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# **ONE YEAR ON FROM THE ACT: A REVIEW OF SCOTTISH BORDERS COUNCIL'S IMPLEMENTATION OF THE SOCIAL CARE (SELF DIRECTED SUPPORT) (SCOTLAND) ACT 2013**

**Report by Chief Social Work Officer**

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## **SCOTTISH BORDERS COUNCIL**

**27 August 2015**

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### **1 PURPOSE AND SUMMARY**

- 1.1 This report proposes to inform Council of progress in implementing the duties of the Social Care (Self-directed Support) (Scotland) Act 2013 which came into force on 1 April 2014. Whilst the Act applies to all age groups, the report focuses on implementation within adult services.**
- 1.2 The Social Care (Self-directed Support) (Scotland) Act 2013 (the Act) came into force in April 2014. Its aim is to ensure that people eligible for social care support have control and choice over their support arrangements. When the Act was introduced there were 97 people who had already chosen to have support through the self-directed support pilot. The pilot evaluation showed positive outcomes for individuals and their carers on all outcomes e.g. feeling safe, feeling healthy, having things to do. There has been significant work since then to extend and ensure effective implementation, including a staff training programme and the recruitment of support planners to provide support to teams. In April 2015 the Council also introduced a new charging policy which included new charges for people using self-directed support (SDS).
- 1.3 As of August 2015 there are 349 people receiving support through the Act. In order to ensure that new duties are being met a review has been undertaken and this report identifies the key findings from this. The review was informed by people using the self-directed support (SDS) approach, social work managers and practitioners, and providers who responded to a questionnaire. There was an excellent response from SDS users, with 32% of people returning the questionnaire.
- 1.4 There are a range of new duties within the Act. People who receive support through SDS were asked about their experience of the Council in relation to these duties. Staff were asked to comment on what was working well within SDS and to state the key challenges or barriers. The key new duties are:
- a) As part of the assessment and provision of support there is a duty to have regard to the general principles of involvement, informed choice, collaboration, and participation and dignity;
  - b) To inform people of the options to manage their support;
  - c) To inform people of their budget;

- d) To promote a variety of providers and a variety of support.
- 1.5 The majority of people felt that the Council was fully adhering to the duties of the Act. In some duties it is recognised that there is a need for further progress. This Act is in year five of a ten year national SDS strategy, and it is recognised nationally that this is a large scale transformational change that will take time. The questionnaire responses from social work staff and providers have helped to identify what is working well within SDS and what are the challenges. Most staff are very positive about SDS and its focus on the person's choices and outcomes.
- 1.6 Learning from the review has confirmed that key areas to address include an urgent need for the SDS documentation to be incorporated into the social work information system, framework; the need for a review of the resource allocation system to follow from this; the extension of public information; opportunities for continuous learning and the need for continuing leadership support with the change.

## **2 RECOMMENDATIONS**

### **2.1 I recommend that the Council:-**

- a) Note the Council's progress in meeting the duties under the Act;**
- b) Endorse key actions to progress implementation as detailed below:**
- i) Implement the new paperwork to reflect SDS. This will provide people with clear information about the option chosen, and on the budget for their support. It will also reduce paperwork for practitioners.**
- ii) Collect information on whether people's outcomes are being through their support and report on this.**
- iii) Promote cultural change through the organisation by continuing to facilitate shared learning amongst stakeholders. This should improve understanding about SDS.**
- iv) Meet our duty to provide information on a range of resources within service provision and the community by exploring the provision of a resource directory with providers and the third sector.**
- v) Consider how an outcomes approach can be integrated into budget allocation decisions. This should provide a robust system for allocating budget that takes into account how people want to meet their needs.**
- vi) Review commissioned services in light of demand for more options.**

