

EAST RENFREWSHIRE COUNCILAUDIT AND SCRUTINY COMMITTEE25 January 2018Report by ClerkNATIONAL EXTERNAL AUDIT REPORTSELF-DIRECTED SUPPORT – 2017 PROGRESS REPORT**PURPOSE OF REPORT**

1. To provide information on the Audit Scotland report *Self-Directed Support – 2017 Progress Report*.

RECOMMENDATION

2. It is recommended that the Committee considers the report.

BACKGROUND

3. A copy of the Audit Scotland report *Self-Directed Support – 2017 Progress Report* published in August has already been circulated to all Audit and Scrutiny Committee Members. The Members of the Committee who are leading the review of this particular report are Councillor Fletcher and Councillor Gilbert. The Chief Officer, Health and Social are Partnership and Head of Strategic Services have provided comments on it and a copy of the feedback provided is attached (see Appendix A).

RECOMMENDATION

4. It is recommended that the Committee considers the report.

Local Government Access to Information Act 1985

Report Author: Linda Hutchison, Clerk to the Committee (Tel No. 0141 577 8388)
e-mail: linda.hutchison@eastrenfrewshire.gov.uk

Background Papers:-

1. Audit Scotland report: *Self-Directed Support – 2017 Progress Report*.

BLANK PAGE

EAST RENFREWSHIRE COUNCIL**AUDIT AND SCRUTINY COMMITTEE****25 January 2018****Report by Julie Murray, Chief Officer, HSCP****AUDIT SCOTLAND REPORT – SELF DIRECTED SUPPORT 2017 PROGRESS REPORT****PURPOSE OF REPORT**

1. This report provides the Audit and Scrutiny Committee with an overview of the Audit Scotland – Self-directed Support 2017 Progress Report and the implications for East Renfrewshire Integration Joint Board.

RECOMMENDATION

2. Audit and Scrutiny Committee is asked to:
 - note and comment on the Audit Scotland – Self-directed Support 2017 Progress Report, and
 - note and comment on the local position detailed in Appendix 1.

BACKGROUND

3. In August 2017 Audit Scotland published its follow up audit on Self-directed Support (SDS).
4. The ten-year Self-directed Support strategy was introduced jointly by the Scottish Government and COSLA in 2010. It was intended to empower people and their carers to become more involved in planning and controlling their social care support.
5. The Social Care (Self-directed Support) (Scotland) Act 2013 was part of the SDS strategy. It gave councils responsibility, from April 2014 onwards, for offering people four options for how their social care is managed:
 - Option 1: The individual or carer chooses and arranges the support and manages the budget as a direct payment.
 - Option 2: The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
 - Option 3: The authority chooses and arranges the support.
 - Option 4: A mixture of options 1, 2 and 3.
6. Self-directed support gives options to almost everyone who is assessed as being eligible for social care. This includes children and families, people with physical, sensory or learning disabilities or mental health problems, and older people.

7. The main exceptions are people receiving re-ablement services, and people assessed as being at risk or lacking capacity to make decisions for themselves. In these circumstances a family member or friend may apply for power of attorney or guardianship so they can make decisions on the person's behalf.
8. Everyone assessed or reviewed as being eligible for social care can expect their social worker to discuss and agree with them:
 - their personal outcomes, that is how they want their life to improve
 - what support would best help them to achieve their personal outcomes, which may be support or activities already run within communities, rather than formal services
 - how much money the authority will spend on their services
 - how much control they want over arranging and managing their support and budget
9. Audit Scotland reported in 2014 on councils' early progress in implementing the ten-year SDS strategy and their readiness for the SDS Act. They found that councils still had a lot of work to do to make the cultural and practical changes needed and recommended working more closely with people who need support, their carers and families, providers and communities, to involve them in planning, designing and delivering local SDS strategies.
10. A report on the local position in East Renfrewshire was taken to East Renfrewshire's Audit and Scrutiny Committee in 2014 and is available [online](#).

REPORT

Overview

11. The aim of the follow-up audit was to establish whether councils, integration authorities and the Scottish Government are making sufficient progress in implementing SDS to achieve the aims of the ten-year SDS strategy. It set out to answer four key questions:
 - What progress have councils and integration authorities made in implementing SDS?
 - What impact is SDS having on people with support needs, carers, families and communities?
 - What factors are supporting or impeding effective implementation of SDS?
 - How effectively is the Scottish Government supporting implementation of SDS and evaluating its impact
12. The audit included interviews in five case study areas; interviews with 30 public, private and third-sector stakeholder organisations, including providers; an online survey and focus groups of supported people and carers; and an online survey of social work staff.
13. The report is in four parts:
 - Part 1. Directing your own support
 - Part 2. Assessing needs and planning support
 - Part 3. Commissioning for SDS
 - Part 4. Implementing the national SDS strategy

