice and advocacy when they need it?</li> </ul>	<p>No formal review has taken place to date</p> <p>No assessment has taken place to date</p> <p>No assessment has taken place to date</p> <p>Yes – this is carried out through externally commissioned advocacy and support services</p>	<p>SDS Implementation team to develop consultation and engagement options</p> <p>As above</p>

**How users, carers and families experience self-directed support in our authority**

<b>Questions for consideration</b>	<b>Assessment &amp; Self Evaluation</b>	<b>Required Action</b>
<p>What difference is SDS making to people's personal outcomes?</p> <ul style="list-style-type: none"> <li>• How do we record and monitor this so that we know if things are improving across the board?</li> <li>• How are we using this information to plan future SDS processes and services?</li> </ul>	<p>There are individual examples of the positive impact SDS is having on people's personal outcomes however there has been no formal review carried out at this stage</p> <p>The new MOSAIC IT client recording system will assist in gathering and reporting on the outcomes for individuals</p> <p>This is currently not sufficiently evidenced to provide a good assessment of needs and gaps in processes or services</p>	<p>SDS Implementation team to develop review framework to provide overview of the impact of SDS on personal outcomes</p> <p>As above – then take learning into Strategic Planning and Commissioning intentions</p>

### Supporting social work staff to implement SDS

Questions for consideration	Assessment & Self Evaluation	Required Action
<p>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?</p>	<p>Generally staff feel positive around taking forward SDS however some concerns raised around complex processes and associated paperwork and the need for refresher training</p>	<p>Implementation of MOSAIC case management system, development of e-learning modules and the establishment of the SDS implementation team will assist with this.</p> <p>Further series of staff development events to be arranged during 2018 with specific Direct Payment learning events to be established on a rolling programme of 2/3 times a year</p>
<p>Do all our social work staff fully understand outcomes?</p> <ul style="list-style-type: none"> <li>• Are they confident about working with personal outcomes?</li> <li>• Have they had sufficient training?</li> </ul>	<p>From the staff survey, there is a general sense that they do however this needs to be expanded to an integrated workforce</p> <p>Yes – a significant training programme on developing outcomes has been underway for a number of years</p>	<p>Further development of Personal Outcomes learning opportunities are required to ensure a holistic outcomes approach is undertaken</p> <p>As above</p>
<p>Do our behaviours and processes encourage and support social work staff to develop innovative solutions to meet individual needs flexibly?</p>	<p>There is some evidence of this however not established across all service areas</p>	<p>Further develop and embed SDS processes within MOSAIC IT system</p> <p>Further develop the range of options available to meet the needs of service users through contract with Dundee Social Enterprise Network and through development of tri-partite contractual agreement in relation to SDS Option 2</p>

<b>Questions for consideration</b>	<b>Assessment &amp; Self Evaluation</b>	<b>Required Action</b>
<p>Do social work staff have sufficient guidance and support on how to balance innovation, choice and risks with service users and carers?</p>	<p>There is some evidence of this however not established across all service areas</p>	<p>Review operational guidance and procedures in relation to SDS options 1 &amp; 2</p> <p>Provide support to managers to develop a range of outcome focussed commissioning approaches and arrangements</p>

