

## The Highland Council

Education, Children and Adult Services – 12 November 2014

Agenda Item	21.
Report No	ECAS 60/14

### Self-Directed Support Update

#### 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 Highland. It summarises the more detailed Implementation Plan and sets out key activities and decisions required now and over the next year.

### 1. Background

- 1.1 The Social Care (Self-Directed Support) (Scotland) Act 2013, implemented on 1st April 2014, is a key building block of public service reform. It's an approach that shares the core values of inclusion, contribution and empowerment through real choice and respect. The Act creates a statutory framework around the activities already underway across Scotland to change the way services are organised and delivered so that they are shaped more around the individual and better at meeting the outcomes they identify as important.
- 1.2 The Act brings new duties summarised as:
- A person must have as much involvement in the assessment process as they wish to and in the provision of support services. It is built into the Act that people must be enabled to participate in their own assessment.
  - The local authority and those delegated must collaborate with the individual in relation to the assessment of the person's needs for support or services and the provision of support or services for the person.
  - When a person has been assessed as eligible for support there is a duty to offer 4 choices in relation to how that support will be facilitated. There is also a duty to ensure these choices are informed through consideration of impact and implications.
  - A person must be provided with any reasonable assistance to enable them to express any views they have about the options for self-directed support. This will require consideration of, for example, advocacy, interpreter or other communication support.
- 1.3 The duty to offer the 4 options is a specifically a duty for the local authority. They are:
1. A Direct Payment.
  2. Directing the available support.
  3. Services arranged for the person by the authority.
  4. A mixture of the 3 above.
- 1.4 Self-Directed Support (S-DS) applies to children and adults who are deemed eligible for social care and support. Highland Council, in partnership with NHS

Highland, are now well into the implementation phase of actions to embed S-DS in service delivery but this is a very complex change to the way services are delivered. The Scottish Government have provided Guidance and Statutory regulations which still leave considerable scope for local variation. On that basis, this Report outlines some choices made about how we are implementing S-DS in Highland as we work through the new expectations. These will be kept under review as further changes are likely in the light of operational experience here and throughout Scotland.

- 1.5 For example, it is the expectation of the legislation that S-DS will apply across all children eligible for social care. For the time being it is recommended that the Council benefits from the outcomes of evaluation of implementation of S-DS in services for children with disabilities before further roll out. If and when SDS is widened beyond this group, additional relevant budgets would need consideration.
- 1.6 This means change and new processes for families, for staff, in funding mechanisms and for providers. All families of children with disabilities currently assessed as eligible for a social care service have been advised of the changes and what Self-Directed Support will mean for them. For some there will be little change but the service is being required to support families to take more ownership and control of the services they receive. Experience to date is that most families do not want to take the full responsibility and that we will need to consider setting up brokerage arrangements, possibly through a tendering exercise.
- 1.7 The challenge for the Council is that we will continue to directly provide some services, such as residential respite, but as there is no new money to fund S-DS we will have to make some decisions about which direct council service provision will be gradually reduced in order to pay for S-DS packages.
- 1.8 All of the above is complex and likely to remain so, with wide ranging implications. An S-DS Implementation Plan, overseen by a group of professionals has been developed which takes account of any consultation with service users. The headings and text below are from the Implementation Plan.

## **2. Identify future funding requirements for S-DS and options for budgetary reconfiguration.**

### **2.1 Identify the total spend on social care packages for children with disabilities**

- 2.1.1 The major impact of S-DS is that it requires the total resource available for meeting the social care needs of children with disabilities to be taken into account. Detailed work is therefore on-going to identify all budgets used to purchase or provide care and support to this group of families.
- 2.1.2 This will produce a financial break down at a Highland wide and District level and help to validate or inform the RAS financial formula (see 3.1 below) and provide a baseline for forecasting future S-DS spend, as well as possible budgets for pooling/reduction.
- 2.1.3 This work also includes providing up dated real costs for all in-house services.

## **2.2 Analyse data in individual packages transferred to S-DS**

2.2.1 There are now 120 care packages fully assessed and operational under the S-DS process. This is almost a quarter of the total caseload of the social care teams for children with disabilities. Scrutiny of the component parts within these care packages will provide some indication of the differences in support packages following the SDS process and identify any trends in the uptake of the 4 options.

2.2.2 This will provide the detail with regard to:

- Services likely to be affected by S-DS
- Identification of types of provision the Council will need to maintain or provide
- Forecast the level of funding required for S-DS.

## **2.3 Agree budgets in scope for re-configuration to S-DS**

2.3.1 As previously stated there is no new money for implementation of S-DS. The Direct Payments Budget alone for 85 service users is forecast to be £700,000 in this financial year against a budget of £420,000. Much of this, as previously indicated, is equivalent to care at home and support work.

2.3.2 This means that budget reconfiguration must take place, based on the assumption that families may opt to reduce or cease their use of in house services such as residential respite or support work. For example, if a family chooses to take a Direct Payment instead of 12 nights of respite per annum at the Orchard, then the Orchard budget requires to be reduced by an agreed amount and the space created not filled by placement of another child.

