



Perth & Kinross Integration Joint Board

22 June 2018

Update on the implementation of the Social Care (Self Directed Support) (Scotland) Act 2013 in Perth and Kinross

Report by Robert Packham, Chief Officer (G/18/100)

PURPOSE OF REPORT

The purpose of this report is to update the IJB on the Perth and Kinross response to the Audit Scotland Report on Self Directed Support (SDS).

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes the response to the Audit Scotland Report on Self Directed Support
- Notes progress to date in implementing SDS in Perth and Kinross.
- Instructs officers to provide an update in 12 months' time.

2. BACKGROUND

2.1 In 2013 The Scottish Parliament passed a new law on social care support, the Social Care (Self-directed Support) (Scotland) Act 2013. The Act gives people a range of options for how their social care is delivered, beyond just direct payments, empowering people to decide how much ongoing control and responsibility they want over their own support arrangements. The Act places a duty on councils to offer people four choices as to how they receive their social care support.

Option 1: This is usually called a Direct Payment. The Council pays money directly to the individual to arrange their own support by employing care staff or by buying services from one or more organisations. This gives them the greatest level of control.

Option 2: The individual directs their own support, from an organisation of their choice and the Council manages the payment of the invoices.

Option 3: The Council can arrange the support on the individual's behalf.

Option 4: Any mix of the above options.

The Act also places a duty on authorities to provide support and information to help people make informed choices regarding their support.

3.0 **PROGRESS TO DATE**

3.1 In Perth and Kinross we have focused on two key outcomes

1. Developing a confident, competent workforce to support delivery of a personalised approach through the application of Self-directed Support (SDS)
2. Improving choice and control to improve outcomes for service users

Workforce:

During the early implementation of SDS, we were very clear that success was dependent on cultural change and establishing new models of working. To support this, a robust learning and development programme has been developed with managers and staff with input from people who have used services. An evaluation of the SDS learning and development programme in late 2015 found that staff reported that:

- Their practice has improved in relation to developing an outcome focussed approach
- They understand their statutory duties
- They are confident in supporting people to identify their personal outcomes and the options available to them

The ongoing learning and development programme is a mixture of formal training, online material, learning lunches 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.

In tandem with this training and staff development we were clear that it was vital to establish a culture and operational processes which gave staff permission and encouragement to work collaboratively with service users to develop support plans that met people's outcomes.

Therefore it was agreed to shift power to the front line and staff now have delegated authority to approve individual weekly care packages as follows

| | |
|--|---------------|
| Social Work Assistant & Occupational Therapist Assistant | up to £100.00 |
| Social Worker & Occupational Therapist | Up to £200.00 |
| Deputy Team Leader | Up to £300.00 |
| Team Leader | Up to £400.00 |
| Service Manager | Over £400 |

Staff have responded positively to this new approach. Regular monitoring and scrutiny, by local managers, has ensured that resources have been utilised appropriately.

Improving choice and control to improve outcomes for service users

The table below shows a significant increase in the percentage of people choosing options 1 and 2 for their support over the past four years. This suggests the choice and control for people regarding their support is increasing in Perth and Kinross.

| | Oct 2014 | Oct 2018 |
|--|----------|----------|
| Percentage People with options 1 and 2 | 7.9% | 19% |

Significantly 86% of service users confirmed that they had achieved the goals set out in their outcome focused assessment.

Establishment of Health and Social Care Partnerships

The Public Bodies (Joint Working) (Scotland) Act 2014 required NHS Boards and Councils to establish new Health and Social Care Partnerships. In Perth and Kinross this major structural and organisational change has absorbed significant managerial time and there has been increased pressure to deliver the required support to minimise delayed hospital discharge. Alongside this we have just undergone a major retendering for most of our care at home support. Over 90% of our care at home service is now delivered by external providers. A number of transformation projects have been undertaken to deliver further savings due to a reduction in resources.

The successful implementation of SDS relies on providers from the independent and voluntary sectors 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 are working in partnership with providers to support them to deliver support which meets the needs of individuals. There are tensions for service providers between offering flexible services and making extra demands on their staff. At the same time, there are already challenges recruiting and retaining social care staff across the country owing to low wages, antisocial hours and difficult working conditions.

Notwithstanding Foundation Living Wage policy, in Perth & Kinross all service providers are experiencing recruitment and retention issues. This issue inevitably has an impact on the capacity of existing providers to offer flexible services.

New Opportunities arising from creation of Health and Social Care Partnerships

Locality Working

The Perth and Kinross Health and Social Care Partnership have established three localities as the main conduit for the delivery of local health and social care support. This restructure and the appointment of locality leads have led to a renewed focus on place and greater engagement with local residents and community resources. These changes have created the opportunity for new conversations to take place between Health and Social Care Staff and local people to discuss a broader way of supporting people beyond a service model. We have invested in a team of four community engagement workers to support closer links between local community organisations and locality staff.