Part one: Directing your own support

14. Across Scotland the number of people receiving direct payments (option 1) doubled between 2010 and 2016, although still only less than five percent of the people receiving non-residential social care services and there is considerable variation between areas. Audit Scotland point out that the use of the number of direct payments is a poor proxy benchmark measure for the success of self-directed support and more reliable data is needed. Nationally most people receiving social care services rate them highly and two thirds felt they had a choice over how their social care was arranged.
15. Audit Scotland found many examples of people being supported in new and effective ways through SDS, but not everyone with support needs is getting the choice and control envisaged in the SDS strategy. This includes people with mental health problems, who often need more flexible support. Some people feel they have been denied the opportunity to access more effective ways to improve their quality of life.

Part two: Assessing needs and planning support

16. Many of the people Audit Scotland heard from in survey and focus groups were not aware of SDS before they were assessed. People using social care services and their carers need better information and help to understand SDS and make their choices. They found that the process of getting access to SDS options 1 and 2 can be long and bureaucratic. When this happens people feel frustrated about the process.
17. Overall social work staff were positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support. Audit Scotland found that front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them.
18. The auditors comment that creative types of support can introduce some risks or uncertainty for supported people, carers, providers and staff. This requires people and professionals to work together to find an appropriate balance between risks.

Part three: Commissioning for SDS

19. In responding to increasing demand and pressures of limited budgets, authorities have increased eligibility criteria and restricted the size and scope of individual budgets.
20. In addition authorities' approaches to commissioning and contracting can restrict how much choice and control people may have. The report states that authorities do not have clear plans for deciding how to re-allocate money from one type of service to another as more people choose alternative services.
21. Option 2 was introduced in the SDS Act as a new way for people to control their support without having to manage the money. Of all the options, Audit Scotland found it to be the least developed and most different between authorities in the extent to which people can choose their support and their provider.

22. The report notes that changes to the types of support available to people are happening slowly. Day centres are the main type of service that has seen changes to provide more personalised support. However the auditors comment that whilst there is investment in developing new, alternative and preventative types of support within local communities, it is too soon to see the potential long-term benefits from this.
23. Providers reported that they are at different stages in changing their services to give people more choice and control. Demand for greater flexibility from staff can have an impact on their health and wellbeing and their work-life balance, making recruitment and retention, already difficult, even harder. Workforce shortages are making it difficult to develop a range of services.

Part 4. Implementing the National SDS Strategy

24. The report states that the Scottish Government has spent £60.37 million on supporting SDS implementation and has committed another £9.51 million in 2017/18. Just over a third of this was additional transitional funding for local authorities the majority has been used to directly fund other organisations and initiatives.
25. Audit Scotland note that SDS implementation stalled during integration of health and social care services, as changing organisational structures and making the arrangements for new integration authorities inevitably diverted senior managers' attentions. Scottish Government and COSLA have produced a 2016-2018 implementation plan for the ten-year strategy, which reflects the experience and lessons learned from implementing SDS. Audit Scotland's evidence shows many examples of positive progress, but no evidence that authorities have yet made the transformation required to fully implement SDS.

Audit Scotland Recommendations

26. A number of the recommendations are for Scottish government working in partnership with COSLA and other partners. These are to:
 - Review what independent information, advice and advocacy people will need in future, and how this should be funded
 - Agree how any future financial support allocation
 - Seek solutions that address the problems of recruitment and retention in the social care workforce
 - Ensure that the requirement to effectively implement SDS is reflected in policy guidance
 - Routinely report publicly on progress against the 2016-2018 SDS implementation plan and the SDS strategy.
27. The majority of recommendations are for 'authorities' a term which includes Integration Joint Boards/ Health and Social Care Partnerships. Appendix 1 lists these recommendations in full and gives an update on local actions. In summary the recommendations are
 - Working in partnership with service users, carers and providers to design more flexibility and choice into support and transition options
 - Simplifying assessment and support planning processes and providing guidance and training for staff

- Support staff in applying professional judgement with clear guidance for staff on discussing the balance between innovation, choice and risks
- Develop longer-term commissioning plans to re-allocate money from one type of service and develop more flexible outcome-focused contractual arrangements
- Continue to work with communities to develop alternative services and activities that meet local needs
- Monitor the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services

CONCLUSIONS

28. This report provides the Audit and Scrutiny Committee with an overview of the Audit Scotland – Self-directed Support 2017 Progress Report and the implications for East Renfrewshire Integration Joint Board. Audit Scotland found many examples of good practice across Scotland noting that SDS implementation stalled during integration of health and social care services, as changing organisational structures and making the arrangements for new integration authorities inevitably diverted senior managers' attentions. The report contains a number of recommendations for local action.

