PERTH AND KINROSS COUNCIL

Housing and Health Committee

9 March 2016

**Self-directed Support - Implementation of the Social
Care (Self-directed Support) (Scotland) Act 2013**

Report by Director (Housing and Community Care)

PURPOSE OF REPORT

The purpose of this report is to update Committee on the work currently being
undertaken in relation to the three identified outcomes for the implementation of Self-
directed Support.

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1. BACKGROUND

1.1 The Self-directed support (Scotland) Act 2013 came into force on the 1 April
2014. It provided service users with four options in regard to the manner in
which their social care could be delivered extending to:

- Option 1 Direct Payments
- Option 2 Supported Person directs their support
- Option 3 Council directs the support
- Option 4 Mixture of the above

1.2 Report 14/451, which was presented to the Housing and Health Committee in
October 2014, outlined the key work which had taken place following the
implementation of the Self-directed Support (Scotland) Act 2013 in February
2014.

2. PROGRESS TO DATE

The work undertaken during 2015 focussed on the following three identified
outcomes within the aforementioned report these being:

1. A confident, competent workforce to support delivery of a personalised
   approach through the application of Self-directed Support (SDS)
2. A fair and consistent approach to the allocation of individual carer's
   budgets across all care groups in Perth and Kinross
3. Improving choice and control to improve outcomes for service users
   The following is an update of work undertaken within each of these areas:

2.1 **Outcome 1; A confident, competent workforce to support delivery of a
   personalised approach through the application of Self-directed Support**

   The successful implementation of Self-directed Support is dependent on
   cultural changes and new models of working. To support this, a robust

learning and development programme has been developed with managers and staff. An evaluation of the self-directed support learning and development programme has been undertaken and staff report that:

1. Their practice has improved in relation to developing an outcome focussed approach
2. They understand their statutory duties
3. They are confident in supporting people to identify their outcomes and discussing the options available to individuals
4. 86% of service users have confirmed that they have achieved the goals set out in their outcome focussed assessment

The learning and development programme is a mixture of formal training, online and work based learning. The work based learning has been highly valued providing an opportunity for staff to share practice, reflect and learn from each other.

2.1.1   To embed Self-directed Support fully it is necessary to continue to create awareness with partner agencies. This process began with a conference in May 2015, 'New Perspectives, New Opportunities' which saw social care, health, voluntary and independent sectors coming together to develop new approaches in localities. The establishment of the Integrated Joint Board will provide an opportunity to raise the profile of the legislation and embed the wider personalisation strategy.

2.1.2   The Health and Social Care Integration Workforce and Organisational Development Strategy outlines how we will support staff to work in a different way and embed learning, into everyday practice. Implementing a personalised approach to service delivery requires all agenices to develop a model of practice which is underpinned by person centred care. As health and social care services integrate, this approach will be applied across services. Integration of adult care, public health and NHS services provides an exciting opportunity to develop a shared approach. As a consequence joint training has been developed to progress this further and will focus on the following key areas such as outcome based approaches and risk enablement.

2.2   **Outcome 2; A fair and consistent approach to the allocation of individual and carer's budgets across all care groups in Perth and Kinross**

2.2.1   The allocation of individual budgets has been based on a solution-led approach which is outcomes based and calculated on the cost of the support required. Audit Scotland undertook a review of how the Self-directed Support Act was being in implemented in 2014 and highlighted that this approach has a number of benefits, however, recognised that the approach was dependent on the effectiveness of financial controls that have been established to minimise all risk. The Self-directed Support lead has been working very closely with financial controllers to ensure that systems and processes are reviewed to monitor how resources are allocated effectively. In addition to this there has been an audit of practice as well as internal audit undertaken in the past 12 months identifying areas for improvement.

2.2.2　As Self-directed Support has become embedded and staff are more familiar with the processes that underpin the allocation of resources, regular monitoring and scrutiny, by local managers, has ensured that the allocation of resources have been managed appropriately. Due to the close monitoring it has been possible to identify variations and spot trends which may lead to service redesign as people chose alternatives to traditional service provision.

There has been an increase in the uptake of Options 2 and 4. The table below demonstrates an actual 8.26% shift away from traditional option 3 services, indicating that people are beginning to direct their support in different ways.

The Scotland Local Government Benchmarking Framework and variance and comparison report 2014/15 shows Perth and Kinross Council are ranked 8th highest in Scotland for SDS spend as a % of total social work spend.