Participatory Budget

Your Community, Your Budget, Your Choice was the branded title for the first Perth and Kinross Health and Social Care Partnership community based Participatory Budget initiative. In late 2016 over £66,000 was made available to three communities. The aim was to provide funding to local community organisations to enable them to develop vital preventative provision and reduce the demand on specialist services. By providing small sums of money, a range of local conversations developed and some existing supports were sustained and a number of new provisions developed. This year the Health and Social Care Partnership have contributed £90,000 to a new round of participatory budgeting which is being run in collaboration within the local Community Planning Partnership areas. This is a further opportunity to place the challenges and opportunities of providing local support as a central local issue.

Increase Awareness & Choice of SDS

Within Perth and Kinross we have recognised that a key opportunity to increase awareness and choice for people requiring additional support lies in working with local enterprise development organisations. A number of these organisations had limited understanding of the opportunities available in the social care sector to deliver high quality localised support to people accessing SDS. For a number of years we have been working with Growbiz and this led to the creation of the Care and Wellbeing Cooperative. The Co-op was also successful in gaining Scottish Government Self Directed Support Innovation Funding.

The Care and Wellbeing Co-operative provides care, support and wellbeing activities to communities in rural Perthshire. Its 29 members are micro/community enterprises which offer personalised, flexible, local and creative support including care at home, palliative care, befriending, creative writing, swimming, gardening, health walks, dance, complementary therapies. The Care and Wellbeing Co-operative represents an enterprising response to

the promotion of SDS helping develop the social marketplace and offering greater choice to rural communities.

In line with the Equalities Policy it is crucial to ensure all communities are given the support and information around the 4 Options underpinned in the SDS Act. At an appropriate level for them to be able to make informed choices, particularly around Option 1, Direct Payments.

Data Collection

The Auditor General in his evidence to the Scrutiny Committee suggested that “more reliable data is needed on the number of people choosing each of the SDS options”.

In Perth and Kinross we are very aware that simple statistical information on the uptake of each SDS Option package only tells part of the story. To fully understand impact more qualitative evaluation of the experience of service users accessing all four options is required. For example, services designated as option 3 may in fact offer a level of choice and control. However some services designated as option 2 may not offer the extent of choice and control which is desirable. In short, there needs to be an evaluation/review of implementation to inform our understanding, and set a platform for the next phase of SDS development.

4. CONCLUSION

In summary, good progress has been made, especially in relation to workforce development. Increasing numbers of people are being supported by options 1 and 2 suggesting greater choice and control and the vast majority of people state their support helps them achieve their desired outcomes.

However there are capacity issues, particularly in rural areas of Perth and Kinross which can restrict choices available to people regarding their support. Actions have been taken to try and address this such as the work of the Care and Wellbeing Co-operative, the recent tendering for Care at Home providers and implementation of an enhanced hourly rate in Highland Perth and Kinross.

The Scottish Government has a role to support the sharing of knowledge and to promote dialogue around commissioning questions. Supporting the further development of front line practice, planning/consultation, commissioning and other support input for partnerships around SDS development should be a key shared agenda for the Government and Partnerships.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

| | |
|--|------------|
| Strategic Implications | Yes |
| HSCP Strategic Commissioning Plan | Yes |
| Transformation Programme | No |
| Resource Implications | |
| Financial | Yes |
| Workforce | Yes |
| Assessments | |
| Equality Impact Assessment | Yes |
| Risk | No |
| Other assessments (enter here from para 3.3) | No |
| Consultation | |
| External | Yes |
| Internal | No |
| Legal & Governance | |
| Legal | No |
| Clinical/Care/Professional Governance | Yes |
| Corporate Governance | No |
| Communication | |
| Communications Plan | No |

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report supports the following outcomes of the Corporate Plan in relation to the following priorities:

1. Prevention and early intervention
2. Person centred health, care and support
3. Work together with communities
4. Inequality, inequity and healthy living
5. Best use of facilities, people and resources

2. Resource Implications

2.1 Financial

There are no direct financial implications arising from this report.

2.2 Workforce

There are no workforce implications arising from this report.

3. Assessments

3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

The Equality Impact Assessment undertaken in relation to this report can be viewed by clicking <http://www.pkc.gov.uk/EqIA>

This report has been considered under the corporate Equalities Impact assessment process (EqIA) with the following positive outcomes expected following implementation of this strategy:

- Improved outcomes, support, independence, choice and control for individuals and carers;
- Support access to jobs, services and amenities in local communities;
- Improved health and wellbeing – both physical and mental health - and improved access to care for all.

3.2 Risk

There are no direct risks arising from this report

3.3 Other assessments

4. Consultation – Patient/Service User first priority

4.1 External

This strategy has been informed by the ‘Join the Conversation’ engagement in 2015 which included service users’ feedback about their frustrations of lack of availability and flexibility of care available to them.

4.2 Internal

5. Legal and Governance

There are no direct legal implications resulting from this report

6. Communication

There is no communication plan associated with this report.

7. BACKGROUND PAPERS/REFERENCES

There are no relevant background papers relevant to this report.

8. APPENDICES

Appendix 1 – link to Audit Scotland Report on Self Directed Support

APPENDIX 1

Link to Scottish Government report in Self Directed Support:

[*Self-directed Support: 2017 progress report*](#)