### Monitoring and planning progress in SDS implementation

Questions for consideration	Assessment & Self Evaluation	Required Action
<p>Do we regularly review our progress in implementing SDS?</p> <ul style="list-style-type: none"> <li>• Do we review progress against our SDS implementation plans?</li> <li>• Do we monitor and report on the SDS options chosen by people, ensuring this data is accurate and consistent?</li> <li>• Do we monitor and report on whether people's personal outcomes are being met with SDS?</li> </ul>	<p>This is mainly carried out through the Personalisation Project Board. Some information is presented to the Performance and Audit Committee and IJB through annual and mid-year performance reporting. Assessment of whether SDS is meeting personal outcomes is made by care managers as part of regular reviews however no formal reporting mechanism developed</p>	<p>Reporting on SDS progress to be highlighted within H&amp;SCP performance monitoring reports to the PAC, with separate reports developed as required by PAC</p>
<p>Do we use national information, reports and tools to help us improve how we are implementing SDS?</p>	<p>Yes – through the national SDS leads network and benchmarking information and Scottish Government and Audit Scotland reports</p>	<p>Analysis of national information and learning from other areas has influenced the tasks reflected in the local action plan and range of developments noted in the main report</p> <p>This will continue to be a priority in improving local performance</p>
<p>Do our strategic commissioning and related plans show:</p> <ul style="list-style-type: none"> <li>• how more choice and control will be achieved for service users?</li> <li>• how decisions will be made about re-allocating resources from one type of service to another in response to people making their SDS choices?</li> </ul>	<p>Yes – Person Centred Care and Support is one of the IJB's Strategic Priorities as set out in its Strategic and Commissioning Plan. This highlights the changes in financial planning to transition the shift from the current use of resources to free up funding for increased individual self-directed packages of support</p>	<p>Ensure review of Strategic and Commissioning Plan continues to provide a focus on increasing choice and control in the development of services to meet outcomes</p>

### Monitoring and planning progress in SDS implementation

Questions for consideration	Assessment & Self Evaluation	Required Action
<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"> <li>• Have we involved users, cares and providers in developing this?</li> <li>• If we do not have outcomes-focussed contractual arrangements, how are we giving supported people flexibility, choice and control.</li> </ul>	<p>Good progress has been made however current arrangements do not provide the full flexibility required for service users</p>	<p>Continue to develop the Tri-Partite contractual agreement for Option 2</p>
<p>Are we working with communities to develop alternative services and activities that meet local needs?</p> <ul style="list-style-type: none"> <li>• How are these community-based services and activities helping to support people?</li> <li>• Are there opportunities to develop more community-based services and activities?</li> </ul>	<p>This has partly been achieved through the investment in Dundee Social Enterprise Network and extensively through the Reshaping Care for Older People and Integrated Care Fund programmes where building community capacity and alternative supports have been fundamental priorities</p>	<p>Continue engagement through the emerging locality based model of integrated care services to identify the range of services necessary to meet local needs.</p>

## AUDIT SCOTLAND REPORT – SELF DIRECTED SUPPORT 2017 PROGRESS REPORT EXTRACT

## Key messages

- 1** Our evidence shows many examples of positive progress in implementing SDS. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy. Most people rate their social care services highly and there are many examples of people being supported in new and effective ways through SDS, but not everyone is getting the choice and control envisaged in the SDS strategy. People using social care services and their carers need better information and help to understand SDS and make their choices. More reliable data is needed on the number of people choosing each of the SDS options. Data should have been developed earlier in the life of the strategy in order to measure the progress and impact of the strategy and legislation.
- 2** 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. 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.
- 3** Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities' approaches to commissioning can have the effect of restricting how much choice and control people may have. In particular, the choices people have under [option 2](#) are very different from one area to another. Authorities' commissioning plans do not set out clearly how they will make decisions about changing services and re-allocating budgets in response to people's choices.
- 4** There are tensions for service providers between offering flexible services and making extra demands on their staff. At the same time, there are already challenges in recruiting and retaining social care staff across the country owing to low wages, antisocial hours and difficult working conditions.
- 5** SDS implementation stalled during the 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.

## Recommendations

### Directing your own support

Authorities should:

- 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.

The Scottish Government, COSLA, partners and authorities should:

- continue working together to develop:
  - the accuracy and consistency of national data on the number of people choosing each SDS option
  - methodologies to understand the impact of SDS on people who need support and their carers.

### Assessing needs and planning support

Authorities should:

- 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.



## Commissioning for SDS

### Authorities should:

- 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.

## Implementing the national SDS strategy

### Authorities should:

- 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.

