

Meeting: Highland Health and Social Care Committee

Meeting date: January 2022

Title: SDS Strategy Development

Responsible Executive/Non-Executive:

Report Author: Ian Thomson, Head of Service, ASC

1 Purpose

This report is presented to the Committee for:

- Discussion
- Approval

This report relates to a:

- Government policy;
- Legal requirement; and a
- Health and Social Care Partnership Strategy

This aligns to the following NHSScotland quality ambition(s):

- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

<p>Clinical and Care Excellence</p> <ul style="list-style-type: none"> • Innovating our care 		<p>Partners in Care</p> <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	
<p>A Great Place to Work</p> <ul style="list-style-type: none"> • Being inclusive • Learning from experience • Improving wellbeing 		<p>Safe and Sustainable</p> <ul style="list-style-type: none"> • In control • Well run 	

2 Report Summary

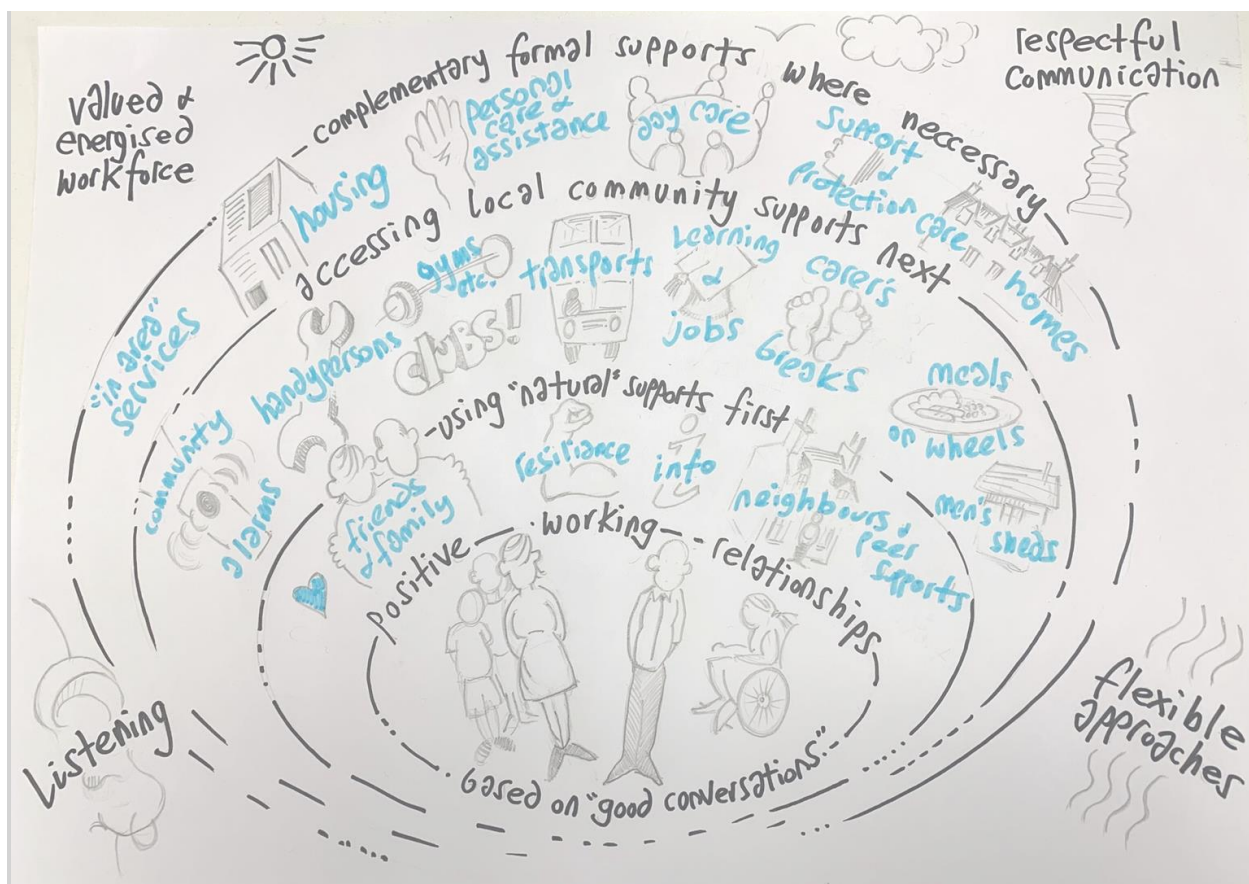
2.1 Situation

Self-directed support (SDS) describes the Scottish Government's approach to the delivery of Adult Social Care support in Scotland; setting out how statutory services should be

offered to adults in need. It includes the idea that service-users and carers should exercise choice and control over the supports they receive.

