

Meeting: Highland Health and Social Care Committee
Meeting date: January 2023
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

This report relates to:

- Government policy;
- Legal requirements; and the
- Implementation of 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)

Clinical and Care Excellence <ul style="list-style-type: none">• Innovating our care		Partners in Care <ul style="list-style-type: none">• Working in partnership• Listening and responding• Communicating well	
A Great Place to Work <ul style="list-style-type: none">• Being inclusive• Learning from experience• Improving wellbeing		Safe and Sustainable <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. 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 IRASC and Care Inspectorate Reports), nor 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.

The Committee is asked to contribute to our "good conversation" on how SDS should work in Highland; and discuss how the work we describe at Section 3 can best shape our approach to the delivery of Adult Social Care in Highland going forward.

2.2 Background

A Reference Group was brought together in April 2021 to help set out a preliminary "Vision" for Self-directed Support in Highland. That group focused on the need to build flexibility, choice and control into the way we deliver Self-directed support in Highland.

We sought, and received, the support of people who manage an Option 1, in-Control Scotland, Community Contacts (our local Support in the Right Direction (SIRD) provider), SDS Scotland, about Dementia and the SDS Project Team from Social Work 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 group's Approach was to embark on a Consultation exercise to gather views of service users, carers and those who work in services on what they saw as was important in respect of SDS, and what we needed to do to realise it in Highland

We heard a wide variety of views, with over 200 responses, and there was a significant amount of work undertaken 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*.

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

At a very simple level, the process identified 10 high level action points which firmly set the direction of travel for the implementation phase of the Strategy's development

What we need to do, ultimately, is:

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

2.3 Assessment

Understanding “what we need to do” gave the Implementation of the Strategy clear direction.

[Self-directed support in Highland - Making the Change Together \(office.com\)](#)

However those charged with Implementation believe *how* we make the necessary changes is just as important as the content of the changes themselves. Our SDS group are clear that we need to build relationship across the system to ensure that people who may need support, their carers and those involved in providing care and support are fully involved in shaping and effecting the changes required. We want to develop networks, share perspectives and build working alliances to ensure the changes we make are made together. We don't think there is a simple, technical fix to the complex set of implementation issues in respect of Self-directed support.

Rather our aim is to set up a series of local groups and co-production groups where we can have "good conversations" about how we make the changes required. These conversations should be informed by the perspectives of those in need of social care support and their carers, alongside professionals from the different sectors. The hope is that the groups will provide suggestions for new ways of working which everyone can agree with.

Information and Intelligence

We have brought partners from the statutory and voluntary sectors together with people who need support and carers in Fort William to explore how the provision of information about what Self-directed support is, and what support is available locally, can be improved.

People have told us that it would be great to have easily accessible and good quality information about the SDS legislation and how the Options work etc.. However, understanding how to develop the links locally and how to stimulate greater levels of available hands-on care is not simply about the provision of information: it's about making contacts, understanding who is doing what, and developing working alliances locally; it's about understanding opportunities and building intelligence across the system.

Our aim is, then, to develop one or two simple routes to good quality information that will benefit people working in, and affected by, the social care system. Having one simple on-line learning module on TURAS was thought by all involved to be a good way forward: as was having much more info available to all on Aliss. However providing focused opportunities for people operating across the social care system to come together to understand their own issues and take action upon them is also being progressed.

Community Led Approaches

We are engaged with work already underway in Caithness, Nairn and Lochaber to try to make sure that Community Led Support approaches being established there dovetail with an ethos of Self-directed Support. We want to help support a community of practice whereby all those providing proactive community supports - of whatever type - see themselves as part of an integrated system, and understand how the SDS Options can be used flexibly to provide the right help at the right time.

Currently the SDS role has been a complementary one: we have been involved throughout the span of the Community Led Support Project development, providing advice, information and training as requested.

Costing care and Identifying budgets

We are working with those managing an Option 1 (Direct Payment) and with those with budget responsibilities in Adult Social Care to see if we can describe a fair, equitable and sustainable framework for the calculation of Individual Budgets. We think this should support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants is a realistic and sustainable option.

Work with a local "Peer support group" is well advanced; and a model which recognises the real cost of employing a PA in our rural and remote geographies is being worked on.

Better Conversations

We are working with social workers, integrated teams and professional leadership - across Adult and Children's services - to create the conditions for open, honest and trusting relationships (and conversations) to grow between people who need support and professionals. In line with the Framework of Standards for SDS we would like to extend 'worker autonomy', and we would like to promote relationship-based practice.