RECOMMENDATIONS

29. Audit and Scrutiny Committee is asked to:-
- note and comment on the Audit Scotland – Self-directed Support 2017 Progress Report, and
 - note and comment on the local position detailed in Appendix 1.

REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Strategic Services
East Renfrewshire Health and Social Care Partnership
candy.millard@eastrenfrewshire.gov.uk

November 2017

HSCP Chief Officer: Julie Murray

BACKGROUND PAPERS

Audit Scotland Self-directed Support 2017 Progress Report
http://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support.pdf

ERC Audit and Scrutiny Committee Report: 21.08.2014 National External Audit Report Self Directed Support : <http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=12381&p=0>

BLANK PAGE

Action	Owner	Update
Directing your own support		
– work in partnership with service users, carers and providers to design more flexibility and choice into support options.	IJB/HSCP	Processes are being redesigned based on feedback and will be tested with users, carers and providers.
– review their processes for supporting children to transition into adult services	IJB/HSCP	Work is ongoing to map out likely demand and resource allocation to support transition.
continue working together to develop: <ul style="list-style-type: none"> – the accuracy and consistency of national data on the number of people choosing each SDS option – methodologies to understand the impact of SDS on people who need support and their carers. 	Scottish Government, COSLA, partners and authorities	We will collaborate with national initiatives to address this action.
Assessing needs and planning support		
– provide staff with further training and help on identifying and planning for outcomes	IJB/HSCP	We have undertaken training based on Good Conversations and will continue to develop outcome focussed planning and training.
– work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent	IJB/HSCP	The assessment process has been streamlined in line with the Good Conversation model. All processes, procedures and documentation are being revised to support more transparent individual budgets and outcome focussed planning.
– establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice	IJB/HSCP	Guidance, procedures and illustrated examples will support training as part of the individual budget revised process.
– support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly	IJB/HSCP	We will further develop practice guidance as part of our testing.
– ensure they are providing information on sources of support to those who are accessing SDS	IJB/HSCP	We will review all our information and staff guidance within our testing.
– work with service users, carers and providers to review the information and help they offer to people during assessments	IJB/HSCP	We will review all our information within our testing.

Action	Owner	Update
Commissioning		
– develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another	IJB/HSCP	The IJB has re-established its strategic planning group to develop a longer term strategic commissioning and market facilitation plan for the HSCP.
– work with service users, carers and provider organisations to develop more flexible outcome-focused contractual arrangements	IJB/HSCP	The HSCP has built on the public social partnership work to develop more flexible approaches. There is provision within the current care and support framework for outcome focused contract arrangements. These need to be further developed over the cycle of the contract.
– continue to work with communities to develop alternative services and activities that meet local needs	IJB/HSCP	Community led support and day opportunities redesign work has involved working with communities on alternative activities and support arrangements. This will be further developed as part of the development of the strategic commissioning plan.
Implementing the national SDS strategy		
– develop targeted information and training on SDS for healthcare professionals who have a direct or indirect influence on people's health and social care support	IJB/HSCP	HSCP health staff have been included in the 'good conversations' training along with social care staff, other partners and services.
– monitor and report the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services	IJB/HSCP	HSCP reports on talking points personal outcomes. Alternate IJB meeting commence with a presentation on the difference services/test of change are making for people's personal outcomes.
– review what independent information, advice and advocacy people will need in future, and how that should be funded after current Scottish Government funding for independent organisations comes to an end in March 2018. This review should fully involve users, carers, providers and authorities, and should conclude in time for appropriate action to be taken	Scottish Government, COSLA and partners	We will collaborate with national initiatives to address this action.
– agree how any future financial support should be allocated, taking into account how authorities' local commissioning strategies will inform future spending priorities	Scottish Government, COSLA and partners	We will collaborate with national initiatives to address this action
– seek solutions that address the problems of recruitment and retention in the social care workforce	Scottish Government, COSLA and partners	We will collaborate with national initiatives to address this action

<ul style="list-style-type: none"> – ensure that the requirement to effectively implement SDS is reflected in policy guidance across all relevant national policies, such as health and social care integration, community empowerment, community planning, housing and benefits 	Scottish Government, COSLA and partners	We will collaborate with national initiatives to address this action
<ul style="list-style-type: none"> – routinely report publicly on progress against the 2016-2018 SDS implementation plan and the SDS strategy 	Scottish Government, COSLA and partners	We will collaborate with national initiatives to address this action

BLANK PAGE