2.3.3 Dedicated funding for S-DS 'support work' packages will need to be achieved as part of the current review of support work.

2.3.4 NHS Highland has been informed that Highland Council will be decommissioning the children's care at home service that they were required to provide as part of the Partnership Agreement. While the total amount of this has yet to be determined, NHS Highland have been informed it is worth £200,000 in the current year (albeit only £66,000 will be held back, as this will take effect from December). NHS Highland have requested further discussion regarding this.

2.3.5 The Committee previously agreed to redirect a small proportion of the revenue budget for the Orchard into S-DS (£50,000). Until now, no changes have been made at the Orchard to accommodate this, but as part of the overall planning for S-DS, detailed work will now be carried out to identify the changes needed. This will include: consideration of income targets, reviewing the provision at weekends, scrutinising transport costs and ensuring that any places provided to another local authority are recharged at the full cost.

2.3.6 Further appraisal is being undertaken to enable informed decisions and develop the Financial Plan, regarding which other budgets require to be in scope for budgetary reconfiguration or reduction and detailing services likely to be affected by SDS and the impact this may have.

### **3. Develop clear processes and structures to ensure consistency, financial assurance and monitoring of SDS**

#### **3.1 Ensure RAS, Screening Panel and payments processes are in place to enable tracking of spend.**

3.1.1 S-DS requires a different approach to allocation of resource which is now based on a Resource Allocation System (RAS) completed with a family. Previous reports to Committee have outlined how the Highland Children's RAS was developed and designed to be transparent, affordable and less subjective than previous ways of allocating resource. Feedback from families and workers suggests that it will require further modification as experience builds.

3.1.2 The RAS provides a score which is converted into a total amount or budget available for a family who then opt for different ways to meet the desired outcomes for their child. They can be supported in this process by their Lead Professional. Many families have a mixture of direct services and direct payment. The latter is the component remaining after all other resources used have been deducted from the total amount. If a Direct Payment for the total amount is the preferred option the same level of planning takes place to specify how outcomes are to be met.

3.1.3 An end to end Process Map is near completion with associated guidance and proforma for use by all relevant staff and managers.

3.1.4 Since July 2014 an S-DS Screening Panel has been processing and approving all new requests for service in the disability teams and reviewing cases where Direct Payments are already in place. Staff have also been asked to prioritise cases where there is a significant level of spend, particularly on residential respite.

3.1.5 District Managers participate in the Screening Panel which in future will be chaired by an Area Manager with the Development Officer Disability present in an advisory capacity. The objective is to ensure a consistent and transparent decision making process with decisions swiftly communicated to the Lead Professional.

#### **3.2 Eligibility criteria**

3.2.1 Eligibility criteria may require to be developed, taking account of our experience and that of other Local Authorities, for clarifying the circumstances in which an individual is not eligible for SDS, as well as the circumstances in which a decision would be reviewed.

3.2.2 These criteria are likely to be based on the Disability Discrimination Act definitions of 'disabling conditions having a severe or significant impact and being of at least 12 months duration'.

#### **3.3 Procedures for individuals with exceptional circumstances**

3.3.1 The Committee has supported a cap of £20,000 for S-DS packages in Children's Services. A number of packages have though exceeded this amount, and a separate process has been developed to enable continued access to S-DS for children with a level of care beyond the cap, and where the needs of the children

and their circumstances place them at a high risk of becoming accommodated. The evidence for this includes such factors as significant parental stress, demands exceeding a family's capacity to cope, the amount/level of care provided by others, a child not in school or full time education.

- 3.3.2 The process is already underway for scoping all such packages, to inform forward planning for meeting such significant need, to assist with forward planning for their transition to adulthood and provide a budgetary forecast.
- 3.3.3 A policy decision may be required regarding maximum amounts in such cases.

#### **3.4 Independence of decision making process**

- 3.4.1 Advice with regard to legal duties and responsibilities will be required on all of the above to ensure that decisions stand up to scrutiny and are in line with the Statutory Guidance as there is a risk that the Council will be challenged on decisions that a person is not eligible, the application of the RAS amounts, or our process for meeting exceptional needs.
- 3.4.2 In order to ensure transparency and objectivity, an Area Manager who is not associated with a case will review the decision of the Panel if it is challenged.

#### **4. Engaging with service providers to ensure greater choice**

- 4.1 Engagement with in-house providers of residential and family based respite is on-going and staff are working on ways to capture and develop the variety and the value of the services they provide.
- 4.2 More challenging is working out how to cost services which need to be as flexible as possible to meet the needs of children with significant levels of difficulty in engaging with services e.g. the gradual process for building up the confidence of the parents to enable some else to care for their child and building trust in the child to be away from their parents.
- 4.3 The next stage is to develop processes for in-house services to be consistent in the way that they allocate resources and how they manage any reduction if a family opt to have a Direct Payment rather than a placement.
- 4.4 Families and workers have indicated that it would be advantageous to make available a resource directory of in house and independent providers at both a Highland and District level.
- 4.5 Much of this work is being undertaken by the central SDS Team who are trying to ensure participation of user led organisations and encourage independent agencies to manage Individual Service Funds (ISF) (Option 2).
- 4.6 S-DS implementation in Children's Services however has already indicated that there is a need to prioritise the development of brokerage if our approach is to be equitable, so this will be explored further. This may also produce more providers willing to consider ISF (Option 2) for families with children as there are at present no such providers in Highland.