However there is recognition that the implementation of SDS is not as far advanced across Scotland as it was envisaged (see IRASC¹ and Care Inspectorate Reports²), nor has there been the shift in practice to reflect the ethos which its underpinning legislation aimed for, i.e. stronger, conversational and relationship-based practice which supports the tailoring of care around individuals' particular circumstances. Our assessment (at 2.3 below) is that Highland's position broadly reflects the Scottish one, and that a re-emphasis on the core principles of Self-directed support is necessary to shape progressive practice.

The development of a new SDS Strategy also needs to be understood within the context of Local and National initiatives which direct a move toward greater "community led" supports and a shift towards a human rights-based approach. The work being done needs to be consistent with Highland Partnership's Community Led Support work-stream; the proposals contained within the Scottish Government NCS Consultation³; and the newly published National Standards for Self Directed support⁴. It is understood that we need to utilise and strengthen the activities and supports that our communities offer to ensure that more people (including those who need support) can be active citizens within them - a simple depiction of this approach is given, below (Illustration 1).



¹ [Thematic-review-of-self-directed-support-in-scotland-june-2019.pdf \(sdsnet.org.uk\)](https://www.sdsnet.org.uk/thematic-review-of-self-directed-support-in-scotland-june-2019.pdf)

² [Independent Review of Adult Social Care - gov.scot \(www.gov.scot\)](https://www.gov.scot/independent-review-of-adult-social-care);

³ [A National Care Service for Scotland - Scottish Government - Citizen Space \(consult.gov.scot\)](https://www.gov.scot/citizen-space)

⁴ [Social care - self-directed support: framework of standards - gov.scot \(www.gov.scot\)](https://www.gov.scot/framework-of-standards)

The Committee is asked, then, to contribute to our “good conversation” on how SDS should work in Highland, and give its approval that the draft Strategy at Appendix 2 should shape our approach to the delivery of Adult Social Care in Highland going forward.

2.2 Background

The Self-directed support (Scotland) Act was enacted in 2016 and set out SDS as the mainstream approach to social care delivery, targeted at empowering people to have greater choice and control over their support: In short, it sets out the way statutory services should provide support to all adults in need in their Local Authority area. It was seen as part of creating a healthier nation with stronger and safer communities and was considered key to achieving a fairer and wealthier Scotland. It sought to put the principles of independent living into practice to enable people to be active citizens in their communities.

Like the social model of disability it was seen to contribute to the reduction or removal of the physical, organisational or attitudinal barriers that many people experience in the world around them. It was introduced as promoting flexibility, choice and control and as a support for people in need of support to have a decent quality of life. It is ultimately about promoting confidence and wellbeing for those with an assessed need.

2.3 Assessment

In common with the National picture (described at 2.1, above), the assessment in Highland is that we have still a considerable way to go to fully reflect the ethos of Self-directed support in the ways we work.

This assessment of our current practice has come from monitoring and information collection using a variety of routes. These include: the oversight of advisory panels looking at the range and composition of proposed care packages; the views and opinions of senior social work practitioners at regular forums; the opinions about practice raised at the Adult Social Work and Social Care Advisory Committee; and the participation of Highland staff in National forums, including the Social Work Scotland Self-directed support group. We have also had feedback from ‘critical friends’ – including SDS Scotland and Community Contacts – that more work is required to increase choice and control for adults in need in Highland.

We know, also, that throughout the pandemic significant social work capacity has been directed to monitoring and reviewing the situation with residents in care homes, and to managing with the sharp increase in the numbers of Adult Protection Investigations arising. This, in itself, will have significantly attenuated the ability of this section of the system to spend the time necessary to engage with adults in need to develop the personalised solutions that people want

Taken together then we recognise, therefore, that many of the same characteristics of practice (a reliance on a narrow range of formal, statutory supports to address need,

difficulties in agreeing appropriate levels of service or support, inflexibility in the use of SDS resources, a reliance on eligibility criteria to manage demand, and an inability to act preventatively) seem to be prevalent in Highland. Given the above, a refreshed approach is considered to be required.

We recognise too that we need to fully utilise the “Four Options” of support that comprise Self-directed support. Self-directed support allows people needing support to employ their own personal assistance, and/or purchase appropriate products or services to meet need in ways that suit them best (Option 1s) There is the option for individuals to come to individualised agreements with Service Providers and “the Local Authority” via an Individual Service Fund (Option 2). There are ‘traditional’ forms of support for individuals which are provided and/or arranged by NHS (e.g. Residential Care, Day Care, Care at Home) (Option 3s) .And there is the option of using a mix of the 3 options listed above (an Option 4) The potential of these approaches, we believe, needs to be fully maximised to increase the resources available to individuals locally. In particular, the ability for people to tailor their own solutions and employ their own personal assistance in flexible ways takes on a new salience in times of significant recruitment difficulties in remote and rural areas.