### **3 BACKGROUND**

- 3.1 The Social Care (Self-directed Support) (Scotland) Act 2013 came into force on 1 April 2014. The Act provides a legal framework for a ten year national strategy for SDS which is now in year five. There are new duties within the Act for local authorities and a review has been undertaken of the Council's implementation of these duties within adult services.
- 3.2 The key new duties for local authorities are the following:
- a) As part of the assessment and provision of support there is a duty to have regard to the general principles of involvement, informed choice, collaboration, and participation and dignity;
  - b) To inform people of the options to manage their support;
  - c) To inform people of their budget;
  - d) To promote a variety of providers and a variety of support.
- 3.3 In anticipation of the Act, and the significant process and cultural change required, the Council introduced a pilot phase of learning and by 1 April 2014 there were 97 people receiving support through SDS. The pilot evaluation showed positive outcomes for individuals and their carers on all outcomes e.g. feeling safe, feeling healthy, having things to do. As of August 2015 there are 349 people receiving support through SDS plus 125 people receive a direct payment through the traditional route. Plans for implementation within children's services are developing and will start from a base of 40 children already having a direct payment.
- 3.4 There has been significant work to support the implementation of the Act and this has been facilitated by transitional funding from the Scottish Government. Staff have been recruited to support the social care and health teams with the change, and there has been an extensive programme of training. There has been work with providers to broaden the range of options, and SBCares, an arm's length company, was formed with the expectation that over the next year it will provide a cost effective service with support available to people through the four options. The Scottish Government has also funded the third sector organisations, Encompass and BIAS (Borders Independent Advocacy Service) to support individuals with SDS, and ARC (Association for Real Change) Scotland to support providers.
- 3.5 The review has been informed by questionnaires which were sent in early June 2015 to the 316 people using the SDS approach at that time. An online questionnaire was sent to staff with specific questions for social work practitioners, for managers, commissioners and for providers. Performance information collected by the Finance service was also used, as was information from a sample of SDS documents.

### **4 THE VIEWS OF PEOPLE USING SELF-DIRECTED SUPPORT**

- 4.1 There was an excellent response rate of 32% from people using the SDS approach. There was a particularly high response rate from Berwickshire and from people supported by the learning disability team. Of the 100 questionnaires which were returned 39 were from people with a learning disability who were supported by the learning disability team, and they received an easy read version. The questionnaire asked people about their experience of the Council in fulfilling its duties under the Act.

- 4.2 Five of the questions relate to the five principles of involvement, informed choice, collaboration, participation and dignity that must be adhered to through the assessment and provision of support. The majority of people felt that all principles were met. The lowest overall rating was for the provision of information on a range of resources in order to make an informed choice. However, there were 84% of people who felt they were given plenty or some information. Being treated with dignity had the highest rating as 91% of people felt that they were always or sometimes treated with dignity.
- 4.3 There is a duty to offer each person four options for managing their support. These options are:
- a) direct payment – the person is paid the money and manages their support, it is the only option where people can employ their own staff;
  - b) individual service fund – the person chooses a provider and the detail of their support and the council pays the provider;
  - c) social work managed support- the care manager arranges the support;
  - d) a mix of any of these.
- 4.4 The questionnaire asked people if they were told about these four options and 59% replied 'yes'. The Council should also let people know the cost of their support and 61% replied that 'yes' they knew their budget.
- 4.5 It is interesting to note that for the first time since the introduction of the Act there are more people choosing the social work managed option through SDS than a direct payment. This may in part reflect concern about the new responsibilities and additional cost for employers through national changes in statutory sick pay and auto enrolment for pensions.
- 4.6 The Council has a duty to promote a variety of providers and range of support. The fact that the duty to provide information on a range of resources had the lowest rating may confirm the comments from some individuals that there was not enough choice as there was no available provider.

## **5. THE VIEWS OF SOCIAL WORK STAFF AND PROVIDERS**

- 5.1 Social work staff and managers, providers and commissioners were asked, through a series of questions, to comment on what worked well and what were the barriers to SDS implementation. They were also asked to comment on further learning opportunities that would assist them. There were responses from five providers, and three had used the SDS approach. Providers were positive about SDS increasing flexibility and a focus on the outcome the person wants from support. They also recognised limitations such as the small number of providers offering the individual service fund option. The proposal was made by some providers that opportunities should continue for shared learning based on practice.
- 5.2 There were responses from four social care and health managers and twenty social workers/care managers. Managers were positive about the principles in the Act and felt it supported good practice such as a focus on the outcomes people want to achieve and community, creative solutions that move away from the traditional service led approach. A key challenge identified by managers was in trying to make the change when many processes and systems contradict this shift, for example a focus on timetables and tasks in the provision of support.