### The Scottish Government, COSLA and partners should work together to:

- review what independent information, advice and advocacy people will need in future, and how that should be funded after current Scottish Government funding for independent organisations comes to an end in March 2018. This review should fully involve users, carers, providers and authorities, and should conclude in time for appropriate action to be taken
- agree how any future financial support should be allocated, taking into account how authorities' local commissioning strategies will inform future spending priorities
- seek solutions that address the problems of recruitment and retention in the social care workforce
- ensure that the requirement to effectively implement SDS is reflected in policy guidance across all relevant national policies, such as health and social care integration, community empowerment, community planning, housing and benefits
- routinely report publicly on progress against the 2016-2018 SDS implementation plan and the SDS strategy.

### The Scottish Government should:

- report publicly on the outcomes it has achieved from the almost £70 million funding it has committed to support implementation of SDS.





Healthier  
Scotland  
Scottish  
Government

Appendix 3

2010-2020

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Self-directed  
Support Strategy

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Implementation Plan  
2016-2018



COSLA



“ ”

Self-directed Support can let you do your absolute favourite things and lets you live the life you want.

Lewis Drummond, 19

# Foreword

When he was four, my son Lewis was diagnosed with moderate learning difficulties and hypotonia (decreased muscle tone). Lewis always had an avid interest in music and singing – musical instruments and nursery rhymes always held his attention when not much else would. When he was growing up we took him to all the free music events we could – bagpipe championships, choirs and hymns at church. But as a teenager Lewis needed more in his life than his family and school, and that's when his social worker introduced him to Self-directed Support and the Community Brokerage Network.

Self-directed Support has been crucial in helping Lewis excel in his talent and experience many new things. He has learned so much over the last couple of years, not just musically but socially too.

Information, advice and encouragement from the Brokerage Network helped to match opportunities to Lewis' individual wishes and interests. They played a huge part in this success for Lewis.

Lewis now attends the Royal Conservatoire of Scotland with a support worker. This gives him time away from the family environment with peers who have much the same interests. Lewis can finally have meaningful conversations about in-depth classical music notations, scales and compositions. His musical composition lecturers commented on how much he has matured over the last year, that he is more able to listen and he is calmer.

**Gillian Drummond,  
Kilmarnock**

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I would like to see my pieces being performed by a band or orchestra. I would like to go to the Royal Conservatoire of Scotland full time – although I don't know what Ayrshire college would do without me! I still need to learn important things in college like following the law and learn how to do a job, hopefully in music. I'm hoping to learn to go out by myself and how to look out for traffic without any help. My main wish is to go to RCS full time.



**Lewis Drummond, 19**

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# Introduction

## What is Self-directed Support?

Self-directed Support allows people, carers and families to make informed choices about what their social care support is and how it is delivered. It aims to empower people to be equal partners in their care and support decisions and to participate in education, work and social life.

Local authorities have a legal duty to offer people who are eligible for social care four options about how their care and support is delivered. Local authorities must also ensure they have access to support to help them make informed choices. The options are (1) a Direct Payment (a cash payment); (2) funding allocated to a provider of your choice (sometimes called an individual service fund, where the council holds the budget but the person is in charge of how it is spent); (3) the council can arrange a service for you; or (4) you can choose a mix of these options for different types of support.

The principles of choice and control should apply to any assessment process, contact with universal public services and engagement with voluntary organisations about care and support.

You can find out more on the dedicated Scottish Government information site  
[www.selfdirectedsupportscotland.org.uk](http://www.selfdirectedsupportscotland.org.uk).

## The Self-directed Support Strategy

The National Self-directed Support Strategy 2010-2020 is a joint Scottish Government and COSLA 10-year plan, dedicated to driving forward the personalisation of social care in Scotland. In the first phase of the strategy, from 2010-2012, we developed information to promote understanding of Self-directed Support. The second phase, 2012-2016, was focused upon development of the Social Care (Self-directed Support) (Scotland) Act 2013, guidance, and supporting innovation. We have now reached the third phase, and there is still a lot more to do.