As of March 2021 the numbers of individuals using the respective SDS Options is given, below, Chart 1:

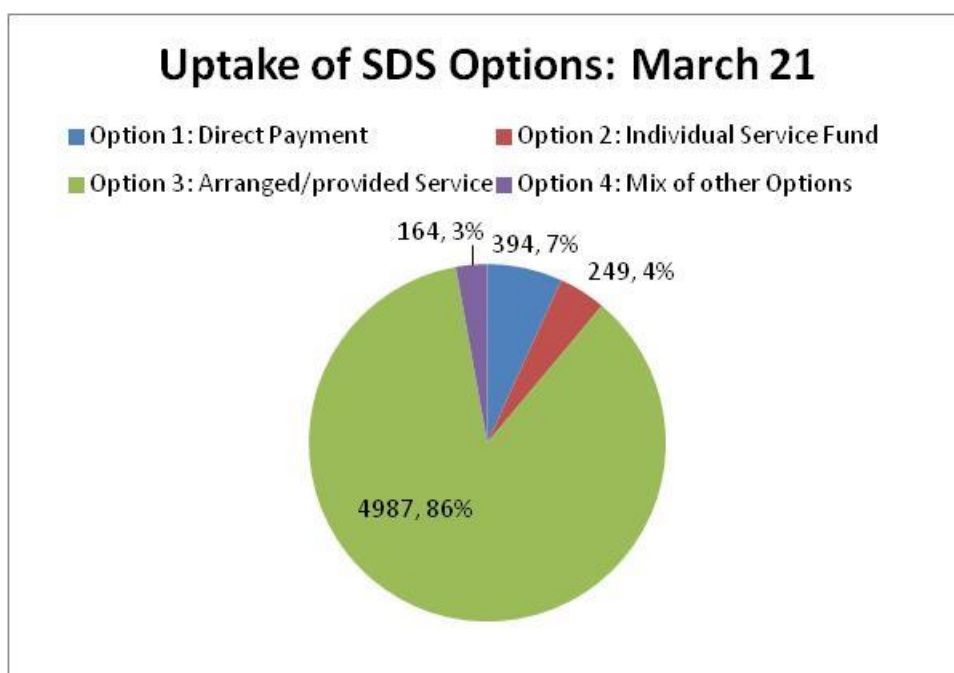


Chart 1

On embarking on the development of a refreshed approach to SDS, then, we wanted to reflect the participative and conversational approach which we understand to be intrinsic to the ethos of Self-directed support. We are aware, from feedback, that whilst many people are very satisfied with the services and supports they have, for some people who use and interact with our services the whole system around the assessment of need and the provision of care is difficult to understand and difficult to negotiate. And for a small number at least, our processes seem to end in situations characterised by conflict rather than

collaboration. Therefore we wanted the development of a new approach to SDS in Highland to be inclusive: we wanted it to reflect the experiences of people with a familiarity of the system, and we wanted it to benefit from the most up-to-date thinking shaping the development of the National Standards for - and the implementation of - SDS across Scotland.

Partnership Approach: setting out our Vision

Firstly we brought together a Reference Group in April 2021 to help set out a preliminary “Vision” for Self-directed Support in Highland.

We sought, and received, the support of In-Control Scotland, SDS Scotland, About Dementia and the SDS Project Team from Social Work Scotland (the Team which brought together the new National Standards for Self-directed support in Scotland): with their help we wanted to ensure we were informed of the ‘best practice’ components which should inform both our vision and our engagement and consultation processes.

The Reference Group also comprised people who had experience of practice locally. In addition to a local carer with (we suspect unmatched) experience of SDS, we had representatives from Connecting Carers, the Highland Senior Citizens Network, Community Contacts (our local, “Support the Right Direction” funded organisation) and NHS Highland. With these groups involved we hoped we would have the knowledge necessary to ensure we had good conduits to engage interested parties locally, and that developments to practice would be informed by an understanding of on-the ground realities.