## **5. Ensure staff involvement, commitment and competence in S-DS.**

- 5.1 We have identified key staff groups to be provided with training which reflects their responsibilities. For example, Area and District managers need to be clearly sighted on the process steps surrounding S-DS, whilst a Family Team worker will require greater input on completing a Child's Plan and RAS, as well as identifying and setting outcomes during the support planning stage. The Central SDS is currently modifying the Adult Services Handbook for Children's services.
- 5.2 The SDS Training Strategy for 2015-16 will be tabled and agreed at the next Implementation Group.

## **6. Support families with S-DS in particular those choosing Options 1 & 4**

- 6.1 Scottish Government Guidance is available for parents and carers, and it is the intention that the end to end process mapping will ensure guidance for each individual and family at the beginning of the SDS process which briefly describes the responsibilities associated with each of the 4 options. The particular responsibilities associated with a direct payment need to be clearly communicated at the beginning of the S-DS process.
- 6.2 It is also intended to hold 'surgeries' in Districts over the next few months to both consult with families about implementation, and give advice and guidance in individual cases. Each District is required to collate a list of training opportunities for families/carers.

## **7. Management of Transitions to Adult Care**

- 7.1 Alignment of assessment between children's and adult care was initially to have been achieved through the creation of the Transitions Bridge between the Child Plan and the Adult Support Plan in Care First. The Transitions Bridge is still in use in Children's Services to promote futures planning with families of young people but the approach was abandoned in Adult Care in favour of the Personal Outcome Plan (POP) which includes a RAS.
- 7.2 The implementation of SDS for Children and Adult Services are both at different stages. Currently, Children's Services is actively using a RAS based on the SHANARRI outcomes in conjunction with the Child's Plan and a top line of £20,000. In Adult Services a different RAS has been created with a higher top line of £29,536 based on the £568 weekly cost of full time residential care but this tool is yet to be trialled.
- 7.3 An S-DS Team member has designed a 'transitions RAS' which will be trialled as soon as the POP is in use. However it could be extremely challenging to completely align 2 separate systems at different developmental stages. There is a pressing need for the Council and NHS Highland to work collaboratively to align Eligibility Criteria to ensure that transition cases are managed as effectively as possible.

## **8. Implications**

### **8.1 Legal**

8.1.1 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. The S-DS Team currently receive their legal advice from the Council's Legal services and it is anticipated that there will be a need for this in children's services as allocation decisions begin to impact on individuals.

## 8.2 Resources

8.2.1 One of the many positive aspects of S-DS 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, especially as the S-DS process is identifying unmet need. This is clearly a challenge at a time when Service and Council budgets are under exceptional pressures to find significant savings over the coming years.

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

8.2.3 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

8.2.4 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.

## 8.3 Risk

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

8.3.2 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 S-DS 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.

## 8.4 Equalities

8.4.1 There is a risk that S-DS 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.

8.4.2 There is a potential equalities issue if parents/carers were to find it even more difficult to access care for those children who require 2:1 or 3:1 levels of support, should providers consider applying excess charges or focus their provision on those with fewer needs or challenges.

## 8.5 Climate Change/Carbon Clever

- 8.5.1 The recent Highland Bio-Diversity Partnership Delivery Plan highlighted the link between the environmental outcomes and the impact on health and wellbeing which fits well with the community capacity building ethos of S-DS. The range of opportunities for people to become involved in environmental volunteering could also provide welcome and appropriate activities for young people in rural and deprived areas of Highland.
- 8.5.2 There are no other climate change/carbon clever or rural implications arising from this report.
- 8.5.3 It may be necessary to have a Gaelic version of the Easy Read Guidance.

## 9. Recommendation

- 9.1 Members are asked to:
- consider and comment on the issues raised in this report,
  - seek further reports as these various activities are taken forward.

Designation: Director of Care and Learning

Date: 21 October 2014

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Background Papers:

<http://www.legislation.gov.uk/asp/2013/1/contents> the SDS Act.

Easy Read guide to the Act: <http://www.scotland.gov.uk/Resource/0042/00423126.pdf>

<http://www.legislation.gov.uk/ssi/2014/25/contents/made> the Self-directed Support (Direct Payments)(Scotland) Regulations 2014

<http://www.scotland.gov.uk/Resource/0044/00446933.pdf> to view the Statutory Guidance

<http://guidance.selfdirectedsupportscotland.org.uk/index.html> the website version of the national practice guides and Apps.