	Mar-13	Dec-15
option 1	1.52%	1.85%
option 2	0.00%	1.51%
option 3	98.48%	90.22%
option 4	0.00%	6.42%

Source: Business Objects Report: 'BMIP Key Monitoring information for SMT - SDS v2' re-run for period 01/04/14 to 31/03/15 and 01/04/15 to 31/12/15 on 12 Feb 16. Note: may be difference to figures reported in Key Monitoring due to retrospective data changes in Swift

Note: Option 4 clients are removed from Option 1 and 2 totals to remove any duplication.

2.2.3　**Carers**

The Carers (Waiving of Charges for Support) (Scotland) Regulations 2014 came into effect on 1 April 2014 to accompany the implementation of Social Care (Self-directed Support) (Scotland) Act 2013. Perth and Kinross Council was, at the time, one of only six local authorities to start implementing the Waiving of Charges policy for carers in order to meet legislative requirements. The ceasing of charging for the Carers Respite Voucher service has had an annual financial impact of approximately £5,000. Although this is a relatively small amount, we are waiting to find out what the Carer (Scotland) Act will propose in terms of amending this legislation, which the Scottish Government has been consulting on over this year.

2.3　**Outcome 3; Improving choice and control to improve outcomes for service users**

To improve choice and control and improve outcomes will require continued focus on partnership working. The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS boards and councils to establish new health and social care partnerships. Under these arrangements, NHS boards and

councils will be required, as a minimum, to combine their budgets for adult social care, adult primary healthcare and aspects of adult secondary healthcare. Although the self-directed support Act does not apply directly to health services, the self-directed support policy will have implications for health because NHS boards and councils will share money, staff and other resources under the new arrangements. For example, councils can charge people for some social care services while NHS services are free at the point of contact. Councils and NHS boards should be clear about the implications of self-directed support before they put new partnership arrangements in place.

Services that the Integrated Joint Board will commission, should consider the principles of Personalisation and Self-directed Support to support the shift to more preventative, asset based approaches which will result in alternatives to traditional provision being developed.

2.3.1   There are a number of key service redesigns which will further improve the choice available to indviduals. The ongoing transformation of Care at Home services remains a priority and a new commissioning framework with providers is being developed. The successful implementation of Self-directed Support relies on providers from the independent and voluntary sector being able to deliver services in a different way. This brings significant challenges, particularly in relation to recruitment and developing new models of delivery. We will work in partnership with providers to support them to deliver support which meets the needs of individuals. In addition to care at home provision, the review of care packages, and older peoples services will focus on how new models of care will enable people to live independently at home.

In addition to the transformation of direct service provision, there will be continued emphasis on working with communities to develop support. Through extensive community engagement programmes it has been possible to work with communities to improve choice through alternative services and community resources. A series of awareness raising and information sharing community events took place in March 2015 as part of the National Self-directed Support Awareness Week. Feedback gained from this event reflected that people felt better informed about the different options they can explore.

Service User participation in developing improvements is essential and as a result we are actively encouraging and supporting service users to be part of the redesign of services. This has been demonstrated in a number of projects in self-directed support. One example of **option 1** is Gordon's Digital Story, which has been uploaded to our website and will be included on Facebook and Twitter sites. Examples of how Options 1-4 have offered greater choice, control and flexibility for families is included within Appendix 1.

A focused piece of work with local people and community organisations has been initiated in the South locality and service users have contributed to the integration of Occupational Therapy Services. Further work will be undertaken to grow the care and support market and support local communities to develop provide local resources which reflect local need.

3. PROPOSALS

3.1 The Social Care (Self-directed Support) (Scotland) Act 2014 is a significant piece of legislation which supported the way in which social care would be transformed. In order to achieve the wider implementation of Self-directed support in Perth and Kinross it is proposed to take forward the following:

- Health and Social Care Partnership embed the principles of the National Strategy for Self-directed support to reshape the way in which social care is delivered
- Ensure that frontline staff and managers have the required skills to support the culture change and develop new models of care and support to individuals and carers
- Regular monitoring and review of how resources are allocated
- Develop a new partnership approach with voluntary and independent sector to embed new models of care and support
- Build upon the work that has been commenced with carers, families and communities around the future development of community and individual based assets

4. CONCLUSION AND RECOMMENDATIONS

4.1 It is recommended that the Housing and Health Committee:

(i) Note the content of the report.
(ii) Agree the continuing implementation of the plan to support the integrated delivery of Personalisation and Self-directed Support in Perth and Kinross as part of the 10 year Strategy and wider Health and Social Care Integration agenda.