- 5.3 Of the twenty practitioners who responded most were positive about the potential of the Act and felt that it had enabled them to be more creative in their approach. The two main barriers to effective implementation were identified as:
- a) Paperwork.
  - b) Budget pressures which led to a focus on personal care needs and task orientated support.
- Other challenges included sufficient awareness of SDS amongst managers, and a lack of care staff available through providers and for direct payment users to recruit as personal assistants.
- 5.4 The council introduced a resource allocation system for SDS in 2007/8 with the national organisation 'in Control'. This provides an upfront estimate of funding for people in order to help them to plan their own support. Almost half of the practitioners commented that although it was empowering for people to have an estimated budget so that they could plan their support they were concerned about whether it is now an accurate enough tool to indicate the budget that would be available.
- 5.5 Providers, managers and practitioners all felt that further learning sessions, based on practice, would be helpful, and to continue to have access to information and support on SDS.

## **6 MEETING THE DUTIES OF THE ACT**

- 6.1 There has been a steady increase in the number of people receiving their support through SDS and a 359% increase in numbers since the Act was introduced in April 2014 from 97 to 349 in August 2015. The information from people who have used SDS shows that the majority of people feel that the Council has met its key duties through the assessment and planning process. Most providers and the Council's social care and health staff who responded were positive about the impact of SDS but felt that there were key challenges to full implementation.
- 6.2 There is a local SDS Plan for 2014-18 and this will be updated to take account of this review.
- Key actions to promote implementation have been identified and will inform the Plan:
- a) Implement the new paperwork to reflect SDS. This will provide people with clear information about the option chosen, and on the budget for their support. It will also reduce paperwork for practitioners.
  - b) Collect information on whether people's outcomes are being met through their support and report on this.
  - c) Promote cultural change through the organisation by continuing to facilitate shared learning amongst stakeholders. This should improve understanding about SDS.
  - d) Meet our duty to provide information on a range of resources within service provision and the community by exploring the provision of a resource directory with providers and the third sector.
  - e) Consider how an outcomes approach can be integrated into budget allocation decisions. This should provide a robust system for allocating budget that takes into account how people want to meet their needs.
  - f) Review commissioned services in light of demand for more options.

## **7 IMPLICATIONS**

### **7.1 Financial**

The Scottish Government has made available £96,000 this year to support the implementation of the Act. This will fund project management; staff support to practitioners in adult and children's services with the duties of the Act and the inclusion of community resources within support planning; increased capacity within contracts to support providers with the change and with finance to develop and support information systems based on individual budgets; transition funding to support the move from block contracts; information to the public and a programme of training for staff and other stakeholders.

- 7.2 There is a review of the direct payment rate given regulation changes within HMRC and the Department of Work and Pensions that affect statutory sick pay, pensions and VAT. Block contract commissioning arrangements will also be reviewed in order to mitigate any effect of double funding when people exercise their right to choose alternative forms of support.

### **7.3 Risk and Mitigations**

The report describes the risks that have been identified in relation to the Council's effective implementation of the Social Care (Self-directed Support) (Scotland) Act 2013. No additional specific concerns need to be addressed. This report provides evidence to key stakeholders on the Council's compliance with the Act and the continuous improvement actions that have been identified for implementation.

### **7.4 Equalities**

A full equalities impact assessment was completed when the Act was implemented. It is anticipated there will be no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals contained in this report.

### **7.5 Acting Sustainably**

It is anticipated that there will be no adverse economic, social or environmental effects from the proposals in this report.

### **7.6 Carbon Management**

Self-directed support promotes community networking and resilience and should support carbon management by encouraging people to support, and be supported by, their communities.

### **7.7 Rural Proofing**

This is not applicable as this report is not a new or amended policy or strategy.

### **7.8 Changes to Scheme of Administration or Scheme of Delegation**

No changes are to be made to the Scheme of Administration or the Scheme of Delegation as a result of this report.

## **8 CONSULTATION**

- 8.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Service Director Strategy and Policy, the Chief Officer Audit and Risk, the Chief Officer HR and the Clerk to the Council have been consulted and any comments received have been incorporated into the final report.

**Approved by**

**Elaine Torrance**  
**Chief Social Work Officer**

**Signature** .....

**Author(s)**

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**Background Papers:** 'One Year On from the Act. Summary: A review of Scottish Borders Council's progress in implementing the Social Care (Self-directed Support) (Scotland) Act 2013.' This document provides more detailed information on the review and is available through -  
<http://intranet.scotborders.gov.uk/IntranetContent/One%20Year%20on%20from%20the%20Act%20Summary%20Aug%202015.docx>

**Previous Minute Reference:** Scottish Borders Council 26 June 2013

**Note** – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Susan Henderson can also give information on other language translations as well as providing additional copies.

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