

Agenda Item	17
Report No	ECAS 34/14

Self Directed Support

Report by Director of Care and Learning

Summary

This report sets out the critical issues that need to be considered by the Council as implementation of Self Directed Support progresses in children's social care services in partnership with NHS Highland. The FHC4 Improvement Plan is attached as **Appendix 1**.

1. Background

- 1.1 *"Self-directed support is one of the most far reaching reforms to social care provision in at least a generation. This year – 2014 - is an important year for social care and for self-directed support. It is the fourth year of the ten-year strategy and it is the year in which the Social Care (Self-directed Support) (Scotland) Act 2013 ("the 2013 Act") will come into force"*
DRAFT Self-directed Support National Monitoring and Evaluation Strategy, June 2014
- 1.2 Highland Council in partnership with NHS Highland are now well into the implementation phase of actions to embed SDS in service delivery. There is a Children's Services Screening Panel in addition to the Implementation Group, which has been operating for two years. It is intended that the Panel agrees levels of allocation or resource for all children with disabilities and their families where there is eligibility for social care funding resource including those where the needs and the costs are exceptional. This is providing an opportunity to benchmark and achieve equity across Highland.
- 1.3 Levels for the Resource Allocation System (RAS) have been agreed up to April 2015 including a maximum indicative budget of £20,000. Work is to continue to refine the RAS until it is considered sufficiently robust and to confirm allocations are affordable and an allowance made for untypically large awards.
- 1.4 Priority is being given to a review of all cases where there is an existing Direct Payment, including the number of very exceptional cases. This will provide a reasonable sample in order to gauge the cost implications of the choices being made and project potential costs for 2015 and beyond.
- 1.5 Procedures are being drafted including Eligibility Criteria and Complaints or Appeals processes with a possible requirement for an Independent Scrutiny Group
- 1.6 A significant piece of work will be undertaken by a Masters in Public Policy management trainee, seconded to the Council from September 2014 for three months. This will involve mapping the SDS process in Children's Services from end to end, identifying any deficiencies in procedure or policies and developing guidance

for each stage of the process for both staff and service users. This will include a “trouble shooting” guide to clarify the appropriate response in anomalous situations. This will address a gap identified by parent carers in information and advice about the SDS process.

- 1.7 Once the process mapping is completed, it will be necessary to seek a mechanism to have the RAS, personal outcomes and the evaluation of those outcomes on the CareFirst management information system. This is necessary to underpin review of practice, to make sure support to children and their family is having a positive impact. An interim arrangement is to be agreed for this to be managed centrally.

2. Future Management Arrangements

- 2.1 Decision making in respect of SDS will be devolved to District Managers by 1st October 2014, with oversight from the Development Officer Disability and Area Managers. The Finance Manager is to consider and agree maximum District budget allocations with Area Managers.
- 2.2 The current central system will continue in order to coordinate monitoring and evaluation and moderation of the decisions taken in the Areas.
- 2.3 District Managers, through their Practice Leads, are being given clear guidance regarding their responsibilities in respect of management of the budget.

3. Re-engineering of necessary budgets

- 3.1 The Council’s Finance Team is closely monitoring the activity and costs of care services as we aim to spend an increasing proportion of the social care budget on direct payments or newer packages of care, and less on some traditional services, as indicated below.
- 3.2 The review of all spot purchased provision is on-going, including the potential level of decommissioning required of the current home based respite contract.
- 3.3 The review of Support Work is almost complete. The outcome will be a mix of in house support work and purchased support as part of a person’s individual budget. There is a small amount (presently estimated at £200,000) which will go some way to reflecting the support work component of existing Direct Payments.
- 3.4 The current level of home care required has been confirmed and evidenced as far as is possible with current and future need projected. NHS Highland has been informed that this is worth £200,000 in the current year, and given notice of a reduction in the commissioning budget with effect from December 2014. Hence, in the current year, the change will involve a reduction in funding of £66,000, and further work will be required confirm the amount in 2015/16.
- 3.5 The impact of budget transfer from residential care budgets is on-going, but to date it has not proved feasible to make any savings without a significant impact on provision.
- 3.6 The impact on fieldwork costs is still to be considered.

4. **Enhancing choice and flexibility**

- 4.1 *“Our aim is for people to truly appreciate and exercise the choice and control that they can have and for their support to be accessed in ways that are innovative and personalised, building on their resources and those of their families and communities. This includes promoting Option 2 - Individual Service Funds - whereby individuals direct their own care with support from a service provider”.*

Personalised Care And Support In Highland.