The initial Vision, in summary, set out our:

- Values;
 - Person-centred
 - Caring
 - Promoting Equality
 - Enabling

- Priorities
 - Support Independent Living
 - Support Carers
 - Offer Choice and Control

- Approach
 - Having good conversations
 - Strengths based
 - Community Led
 - Participative
 - Simple processes

- Key measures
 - Positive outcomes for individuals
 - Carers report better health and well being

- Staff confidence
- More community options deployed
- Decision-making timely

With the Vision described the Reference Group set about engaging interested people across Highland about the future of SDS. It sought to use the Vision and a set of associated “Consultation questions” to engage people about what they thought about the implementation of Self-directed support in Highland.

The Group, ultimately, wanted to know whether people thought that the vision set out was the right one to implement. Would it help to ensure that people are able to fully participate in making informed choice in the support available to them? Would it result in clearer and simpler processes to ensure resources are directed effectively? Would it support a strong, healthy and diverse choice of support options tailored around the needs of local communities? And what changes and/or additions would help to fully implement our vision for Self-directed support in Highland? (Please see Consultation Document at Appendix 1)

Engagement and Consultation

The Reference Group worked to set out, and then realise, the engagement methods for our SDS Consultation. It is a testament to the commitment of partners that they all played an active part in the engagement and consultation process between July and August 2021. Methods comprised:

- Dissemination of consultation materials to survey opinion;
 - Online Survey
 - Electronic PDF document (distributed and on web)
 - Paper copies available as required
 - Telephone follow up as required
 - “Easy read” online-survey
- Bringing together targeted Focus groups to understand experience
 - Semi-structured sessions were held on-line and in-person supported by Reference Group members.
 - Sessions were based broadly on the Consultation Questions
 - Individuals with experience of SDS in Highland were invited to share views,
 - Organisations with a role in ASC were invited to provide their perspective via representatives

In the end we received 97 survey responses from individuals across Highland. The greatest number of respondents - who said - categorised themselves as carers, with only 6 responses being self-categorised as supported individuals. Other responses came from workers, volunteers, service providers and other family members.

In addition to this, the Reference Group ran 13 Focus Groups. These were flexible group sessions that used the consultation questions as the basis for more open discussions. The focus groups didn’t reach all the groups originally targeted but the sessions which were run are as follows:

- Recipients/managers of an SDS Option 1 for Adults
- Personal Assistants
- Older Adults
- Older Adults (service users and carers)
- Carers
- Carers at work (NHS)
- Young carers
- Social Workers
- Independent and Third sector providers (1)
- Independent and Third Sector providers (2)
- Senior Managers
- Implementing the National Standards for Self-directed support (this group was facilitated by the Lead of the team who drafted the National Standards and was attended primarily by NHS Management Staff)
- Autism Rights Group

Self-directed support in Highland - Consultation Report

Significant work was done to understand, analyse and draw out themes from all the survey responses. Focus group discussions were also recorded and issues and ideas were analysed, highlighted and categorised too.

Clearly we heard a wide variety of views, and there were many issues raised by those responding to surveys or participating in the focus groups. Together we collected a great deal of rich, qualitative data and we sought, in best faith, to pull this information together into a number of coherent themes and messages. This work has been brought together in the *Self-Directed Support in Highland – Consultation Report*.

This report is provided as a Sway presentation, and we have sought to make it available using the same channels we used to engage people in the Consultation. The link to the Report is provided here:

[Self-directed support in Highland - Consultation Report \(office.com\)](#)

The Report itself is broken down into two broad sections:

- What we've heard;
- What we need to do now

At a very simple level, the 10 action points (which we have used to explain “What we need to do now” section) now initiate the implementation phase of our Strategy’s development. It will be these 10 actions points which both describe our “high-level” implementation plan and which becomes the focus for our detailed, practical action planning. Taking together our Vision (now amended with “high-level” actions incorporated - at Appendix2) with a completed and detailed implementation plan, these documents will make up the two main pillars of our Self-directed support Strategy going forward (see **Next Steps** below).

Finally, although this consultation exercise involved us in asking a number of questions of people in Highland, it was never intended to be a piece of representative, social scientific research. Most of the information we gathered was relevant and informative and there were enough recurring points expressed for us to be confident that some pretty common themes were emerging. Most of the information we collected was qualitative and, we think, benefitted from being so. However at a basic, qualitative level 52% of respondents to the online survey agreed with the Approach we described as opposed to 16% who did not: 52% of respondents agreed with our Priorities against 25% who did not; and 73% agreed that we should use the support available in communities as a starting point for SDS against 27% who did not.

Next Steps: implementing change

As explained above the analysis of our Consultation response has identified 10 “high-level” actions that we believe need to be implemented to properly reflect what we have heard.