Given this, work is underway to greatly simplify and clarify our costing and approval processes to increase worker autonomy and reduce frustration, confusion, and extra work. Ultimately we are working to seek approval for a clear, simple and sustainable process to match resources to need - removing all unnecessary bureaucracy in respect of social workers appropriately offering access to all four Options. The SDS Standards are clear: social workers have to have the authority and be enabled to exercise professional discretion to plan, support and set personal budgets within agreed delegated parameters

We would also like to use the experiences of service users to exemplify the key components of choice and control as part of robust foundational training for workers in the principles and practice of SDS. Empathy and a good understanding of the perspectives of people needing support are key to forming strong and equal working alliances. During our consultation we have had a number of offers from people who have support to provide input: our aim will be to include this in developing a single SDS Turas module.

Independent Support

We have identified funding to increase the Independent Support available to people exploring and managing SDS in Highland. Our Implementation Group is working with our contractual colleagues to describe a route to realise this Support. Discussions to date support the idea that this specification should be as flexible as possible, and support people along their journey to getting the help they need. The group agreed it should include the development of a much better quality web-site than anything currently available; and that Independent Support should include drop-ins (road-shows), peer support, support for personal assistants, and maybe an element of mediation.

The group are keen to complement the Independent Support already in place in Highland and hope we can build on the links and relationships already made.

Option 1: Short Breaks for unpaid carers

We are continuing to use powers within the Carers Act to provide an Option 1 Short Breaks scheme for carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes, and seeks to rely on professionals and carers coming together to identify the kind of break that would be right for them. We think this is a good opportunity to demonstrate the benefits of worker autonomy.

Work is underway with national colleagues - via the award of "Promoting Variety" funding - to provide our local workers with "outcomes-focused good conversations" training.

Option 2

We are working with our partners, in-Control Scotland, to better understand the operation of our Independent Service Funds. We know there are issues in offering greater choice and control in this area: and we have brought different component parts of our system - including recipients, contracts, providers, managers and workers - together to see how these can be addressed. As a result of three workshops we have identified the main themes for improvement.

These themes relate to creating an equal working alliance between workers and supported people, and increasing the autonomy of workers to realise flexible and creative three-way care planning with providers and supported people. It is recognised that this work is now closely aligned to our work to create "Better Conversations" (above) and, in that, we are working to seek approval for a clear, simple and sustainable process to match resources to need and outcomes. Introducing maximum contractual flexibility to enlist appropriate provision will be a key component of this.

Developing capacity: "place-based commissioning"

We are working with representatives of the local community in West Locharaber to explore how SDS might be used to offer a range of opportunities to reshape Social Care in the area. We are hoping that this work might develop into a collaborative, "placed-based" commissioning exercise - pulling the different parts of the system together behind a common purpose.

We want to explore how a full range of opportunities can be stimulated and made available for people in local communities. Interestingly IRISS is taking notice of this work – they are interpreting it as an early example of an “ethical commissioning” approach.

Personal Assistant Support

We are currently offering opportunities to support the Personal Assistant (PA) workforce in Highland. SDS Scotland is working collaboratively with us to offer events for PAs and PA Employers in Highland to learn about the new PA and PA Employer Handbooks. We hope this will be a good opportunity to have more people "join our conversation" about how to develop SDS

We have also sought - alongside our WEA colleagues, the targeted engagement of existing Personal Assistants in Skye and Lochalsh: we wanted to explore how we might develop networking and peer-support for this group. Unfortunately this engagement has not been a great success: we need new ideas about how to better engage this part of the social care workforce.

Shared Ethos

We are working to develop a series of real-life stories - using a range of media and to be made available across a number of electronic platforms - including a bespoke TURAS module as mentioned above - to clearly convey the values of choice, control and flexibility that underpins the ethos of Self-directed support.

We hope this information will be easily accessible to all - but also that it will play an important part of a robust foundational training for workers in the principles and practice of SDS. Currently we are seeking to gain the support of national partners to explore whether a Turas module could be created for a Scotland-wide audience.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

The level of assurance is in respect of how well our services conform to the updated Statutory Guidance of the Social Care (Self-directed Support) (Scotland) Act 2013. It is understood that the work described (at 2.3) above will, when more fully developed, address many of the risks associated with non-compliance. However there is a significant amount of effort still required to address the change of culture necessary to fully embrace

the Act's ethos of choice, flexibility and control. Individualisation, deregulation and creativity around care-planning will be central to this.

3. 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 the assessment that the Strategy is likely to have 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 work has been initiated with Public Health to check that reasoning, and to ensure any further steps required are identified and taken.

4 Recommendations

The Committee is asked to:

- Recognise the work being undertaken to promote Self-directed support approaches
- Contribute its ideas as to how Self-directed support might work in Highland to shape a progressive and enabling approach to the delivery of Adult Social Care.