A Five Year Plan For Self Directed Support (SDS) 2013-2018 May14

- 4.2 The provision of Individual Services Funds (Option 2) requires more work with providers of services to children and their families. This will be informed by the outcome of the second year of piloting these funds in Adult Care.
- 4.3 The range of ways in which families can make use of their Individual Budget is being enhanced by the development of a ‘menu’ of provision and options.
- 4.4 To ensure that the flexible provision is maintained and enhanced by our in-house services, short life Working Groups are being set up to assist with the drafting of guidance as in 1.6 above.
- 4.5 It may be possible for the ‘menu’ to include independent and 3rd Sector provision. This will necessitate discussions with providers, supported by Contracts, to ensure best value for parents/carers.
- 4.6 The Scottish Government have funded a user led consortium in Highland which is intended to result in a brokerage resource. The Highland SDS Lead Officer estimates that the necessary investment in preparation of the users will delay this being available until mid to late 2015. Children’s Services will continue to explore options with providers and with parents/carers.

5. **Workforce and culture change**

- 5.1 *“The Act requires us to work differently to ensure that service users and carers have greater choice and control over their care. A clearer focus on agreed outcomes will underpin the way we assess and allocate our resources. It is therefore essential to build and embed a new culture that fully supports the successful implementation of personalisation and SDS in Highland”.*

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- 5.2 The promotion and discussion of these core SDS values and principles is a key activity for the SDS Team and members of the Children’s Services Implementation Group. The SDS Team have developed a staff handbook which can be adapted for Children’s Services and gives clear guidance on the co-production of assessment and review.
- 5.3 Training is delivered by the SDS Team at a variety of levels, with the support of members of the Implementation Group. This includes targeted training for staff working with children with disabilities and their families to continue to build confidence and competence in this approach.

- 5.4 Training is also required with managers and practitioners in the Family Teams. In due course this will be widened to the health and education staff in Care and Learning. A new training programme is being developed by the SDS Team to address the needs of new staff and long term needs to ensure competence is maintained.
- 5.5 There has been continuous parent/carer involvement in developing the RAS Guidance which has accompanied implementation. On-going parent/carer participation is being enhanced through attendance of key people at Scotland's Inclusion Institute later this year, using Scottish Government infrastructure funding. It is hoped that this will build capacity in parent/carers to assist with building confidence and competence in people new to SDS.
- 5.6 Membership of the Implementation Group is being reviewed to include a representative from NHS Highland. Workshops will also be held in each of the Areas by members of the implementation Group to facilitate discussion and consultation with parents/carers.

6. **National Monitoring and Evaluation Strategy**

- 6.1 The Scottish Government is developing a suite of outcomes and indicators following consultation with the Local Authority SDS Leads. The SDS Outcomes framework is being designed in order that it can be further adapted to evaluate the impact SDS is having on the quality of life for children and families.
- 6.2 At the same time Highland Council is required to develop in-depth local understanding about the impact of our local change activity. This requires close working with the Family Teams which focus on disability.
- 6.3 Audit Scotland has produced the Guidance document which can be found in the link below. This gives a clear indication of the amount of work still to be done, despite Highland Council having been one of the national pathfinder sites.
http://www.audit-scotland.gov.uk/docs/central/2014/nr_140612_self_directed_support.pdf
- 6.4 Some of the key recommendations of the Audit Scotland report are covered in this report. Subsequent reports to Committee will inform on progress on the remaining Audit Scotland recommendations, as below.
- The Council is required to plan how we will allocate money to pay for support for everyone who is eligible as demand for services increases. Our scoping exercises to date included current service users with projections underway based on current Direct Payments combined with monitoring all newly approved Self Directed Support Packages.
 - Monitoring of the impact of SDS will require action plans for how and when to stop spending on existing services if too few people choose to use them, and plans to develop and invest in new forms of support for people with social care needs. This will require any decisions on when to change or close a service to be based on an appraisal of all the options, taking into account the impact on current users.

- We will be developing short and long-term financial plans for SDS to monitor progress, identify variations between the progress and the plans, spot trends and be ready to make potentially difficult decisions.
- We are looking at mechanisms to assess and report on the short and long-term risks and benefits of the way we have chosen to allocate money to support individuals through monitoring and reporting on budgets and spending on social care services.
- We may be required to take action to lessen the risks of overspending, which might mean that they are unable to provide support for everyone who needs it. This will be particularly challenging as we consider ways to roll out SDS beyond Children with disabilities and consider relevant budgets.