What we need to do:

Listening: Hearing

1. Ensure people benefit from a 'good conversation' with a trusted professional: work to enable people to access the support they need, wherever that may come from.
2. Ensure there are independent sources of advice, information and support available to all those exploring the help open to them.
3. Work in partnership with people who need support and partners to ensure they have a greater role in decision-making about SDS, at all levels.

Equitable. Sustainable

4. Provide (a framework of) clear and simple information about how to identify and secure the resource necessary to deliver the supports that people need.
5. Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support.
6. Maximise people's choice, control and flexibility over the resources available to them.
7. Provide comprehensive information about the full range of choices (support options) available to those needing support.

Community

8. Enable people to access natural and community supports wherever possible.
9. Invest in our community infrastructure so that strong networks can develop across our local partnerships which are complementary and effective in providing informal solutions to community members who need help.

Workforce

10. Ensure there is a sufficient workforce which has the confidence, competence and capacity to work to these local principles, and the National Standards for Self-directed support

At this stage, work has begun to describe and collate the underpinning actions and activities that will be required to realise these “high-level” implementation actions. Our partners in SDS Scotland and Community Contacts are facilitating a short series of workshops with a cross-section of practitioners, partners and those with lived experience aimed at identifying a practical set of SMART but imaginative ways to meet these action goals. The aim will be to build on these sessions to coalesce groupings of partners able to do the work necessary to deliver “what we need to do”.

Fundamental to the success of this will be our ability to bring together a broad based, purposeful alliance of statutory, 3rd and independent sector partners together with community leaders and interested individuals to stimulate change across our system. With the 10 action points, above, we know we need to improve communication and knowledge about the opportunities SDS brings to all the interested parties in Highland: this will be done with the aim of developing strong, mutual networks of support in each of our communities which have the links and creativity necessary to make the most of the resources available within them to support adults in need of support.

The Reference Group itself is in agreement that it now needs to change into an Implementation Group to secure progress: and there is an understanding that such a Group’s (or groups’) composition should in large part be determined by the detailed actions it will be required to effect.

There is also a determination among the partners involved that the ‘voice of lived experience’ should continue to shape the direction and implementation of our SDS Strategy going forward: indeed one of the high-level actions is that we work in partnership with people who need support to ensure they have a greater role in decision-making about SDS, at all levels. Work here is at a preliminary stage – however we have an outline model of how service users and carers could provide independent advice to our NHSH governance structures, and specific advice to Strategy Implementation Groups. Currently partners in Adult Social Care, Community Engagement and carers themselves are exploring the possibilities of promoting the service user and carer voice; one of which is aimed at progressing the formation of an independent “Carers Union” in Highland.

Finally, we have seen in the work done recently to provide Option 1 payments to carers in need of a short break that we can use Self directed support in streamlined ways to bring flexible resource to individuals to address need quickly and efficient. Here, both NHSH Integrated Teams and Connecting Carers link workers have used a simple, application process to secure funds for carers they have been working with to help realise those carers' own conception of a short break from their caring responsibilities. Utilising 'uplift' monies from Scottish Government, resource has been put at the disposal of those who are recognised to have been, as a group, significantly negatively impacted upon by Covid-19. Since it got going in mid September the scheme has been used by 85 carers to receive a Direct Payment for a short break. We think this is a good example of offering "choice and control" locally.

2.4 Other impacts

Workforce

The Strategy seeks to support the workforce to work in line with the National Standards for Self-directed support. It also seeks to support the workforce to have the skills, knowledge and values to realise the ethos of Self-directed support

Financial

The Strategy will not affect the financial resource available to Adult Social Care. However the Strategy is explicit in seeking to ensure that all resources are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support.

Equality and Diversity, including health inequalities

A draft EQIA is in situ and records that the Strategy is aimed at having a positive impact on Equalities and Disadvantaged groups. This is predicted on the reasoning that an explicitly value-led, person-centred and strengths based process should promote equality and challenge discrimination for those individuals we work with.

However it also recognises that work will be required within the implementation of the strategy's "Measures" that monitoring will be required to provide assurance that different groups have equality of access to the resources available. We are clear we will need to measure the extent to which Equalities and Disadvantaged Groups are able to access the four SDS Options, and, where there is differential uptake based on specified characteristics in evidence, take action to address this.

2.4 Recommendations

The Committee is asked to contribute to our "good conversation" on how Self-directed support should work in Highland; and agree that our Strategy development will help to shape a progressive and enabling approach to the delivery of Adult Social Care in Highland. Therefore the Recommendation is for:

- **Discussion** – Examine and consider the implications of a matter.
- **Approval** - give its approval that the draft Strategy at Appendix 2 should shape our approach to the delivery of Adult Social Care in Highland going forward.