A wide set of public service reforms have been taken forward since the Strategy was launched in 2011, most notably health and social care integration. Set in this

“ People must be empowered to make choices and have greater control over their lives. Our shared journey to creative and flexible support has started, but we need to continue to work together to make this a reality for everyone.”

**Aileen Campbell, Minister for Public Health and Sport**

context, the priority for 2016-2018 is to **consolidate the learning** from innovative practice and the application of guidance; and to embed Self-directed Support as Scotland's mainstream approach to social care. Since 2011 Scottish Government has invested £58.8m in facilitating this transition.

Thousands of people across Scotland have worked tirelessly to create the changes that have already been achieved. This includes people from disabled peoples' organisations, social care providers, independent support and information organisations, local authorities, health boards, regulators, and of course people who use social care services and support.

The Scottish Government, COSLA, Self Directed Support Scotland (SDSS), Social Work Scotland, Scottish Social Services Council (SSSC), Coalition of Care and Support Providers in Scotland (CCPS), Care Inspectorate, Scottish Care and Healthcare Improvement Scotland have worked together to produce this plan; and we will continue to work together to deliver the actions.



Councils and their integration partners are committed to reforming health and social care services and changing the way we think about care and support. We want to build on people's strengths and I'd encourage all stakeholders to support this by focusing on how they can help deliver the outcomes set out in this plan.

**Councillor Peter Johnston, COSLA Health and Wellbeing spokesperson**

### About this plan

This implementation plan reinforces the human rights based values and principles enshrined in the Social Care (Self-directed Support) (Scotland) Act 2013.

### Values

Respect  
Fairness  
Independence  
Freedom  
Safety

### Principles

Involvement  
Collaboration  
Informed Choice  
Participation  
Dignity

The content of this plan is drawn from evidence produced in the first two phases of the strategy, practice evidence and analysis of 18 months of engagement activity.

### Renews our vision that:

**The lives of people who require support are enriched through greater independence, control, and choice. This leads to improved or sustained health and wellbeing, and the best outcomes possible.**

**Self-directed Support is the mainstream approach by which we deliver social care and support, ensuring people can make real informed choice which enables them to achieve their identified outcomes.**

Set against four **strategic outcomes**, this plan sets out what has started to change, what national partners will do during 2016-2018 to address the **challenges** that have been identified, and what success will look like. It ends with how we will evaluate impact.

### Who is the plan for?

This plan is for people who believe in the values and principles of Self-directed Support and must continue to make the changes necessary to realise the vision. It should be read by people leading strategic change within health and social care partnerships, social workers, people who manage social care services,

care workers, supported people, commissioners of social care support, organisations providing information and advice, centres for inclusive living, allied health professionals, unpaid carers and those working in national organisations that support improvement in, and provide regulation of, the social care workforce and services.

### Your action counts

The vision and strategic outcomes will not be realised through the actions in this plan alone. It will take the commitment of many more partners working collaboratively within local communities and nationally to achieve this. There is a key role for local authorities who hold many statutory duties under the Self-directed Support Act 2013. They will continue to take a lead role in collaborating with a full set of local partners, including the arrangements put in place with NHS Boards for integrated health and social care, to drive the changes necessary within their local authority areas to deliver the strategic outcomes and realise the vision in this plan.

To date there has been considerable innovation driven by voluntary organisations and local communities, working together with statutory partners. Learning from this and creating more of it will make a significant contribution to the success of this plan.

While the actions detailed in this plan will be led by the named partners, your contribution to this work is essential. You will find details of how you can get involved on our website.

You can also share practical tools, stories of change, and evidence of what you are doing by sending them to us.