6.4.6 Audit Scotland estimate that it is likely to take at least three years to establish the necessary culture for full implementation which includes:

- Having a clear, shared vision across the whole service
- Having clear plan and effective arrangements for managing the risks to successfully implementing SDS
- Giving managers and front-line staff opportunities to examine their procedures and contribute to changes
- Developing ways of assessing the impact of changes
- Monitoring the risks regularly, and keep councillors and senior managers informed of progress.
- Ensuring leadership from councillors, managers, team leaders and frontline staff

7. Implications

7.1 Legal

7.1.1 Highland Council has committed to implementation of the new legislation from April 2014. The Scottish Government requires a joint approach across child and adult social care.

7.2 Resource

7.2.1 One of the many positive aspects of SDS is that it has the potential to achieve best use of the public pound. However, there is also risk that care packages can prove more expensive, or that demand for services could increase. This is clearly a challenge at a time when Service and Council budgets are under exceptional pressures.

7.2.2 It is therefore important to be clear that the availability of SDS does not change the nature of children's needs, and neither therefore should it impact on the eligibility for services – it is about how those services are provided.

7.2.3 The implementation of Self-Directed Support is intended to be transformational in its impact. The expectation is that families will be better able to meet their needs with the resource that is available, because they are in control and making the choices themselves about how to meet their needs.

7.2.4 The limit at which Indicative Budgets has been set reflects the health and social care element of the RAS but will be reviewed in the light of our experience this financial year, and a budget strategy developed in line with the resource available.

7.3 Risk

7.3.1 The scale of the change to service provision cannot be underestimated. Implementation will continue to require close and measured scrutiny and incremental planning.

7.3.2 The 3 years of Scottish Government funding for the implementation ends March 2015. If there is no continuation of their funding it is likely that measures taken within NHS Highland to subsume the SDS Team within their existing Area structures could have implications for Children's services, in particular if access to their infrastructure, business support and training functions is lost. If this occurred ahead of a Care First solution being in place there may be additional costs to Children's Services.

7.3.3 An additional risk is that people may choose not to have the same level of support every day or every week. If social care jobs become less attractive if the hours are more varied and flexible or there is no guaranteed weekly income it may mean that third and private sector providers have to improve staff pay and conditions to attract and retain the right staff, leading to an increase in their costs and therefore the prices they charge.

7.4 Equalities

7.4.1 There is a risk that SDS may be a favoured option for those groups of children and families who are able to use it, but that there will as a consequence be less choice and poorer access to services for other groups, as traditional services are downsized.

7.5 Other Implications

7.5.1 There are no climate change/carbon clever, Gaelic or rural implications arising from this report.

8. Recommendation

8.1 Members are asked to:

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| <ul style="list-style-type: none">• consider and comment on the issues raised in this report,• seek further reports as these various activities are taken forward. |
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Designation: Director of Care and Learning

Date: 15 August 2014

Author: Marlyn Campbell, Development Officer

FHC4 Outcome**(8) Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages.****FHC4 Outcome****(7) Children and young people are supported to achieve their potential in all areas of their development****Improvement priority:****5. Implement Self- Directed Support in Highland including both Children’s Services and Adult Services.**

Actions	Measures / evaluation	Timescale	Lead	BRAG
<p>Complete implementation and management arrangements. Ensure continued investment in S-DS</p> <p>S-DS Implementation Group (IG) to review membership and remit due to creation of Screening Panel. Include Service Commissioners. Consider need for Eligibility Criteria and Appeals Process and need for independent Panel.</p> <p>Report to be submitted to August 14 ECAS Committee.</p> <p>Confirm level of re-engineering of necessary budgets, including review of all spot purchased provision. Identify support work model and balance between in-house, outsourced and SDS and affordable budget for each of these.</p> <p>Confirm the need and level of home care required (as spot purchase and SDS) using whatever evidence is available to make a case within the Council to remove funding from NESH.</p> <p>Identify the level of decommissioning required of the current home based respite contract. Identify whether fieldwork costs are reduced by SDS.</p> <p>Impact and feasibility of budget transfer from Residential Care budgets to be undertaken (Head of Social Care)</p> <p>Brokerage and ISF options to be further explored</p> <p>Identify training required for Care and Learning Managers and others</p> <p>Engage with practitioner forums</p>	<p>Ensure Budget for an expected level of direct payments has the capacity to cope with any growth in take up.</p>	<p>By Dec 2015</p>	<p>S-DS IG - including Finance Team</p>	<p>GREEN</p>
<p>Implement and monitor affordable Resource Allocation System (RAS)</p> <p>RAS values levels confirmed by Screening Panel for one year from April 14 including maximum.</p>	<p>An evidence based allocation system for social care funding, informed by</p>	<p>From July 14</p>	<p>Development Officer Disability.</p>	

