

# **SELF-DIRECTED SUPPORT: UPDATE**

# **Report by Director of Social Work**

# **SCOTTISH BORDERS COUNCIL**

# 26 June 2013

### **1 PURPOSE AND SUMMARY**

- 1.1 This report updates Council on the progress of self-directed support and seeks agreement to the next phase of roll out, and to the response to the Draft Statutory Guidance and Regulations on Selfdirected Support and the Draft Directions and Regulations relating to Carers which have been issued by the Scottish Government for consultation until 10 July 2013.
- 1.2 The Social Care (Self-directed Support) (Scotland) Act 2013 ("the Act") received Royal Assent January 2013. It is anticipated that it will come into force in April 2014. The attached appendix summarises the guidance, regulations and directions which have been issued by the Scottish Government for consultation until 10 July, and the proposed Council response. The response is being discussed with NHS Borders with the proposal that it be a joint submission.
- 1.3 Locally the number of people interested in using the SDS approach continues to grow. Forty six people are now receiving support through this approach. In addition to this there are 254 people organising their own support through a conventional direct payment. This equates to 24% of the home care budget.
- 1.4 It was anticipated last year that the next phase of SDS roll out, i.e. to people new to social work, would be introduced in April 2013. This has been delayed mainly due to a) the difficulty in recruiting support planner posts to local teams to support staff through the change, and b) the delay in the new client information system within Framework, which will include SDS.
- 1.5 By autumn 2013 it is anticipated that the client information documentation will be integrated into Framework. There will also be further opportunity to recruit support planners to lead and support developments within the local teams.

## 2 **RECOMMENDATIONS**

- 2.1 I recommend that the Council:
  - a) Agree to the roll out of self-directed support from October 2013 to all people newly referred to Social Work who require ongoing support, in preparation for the legislative requirements in 2014 of the Social Care (Self-directed Support) Scotland Act 2013;

**b)** Agrees the attached response to the Guidance, Regulations and Scottish Borders Council, 26 June 2013

Directions which will be submitted to the Scottish Government by 10 July 2013.

## 3 PROGRESS ON SELF-DIRECTED SUPPORT

## 3.1 National Progress

The Social Care (Self-directed Support) Scotland Act 2013 received Royal Assent in January. It is anticipated that it will come into force in April 2014. Statutory Guidance to accompany the Act has been issued for consultation in conjunction with draft direct payment regulations. In addition the Scottish Government has published the Draft Carers (waiving of charges for support) Regulations 2014, and Directions on the carer's assessment. Consultation on all documents ends on 10 July 2013.

3.2 The national implementation group has been working on key priorities for year three within the ten year self-directed support (SDS) strategy. These priorities include the development of underpinning values and principles, workforce development planning, accessible information for the public, and tools for the measurement and analysis of progress.

#### 3.3 Local Progress People making choices about their support

The number of people interested in using the SDS approach continues to grow. Forty seven people within the Borders are now receiving support through this approach and there are at least another twenty people at the earlier stage of planning or arranging their support. The number of care managers who are gaining experience in SDS is growing and thirty nine care managers have used an SDS approach. In addition to this there are 254 people organising their own support through a conventional direct payment. This equates to 24% of the home care budget.

- 3.4 Direct payments continue to be the preferred of the four options available to people through the Act. There is an increasing use of the option where social work arranges and manages the support five people have chosen this and it is often used in conjunction with a direct payment. The option of an individual service fund is having a slower take up (two people are using this) and providers are only gradually becoming familiar with the implications of this.
- 3.5 SDS continues to support people to meet their assessed needs in ways that work for them. 'It has kept our family together'. This is the reaction to a small amount of budget that a family used to buy a bicycle rack. It enabled the supported person to take her buggy in the car on cycling breaks with her children rather than have to remain at home; this has helped her to stay well and support her carer husband.

# 3.6 Awareness of SDS

Almost all of the social work assessing staff have participated in SDS training. Over 100 provider staff have also undertaken training. There is information on the Council website about SDS, leaflets circulated and been press information, and presentations made to local groups. Local organisation Encompass and BIAS have Scottish Government funding to promote SDS and support individuals, and ARC Scotland are funded to promote and support SDS with providers. ARC Scotland, in conjunction with SBC, has produced information for providers and has extensive information on their website.

3.7 There is a range of work that is informing our understanding of SDS and supporting implementation. The national research organisation, IRISS, is working jointly with SBC and local stakeholders to provide information that will inform the pathway between SDS and adult protection. The local

organisation, Encompass is doing mapping work to provide information on local community resources for SDS users.

## 3.8 Children

The roll out of SDS to children and families is a more gradual process, and this is reflected nationally. The national organisation 'in Control' is facilitating learning and development, as it did in the early stage of the adult roll-out. A resource allocation system is being developed, and a formal agreement with Aberlour is in place in order to provide the flexible response required by SDS. A small pilot is in the planning stages to test out the approach.

# 4 CONTINUED ROLL OUT OF SELF-DIRECTED SUPPORT

## 4.1 **Pressures on successful implementation**

In November 2012 it was anticipated that the next phase of SDS roll out, i.e. to people new to social work, would be introduced in April 2013. This has been delayed due to:

- (a) the difficulty in recruiting support planner posts to local teams to support staff through the change, and
- (b) the delay in the new client information system within framework, which will include SDS.

## 4.2 Solutions to reduce pressures

In order to address this there will be a continued focus on recruiting support for local teams. A support planner will also be recruited to promote and support SDS within the joint mental health team. This will help develop understanding about the role of health within SDS.