**Website:** [www.selfdirectedsupportscotland.org.uk](http://www.selfdirectedsupportscotland.org.uk)

**Email:** [selfdirectedsupport@gov.scot](mailto:selfdirectedsupport@gov.scot)

**Twitter:** @SG\_SDSPolicy

# Strategic Outcomes

The following **strategic outcomes** relate to the ambitions of the Self-directed Support Strategy and set out the changes we want to see in making Self-directed Support a reality. These outcomes contribute to all of the Health and Wellbeing Outcomes.

## 1 Supported people have more choice and control

Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.

## 2 Workers are confident and valued

People who work in health and social care have increased skills, knowledge and confidence to deliver Self-directed Support and understand its implications for their practice, culture and ways of working.

## 3 Commissioning is more flexible and responsive

Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.

## 4 Systems are more widely understood, flexible and less complex

Local authorities, health and social care partnerships and social care providers have proportionate, person-centred systems and participatory processes that enable people who receive care and support live their lives and achieve the outcomes that matter to them.

## Challenges

At this stage in the 10-year strategy it was important to take stock of what has been achieved and what has been challenging to achieve.

People told us these are the things that continue to be challenges to making Self-directed Support work for everyone who receives social care support:

- **Commissioning** – How to develop good flexible commissioning and procurement arrangements which place people at the heart of decision making.
- **Risk enabling practice** – How we better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.
- **Working with limited public resources** – How we better manage demand and expectations through effective use of resources and develop a shared understanding of how this can be achieved in the context of reduced public funding.
- **Knowledge and awareness** – How we increase awareness and understanding of Self-directed Support amongst the workforce, supported people, carers and communities.
- **Major system change** – How we understand and work with other public sector reform agendas to ensure that Self-directed Support remains a high priority, particularly in the new integrated arrangements.
- **Systems and processes** – How we develop systems and processes for delivering Self-directed Support which are easy to navigate, transparent and focused on the person.



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Having greater control  
of your life and decision  
making leads to improved  
health and wellbeing.

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# Strategic Outcome 1

## Supported people have more choice and control

Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.

### What has changed?

Over phases 1 and 2 of the Self-directed Support strategy we have observed that:

- There is a greater understanding of Self-directed Support and how it can lead to positive outcomes.
- There is greater use of local facilities, community groups and personal networks as part of people's care and support.
- There are better conversations between workers and supported people that help to understand what matters to them.
- People are seeking and receiving help and advice from a variety of sources, including independent support organisations and health and social care services as well as their social workers.
- More social care providers are offering flexible, personalised and outcome based support.
- Supported people, their carers and family members are increasingly being recognised as equal partners in decisions made about their care and support.
- Technology is being used more effectively to give people greater choice and control over their support.

## What we will do during 2016-18 to facilitate change

- Scottish Government will implement new human rights based National Health and Care Standards across health and social care services.
- Scottish Government will continue to invest in the 34 projects of the Support in the Right Direction programme. These are building the capacity and availability of independent information, advice and support services across Scotland to enable more people to exercise choice and control.
- SDSS will support more user-led disabled people's organisations to build their capacity and standing within the localities they operate.
- Scottish Government will evaluate the role of quality information and advice to enable people to make genuine individual choices and promote independent living.
- Scottish Government and SDSS will lead a national communication group to promote a clearer, shared understanding of Self-directed Support across Scotland.
- SDSS will carry out a survey of service users experience of Self-directed Support every two years.
- We will share learning from tests of direct payments within residential care homes across Moray and East Renfrewshire.
- All partners will continue to capture and share stories and evidence, of what is working well, and what still needs to change.

### Success

We will know this outcome is being achieved when:

- There is a shared understanding across supported people, carers, care providers and commissioners of what Self-directed Support is and how it can work.
- More people report they had a good quality conversation about what matters to them with workers, that enabled them to make genuine individual choices, empowered them to take control and promoted independent living.
- Specific tests teach us how Self-directed Support can work for more people, for example, people with mental health problems, children and families, people who are homeless or recovering from addictions.
- Care Inspectorate and Healthcare Improvement Scotland Inspections of registered services demonstrate more people experience the principles of the new National Health and Care Standards: dignity and respect, compassion, be included, responsive care and support and wellbeing.
- Strategic Commissioning plans help us better understand how major system changes such as integration of health and social care support the implementation of Self-directed Support.