<p>Communication with all users of the Children's Disability Service advising them of full implementation of S-DS from July 2014 and possible impact on packages of support</p> <p>S-DS Screening Panel to consider all medium – high level S-DS packages. Meeting monthly till Dec 14.</p> <p>Unit costs of services updated. All Outcome documents to be collated and evaluated.</p> <p>End to end Guide Procedures to be completed support staff and service users.</p> <p>RAS to be completed for all new requests for service/for increase in resource with families from July 2014, including all requests for residential and family based respite placements. Complete review of all Direct Payments by July 15</p> <p>Continued work on the RAS including financial formula to confirm allocations are affordable. Allowance made for untypically large awards.</p> <p>Decision making transferred to District Managers by 1st October, with oversight from Development Officer Disability and Area Managers, with possible future transfer to Head of Children's Services.</p> <p>Finance Manager and IG to consider and agree maximum District budget allocations.</p>	<p>families and professionals and drawing on practice from other children's services.</p> <p>; Increase in number of personalised solutions; Evidence that in-house services offering flexible, personalised services; Increase in number of ISF packages; Increase in number of packages that show a combination of personalised support solutions; Fewer services acquired through block contract; Increase in numbers of support packages that include community resource; Budget position shows shift in funding from traditional services to personalised solutions</p>		<p>Screening Panel</p>	<p>GREEN</p>
<p>Ensure staff involvement, commitment and competence in S-DS</p> <p>Rolling programme of staff S-DS training to continue. Identify lead/mentor in each Family Team. Create 'Task Force' with possible back fill arrangements using SG Infrastructure Funds</p> <p>Workshop with staff to review their experiences implementation and collate learning and lessons. Revise Guidance as experience grows.</p>	<p>An experienced group of staff and managers who can support wider roll out of individual budgets</p>	<p>Continuous throughout 2014 -15</p>	<p>Development Officer Disability. S-DS Team</p>	<p>GREEN</p>
<p>Support families in full implementation of S-DS and build on their expertise</p> <p>Collate any additional information needed to empower families' e.g. safeguarding, PVG checks etc.</p>	<p>An experienced group of families with identified champions to support families in wider roll out formal/Informal family networks</p>	<p>By April 2014</p>	<p>S-DS IG S-DS Team</p>	<p></p>

<p>Customise information for children and families in Highland Revise Guidance as experience grows in partnership with families. Seek early opportunity to progress family leadership opportunities. Create the impetus for this from Parent/Carers and staff attending Scotland's Inclusion Institute in Sept 2014 using SG infrastructure monies. Create a Highland Support Planning resource and training programme Develop child and family friendly Outcome Measures</p>	<p>An approach to support planning in Highland for children and families alongside an experienced and mixed group of support planners</p>			<p>AMBER</p>
<p>Provider Involvement</p> <p>Identify whether any S-DS provision will be required as an alternative to residential care, and consider how this budget can be freed up – either through downsizing existing provision or closures.</p> <p>Maintain close links with providers and monitor impact of SDS Identify any potential participation from providers in helping families with Support Plans.</p> <p>Link with services currently commissioned by Adult services to support people managing their Individual Budget. Initiate work in partnership with Commissioners, Contracts and with private and independent sector providers.</p> <p>Develop a strategy that sets out the services children and families are likely to need in the future and where there are gaps in current services, known as a market-shaping</p>	<p>An experienced and enthusiastic group of provider services</p> <p>An early collection of information about the different offers of support in Highland</p> <p>Ensure providers deliver the support families have set out in their child's support plan Ensure service costs are realistic and affordable</p>	<p>By April 2014</p>	<p>S-DS Team</p>	<p>AMBER</p>
<p>Monitoring impact and outcomes</p> <p>Create service user satisfaction information and monitor what impact SDS is having on quality of life for children and families. Share good practice</p>	<p>Evidence of continuous improvement Make use of SG Outcomes framework</p>			
<p>Progress since last plan</p>				
<ul style="list-style-type: none"> • Reports to Adult and Children's Services Committee seeking endorsement to proceed in line with Scottish Government Guidance with disabled children and their families at this stage. • Staff and manager group completed work for the Pilot. Link staff involved in support planning with families. • Joint awareness and support planning sessions completed with Pilot families and staff using Test RAS. Desk Top Exercise completed Dec 13. 				

- Guidance developed collaboratively by independent consultant with families and staff
- S-DS Evaluation report completed Dec 13.
- Screening Panel set up with monthly meetings to assist benchmarking and confirm allocation with families.
- Rolling programme of staff S-DS training. Identify lead/mentor in each CDS Team to continue
- Workshop with staff to review their experiences implementation and collate learning and lessons
- Awareness workshops hosted by S-DS Team for providers and by Development Officer with in house providers during the pilot to help them prepare for S-DS

Final evaluation and future priorities