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1.   **IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION**

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	**Yes**
Corporate Plan	**Yes**
Resource Implications	
Financial	**Yes**
Workforce	**Yes**
Asset Management (land, property, IST)	**None**
Assessments	
Equality Impact Assessment	**Yes**
Strategic Environmental Assessment	**None**
Sustainability (community, economic, environmental)	**None**
Legal and Governance	**None**
Risk	**None**
Consultation	
Internal	**Yes**
External	**Yes**
Communication	
Communications Plan	**Yes**

1.   **Strategic Implications**

Community Plan / Single Outcome Agreement

1.1   The implementation of Self-directed support has particular relevance to the delivery of the Perth and Kinross Community Plan and Single Outcome Agreement in respect of the following local outcomes:

(i)   People in vulnerable circumstances are protected
(ii)   Longer healthier lives for all
(iii)   People are ready for life and work
(iv)   Nurtured and supported families

Corporate Plan

1.2   This section should set out how the proposals relate to the achievement of the Council's Corporate Plan Priorities:

(i)   Giving every child the best start in life;
(ii)   Developing educated, responsible and informed citizens;
(iii)   Promoting a prosperous, inclusive and sustainable economy;
(iv)   Supporting people to lead independent, healthy and active lives; and
(v)   Creating a safe and sustainable place for future generations.

2.   Resource Implications

<u>Financial</u>

2.1   Scottish Government provided transition monies. A progress report has been submitted to the Scottish Government which resulted in a further national allocation of funding for 1 year (2015/16).

As indicated, there may be a potential impact as a result of the implementation of the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014. Following the outcome of National consultation process being carried out by the Scottish government, work will be taken forward and a detailed report developed to facilitate understanding of any potential impact.

Regular budget monitoring meetings with Team Leaders and Service Managers within Housing and Community Care continue to be developed.

<u>Workforce</u>

2.2   The transition monies have supported additional posts which have been necessary to facilitate implementation of the Self-directed Support Act 2013. Self-directed support Government monies is vital for these posts to embed Self-directed Support.

<u>Asset Management (land, property, IT)</u>

2.3   The Asset management implications arising from this report are in relation to the required continued development of the SWIFT AIS platform as described in the previous report. This will be taken forward as part of the wider transformation projects in 2015/16 at which time, the development of an e-market place and integrated care module will be implemented. The improvements are currently being taken forward as part of a planned project delivery. The IT improvements will provide a more efficient functionality in the future.

3.   Assessments

3.1   <u>Equality Impact Assessment</u>

Following an assessment using the Integrated Appraisal Toolkit, it has been determined that the proposal is assessed as relevant and the following positive outcomes expected following implementation:

This initiative is a person centred approach that sees individuals direct and in some cases commission their own support. There is a no rejection approach taken however there is an eligibility criteria in place. The initiative is available to all who are eligible and complies with equalities legislation.

3.2   The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

Sustainability

3.3   We have been advised that as part of the local government settlement announcement on 16 December 2015 an allocation was included for 2016/17 to enable continued support of an Self-directed Support lead post in each local authority area.

Legal and Governance

3.4   The report contains issues which will have a legal or governance impact on the Council as it reflects new legislation which places new duties and responsibilities up on the Council. Members of the Legal Team have been involved in discussions and have provided the necessary guidance required particularly, when considering the impact of the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014 and the future development of the unregulated Personal Assistant workforce particularly given, the recent guidance received from HMRC around self-employed status of this workforce.

Risk

3.5   The outcome focussed audit highlighted that there continues to be inconsistencies across localities with the completion of assessments and reviews. A Community Care Quality Assurance group will have responsibility for this to be actioned and will take this forward by reviewing documentation in line with person centred approach.

It continues to be highlighted that people often chose option 3 because it lessons the burden of having the responsibility for organising their own support. We will continue to work with service users and carers to encourage them to consider all options.

4.   **Consultation**

Internal

4.1   The following parties have been consulted prior to submission of this report:

- Legal Services
- Finance
- Human Resources

There has been ongoing consultation with staff who have supported the development of the implementation plan. They are as follows:

- Social Work Practitioners – Internal & External
- Contract and Commissioning team
- Finance Team
- Legal Services
- Information systems SWIFT
- Communications

5.   Communication

5.1   An engagement plan has been developed and there is regular utilisation of different communication forums. There is further development being undertaken to improve our internet, local intranet pages, facebook and twitter sites.