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Citizens are engaged, informed, included and empowered to make choices about their support.

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# Strategic Outcome 2

## Workers are confident and valued

People who work in health and social care have increased skills, knowledge and confidence to deliver Self-directed Support and understand its implications for their practice, culture and ways of working.

### What has changed?

Over phases 1 and 2 of the Self-directed Support Strategy we have observed that:

- Workers and operational managers tell us they have increased skills, knowledge and confidence in implementing Self-directed Support.
- Workers and operational managers are recognised and supported to deliver strength based, outcomes-focused support for individuals.
- Social care providers are changing the way that they organise and deliver support, adopting a more person-centred, outcomes-focused approach.
- Organisations have fostered a culture of continual learning and development and reflective practice.
- Technology is being used more effectively to share information and innovations across a diverse workforce.

### What we will do during 2016-18 to facilitate change

The Scottish Government will:

- Continue to invest in SSSC Integration and Self-directed Support workforce development programme to build the confidence and capacity of workers in health and social care partnerships for problem solving and improvement approaches.
- Continue to invest in Social Work Scotland programme to support the integrated partnership workforce to better understand and implement Self-directed Support.
- Continue to invest in Providers and Personalisation (P&P), a policy and practice change programme hosted by CCPS. The programme will deliver workshops and events to share practice; discuss and address challenges; and explore the application of Self-directed Support in new service areas [www.ccpscotland.org/pp/](http://www.ccpscotland.org/pp/).

- Continue to invest in the 21 projects of the Innovation Fund to enable third sector organisations to promote culture change that will enable more flexible and creative social care support.
- Review the actions in the [Vision and Strategy for Social Services](#) to create a socially just Scotland with excellent social services delivered by a skilled and valued workforce.

### Success

We will know this outcome is being achieved when:

- There is a shared understanding across the whole workforce, including for example finance and administration, of what Self-directed Support is and how it can work.
- The workforce and supported people feel more confident in managing risk together, and develop a culture that supports innovation and creativity. This will balance the need for protection and compliance with legislation.
- There is an understanding of how to support practice which is focused on assets, personal outcomes and prevention is widespread, within the context of reduced public funding.
- More communities will be engaged in addressing needs within their communities.
- There will be a sustainable social care workforce who are equipped and endorsed to work collaboratively and develop partnerships at both a local and national level.



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Good conversations empower people to take control and promote independent living.

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# Strategic Outcome 3

## Commissioning is more flexible and responsive

Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.

### What has changed?

Over phases 1 and 2 of the Self-directed Support strategy we have observed that:

- Commissioners, providers and communities are working together to create more innovative approaches to ensuring greater choice of support, for example, through the development of micro and social enterprise.
- We have seen increased interest in collaborative approaches to commissioning including alliance contracting and public-social partnerships.
- New social care procurement legislation and guidance promotes flexible contracting which will facilitate more choice and control for supported people.
- There is now more understanding of Option 2 (Self-directed Support Act 2013) by commissioners and providers and more flexible approaches to support provided through Option 3.
- There is significant interest in making Option 2 work from a commissioning and procurement perspective.

### What we will do during 2016-18 to facilitate change

- The improvement hub (ihub) at Healthcare Improvement Scotland and the Care Inspectorate, will work with the health and social care partnerships and national bodies to support co-production, and engagement of local communities, in the provision of social care services. This will help ensure that a range of services are available to people to meet their needs.

- Coalition of Care Providers in Scotland will deliver events and workshops for providers and commissioners to share learning about commissioning, market facilitation and the impact of procurement on Self-directed Support Option 2.
- CCPS will deliver a collaborative learning programme to bring together providers, commissioners and service users to discuss working within financial constraints.
- Care Inspectorate and Healthcare Improvement Scotland will scrutinise strategic commissioning as part of their joint inspection programme.