- 4.3 A project manager has been appointed to ensure that the new client assessment and support planning information is developed and will include SDS principles and processes.
- 4.4 In addition some providers have been finding it difficult to provide the flexibility required to give people choice. There are financial implications where individuals are choosing to move from a block funded provider and the funding cannot be released to pay for alternative support. However, there is funding from the Scottish Government until April 2015 which can be used for 'double funding' with the expectation that services will become more responsive to SDS.

## 4.5 **The next phase of roll out for SDS**

The next phase of roll out for SDS is planned for autumn 2013 when it is anticipated that the documentation will be integrated into Framework. There will also be further opportunity to recruit support planners to lead and support developments within the local teams. This next phase will introduce SDS as the default position for all people new to social work who require ongoing support. Until that time SDS will still be available to people who wish to use that approach and it will continue to be promoted.

4.6 Once this is phase is established SDS will be rolled out to existing users of social work support.

## 5. DRAFT STATUTORY GUIDANCE, REGULATIONS AND DIRECTIONS

- 5.1 The Scottish Government has issued four documents together for public consultation. These documents are:
  - 1. (Draft) Statutory Guidance on care and support a public

consultation on draft guidance to accompany the Social Care (Selfdirected Support)(Scotland) Act 2013;

- Draft Self-directed Support (Direct Payments) (Scotland) Regulations 2013- a public consultation on draft regulations to accompany the Social Care (Self-directed Support)(Scotland) Act 2013;
- Draft Carers (Waiving of Charges for Support) Regulations 2014 a public consultation on draft regulations to accompany the Social Care (Self-directed Support)(Scotland) Act 2013;
- Draft Directions (The Carer's Assessment (Scotland) Directions 2014) made by Scottish Ministers under section 5 (1A) of the Social Work (Scotland) Act 1968.
- 5.2 The consultation period runs until the 10 July. Locally SBC is encouraging stakeholders to respond to the consultation. SBC is discussing with NHS Borders whether this will be a joint response between SBC and NHS Borders.
- 5.3 Given the range of documents being consulted on, and the detail within the seventy nine pages of the Statutory Guidance, it is planned to utilise the full consultation period to inform a response. The attached Appendices highlight some of the key issues raised within the consultation documents and the proposed response.

# 6 IMPLICATIONS

## 6.1 **Financial**

- (a) This is year two of three year funding from the Scottish Government to support the implementation of SDS. This funding is being used to develop and support the skills of staff, develop information that promotes SDS, make appropriate changes to systems and processes and support the reshaping of care whilst commissioning adapts in response to the choices made by individuals. In addition Change Fund monies have been secured to contribute to the employment of the support planner posts and this will be carried forward.
- (b) The Individual Budget allocated to people using SDS is based on a Resource Allocation formula worked out using financial data that reflects local spend on need, the cost of services and increased demographic demand. The price point of 55% with no client charge has met the needs of individuals since it was introduced earlier this year. To ensure equity the Individual Budget will be reviewed in line with the revised calculation at the point of review whilst ensuring that individual needs and outcomes can be met. The resource allocation system will only give individuals an estimated amount and the professional judgement of care managers is still a crucial aspect of the process. The amount can be adjusted to ensure that the eligible assessed needs of individuals are met.
- (c) The total amount of budget committed to SDS is currently £532,671pa. This equates by user group to: £263,326 to people with a physical disability, £177,775 to adults with a learning disability, £48,718 to older people and £42,852 to people with a mental health need. In addition the Council continues to support the pre-SDS direct payment users and the total budget for this is £2M.

# 6.2 **Risk and Mitigations**

(a) Self-directed Support is 'not...a particular mechanism or a provision of money to the individual, but...a collaborative approach to

assessment and support planning' (Draft Statutory Guidance on care and support, April 2013). SDS entails a culture change from service led support to planning based on an individual's outcomes. This change is taking time and is being introduced at a particularly challenging time both within SBC and social care as a whole as staff face challenges through general workload pressures and significant financial constraints. SDS will be gradually phased in to enable the change to be implemented in a manageable way. In addition there has been substantial training both of assessing and provider staff and this continues. SDS will become a duty on local authorities in 2014 and the gradual introduction and development of this approach over the last two years has placed the council in a more robust position to implement this legislation.

(b) All new people with ongoing support will be provided with an SDS approach. It is recognised that for existing users there may be a waiting time if they want to make the change, due to the demand on assessing teams. This will be addressed through the next phase of roll out.

## 6.3 Equalities

An Equalities Impact Assessment has been carried out on SDS and it is anticipated that there are no adverse equality implications.

### 6.4 Acting Sustainably

Self-directed Support has the potential to change the social care market place as individuals have more control as purchasers. For example an increase in direct payments can lead to an increase in the people directly employed by individuals. The impact of SDS is not fully known but it is assumed that people will increasingly choose local people and services.

#### 6.5 Carbon Management

It is anticipated there will be a corresponding reduction in spend on travel as services are developed in local areas.

#### 6.6 Rural Proofing

Self-directed support supports people to remain within, use and contribute to their own communities.

### 6.7 Changes to Scheme of Administration or Scheme of Delegation

No changes to be made.

## 7 CONSULTATION

7.1 The Chief Financial Officer, the Head of Corporate Governance, the Head of Strategic Policy, the Clerk to the Council, the Head of Human Resources and the Head of Audit and Risk have been consulted and their comments are incorporated in the report.

## Approved by

**Director of Social Work** 

Signature .....

#### Author(s)

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# Background Papers: Self-directed Support. Evaluation of SDS Pilot in Scottish Borders April 2011-April 2012

#### **Previous Minute Reference: None**

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

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