Delivering meaningful personalised outcomes within localities

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Option 1 – Self-directed Support Team

Mrs L (36) lives with her husband and two sons who are 17 and 11 years old.

She suffers from chronic back pain. The pain can alternate back and forth between the legs. The symptoms Mrs L experiences almost every day are muscle weakness, numbness, or tingling. Mrs L has had two back operations and may need a third as the level of pain is increasing. Mrs L also experiences frequent headaches and a pain in her eye which blurs her vision.

Mr L and their sons indicated a noticeable deterioration in her health and well-being over the past few months.

Mr L provides full support with all personal care tasks; washing; showering; dressing and undressing. He also provides support with mobilising around the home on days whereby Mrs L is fatigued or in pain, this appears to be happening more frequently.

English is not Mrs L's first language and the provider she engages with is fluent in her language which has taken the burden of Mr L, who usually translates for his wife.

Mrs L appears to be benefitting from her therapy sessions as the physical pain has lessened and she has indicated that mobilising was slightly easier for up to three or four days following a session. This has also reduced the pressure to support Mrs L with everyday tasks for her immediate family.

Before the direct payments started, the Self-directed Support team had ongoing discussion with the worker and family to ensure that the use of direct payments in this way would benefit Mrs L and would meet her identified outcomes.

The case has been reviewed and the sessions are proving to be beneficial to the whole family.

Option 2 – Perth City Team

Ms H has a diagnosis of Alzheimer's disease and wishes to remain within her own home for as long as possible. Following a discussion on all the Self-directed Support Options; Ms H and her family decided on Option 2 to enable them to have more choice and control of who delivers the care and when this is delivered. Ms H and her family did not wish to have the "burden" of looking after the financial side of an Option 1. After a period of using Option 3, Ms H and her family did not feel this Option met her needs appropriately.

Ms H is a practicing Jehovah's Witness and required her care package to work alongside her religious beliefs and practices. Ms H's care package enables her to attend the Kingdom Hall and have care delivered at a later time on the nights she attends church. Ms H feels this also allows her to have flexibility that was not experienced through Option 3.

Option 3 – South Locality Team

Mr D is 89 years old and suffers from vascular dementia. He lives with his wife who is generally in good health, apart from suffering from back pain. They live in their own home on two storeys. Mr D is unable to manage the stairs due to mobility issues. Due to the progression in Mr D's condition he requires almost constant supervision and reassurance daily. They have 2 children who live abroad.

They had no support in place prior to their GP referral. We carried out an assessment for Mr D and a Carers Assessment and Support Plan for Mrs D to establish their outcomes.

It was identified that Mrs D was not coping with her caring role and needed support. Mrs D said that gradually her friendships had taken a back seat to her caring role and as a result she now felt very isolated. We allocated a community support worker for 4 weeks to meet with Mrs D on a weekly basis and introduced her to different groups and clubs in her community with the aim of re-integrating her into the community.

A personalised care package was organised for Mr D to be delivered by a local care provider. This also enables Mrs D to experience social activities she enjoys, while being reassured her husband is being cared for. Mr D also now attends a specialist day care resource for people with Dementia in Perth two days per week. We arranged transport to and from day care so that Mrs D could have two full days a week to herself.

An Occupational Therapist assessment was completed and adaptations were put in place to enable Mr D to remain living at home with his wife for longer.

Option 4 – North Locality Team

<u>**Mr A**</u>
Mr A was diagnosed with dementia a number of years ago, and following the passing of his wife, lived alone in his home in a rural village. Mr A was an architect and designed the home himself. Mr A's family provided some support however worked full time a number of miles away, making this difficult.

Following a stroke, Mr A's support needs changed and it was felt he required increased support to manage his cognitive deterioration as well as the deterioration in his mobility. Mr A was unable to perceive depth when he mobilised which was particularly problematic due to the layout of his home which had a number of different levels between rooms.

A number of health professionals felt that a return home would not be possible and asked that a residential home was discussed. Mr A however didn't wish to go into a residential home and the consultant psychiatrist and social worker felt that this would be detrimental to Mr A's mental well-being.

It was felt that a traditional package of four visits each day would not be sufficient as Mr A also had overnight needs which would be exacerbated by the houses' layout. Mr A now has a mixed package of care (option 4) whereby he receives Telecare support and a direct payment. He uses this to contribute to employing someone to live in his home with him to provide ongoing support.

The outcome for Mr A has been that he has been able to stay at home with support to help him live safely.