### Success

We will know this outcome is being achieved when:

- More health and social care partnerships are taking collaborative approaches to commissioning to deliver more flexible and responsive support and services.
- The flexibilities available within new procurement legislation are being used to develop more innovative approaches to delivering social services, including models of care developed by and for local communities. In particular, where there is a shortage of providers within an area.
- Health and social care partnership strategic commissioning and implementation plans clearly support flexible and innovative services that promote Self-directed Support.



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People are able to live their lives and achieve the outcomes that matter to them.



# Strategic Outcome 4

## Systems are more widely understood, flexible and less complex

Local authorities, health and social care partnerships and social care providers have proportionate, person-centred systems and participatory processes that enable people who receive care and support live their lives and achieve the outcomes that matter to them.

### What has changed?

Over phases 1 and 2 of the Self-directed Support strategy we have observed that:

- Social work services, commissioners and providers are re-designing their assessment and support systems to focus on people's strengths and on the outcomes they want to achieve.
- We have better information about the choices people are making through Self-directed Support, and can use this to help plan flexible services for the future.
- Statutory services and care providers are beginning to work more effectively together to provide earlier interventions, build relationships with people who are disengaged or isolated, and deliver more personalised care.
- Health and social care partnerships are working with communities and providers to plan for more joined-up health and social care support which gives people greater choice and control.

## What we will do during 2016-18 to facilitate change

- Scottish Government will invest £3.52m in local authorities to embed culture change and continue to develop simple and effective systems which are easy to navigate and enable people to access the support they need.
- Scottish Government, COSLA and Social Work Scotland will carry out a survey of local authority implementation of Self-directed Support. The information gathered will help shape improvement support.
- CCPS P&P programme will continue with their three-year commissioned research project into provider experiences of implementation of Self-directed Support and the sector's responses to this.
- Scottish Government, COSLA and Social Work Scotland will lead a project to support local authorities, health and social care partnerships and providers to overcome barriers to system changes.
- The Care Inspectorate, Healthcare Improvement Scotland, SSSC and NHS for Education Scotland will support social care and primary health care leaders to develop more integrated services and commissioning arrangements, which support the implementation of Self-directed Support across the health and social care system.
- SSSC will facilitate the co-design of a Self-directed Support Systems Map and resources that will help to overcome barriers to system change.
- Scottish Government and the Care Inspectorate will work with three localities to test and refine a national outcomes based improvement framework for Self-directed Support.
- The Care Inspectorate will highlight successful practice, and areas for improvement, in the implementation of Self-directed Support across social work, social care and commissioning practice.



### Success

We will know this outcome is being achieved when:

- Local authorities, partnerships and providers have effective systems and processes which are easy to navigate and enable people to access the support they need.
- Input of the whole workforce, including finance, legal and procurement staff, is valued and its impact on how people experience support is recognised.
- The information we have about the choices people are making and the difference that this is making to their lives is improved.
- Scrutiny evidence demonstrates improved outcomes for people.

## How will we know?

We will review a full range of evidence to evaluate impact across the four strategic outcomes including:

- Social Care Survey.
- Health and Social Care Experience survey.
- Survey of local authority implementation.
- Support in the Right Direction six-monthly programme reports.
- Innovation Fund six-monthly programme reports.
- Self Directed Support Scotland survey of service users experience.
- Audit Scotland Self-directed Support Audit
- Care Inspectorate and HIS Service Inspection Reports.
- Care Inspectorate and HIS Strategic Inspection Reports.
- Scottish Government-led evaluation of the role of information and advice to support people to make informed choices about their care and support.
- Evaluation of specific projects and programmes.
- Health and Social Care Partnership Strategic Commissioning Plans.
- Health and Social Care Partnership Performance Reports.
- Ongoing review of learning from activity contained in this plan.







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