

EAST RENFREWSHIRE COUNCIL
AUDIT AND SCRUTINY COMMITTEE

24 September 2020

Report by Clerk

NATIONAL EXTERNAL AUDIT REPORT - SELF-DIRECTED SUPPORT
2017 PROGRESS REPORT - IMPACT REPORT

PURPOSE OF REPORT

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

RECOMMENDATION

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

BACKGROUND

3. A copy of the report [Self Directed Support 2017 Progress Report - Impact Report](#), which was published by Audit Scotland in December 2019, has already been circulated to all Audit and Scrutiny Committee Members. Under the Committee's specialisation arrangements, following Provost Fletcher's resignation from the Committee and prior to Councillor Convery's appointment to it, Councillor Miller and Councillor Gilbert have led the review of this particular report. As agreed in August, Councillor Convery will lead, in liaison with Councillor Gilbert, on HSCP related issues moving forward.

4. The Chief Officer, Health and Social Care Partnership has provided comments on the Audit Scotland report as prepared in a report for submission to the East Renfrewshire Integration Joint Board Performance and Audit Committee. A copy of those comments is attached (see Appendix A).

RECOMMENDATION

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

Local Government Access to Information Act 1985

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Background Papers:-

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

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	23 September 2020
Agenda Item	8
Title	Self-Directed Support: 2017 Progress Report Impact Report published by Audit Scotland in December 2019
Summary	
<p>To advise Performance and Audit Committee of the key themes within the 2019 Audit Scotland Impact Report following the original Self-Directed Support Progress report published by Audit Scotland in 2017.</p> <p>To update Performance and Audit Committee of East Renfrewshire HSCPs current SDS implementation position and of our planned self-evaluation activity check which will inform our future programme of development.</p>	
Presented by	Lee McLaughlin, Head of Recovery and Intensive Services
Action Required	
<p>The Performance and Audit Committee are asked to:-</p> <ul style="list-style-type: none"> ▪ Note the content of the report and current progress locally in term of SDS implementation. ▪ Agree to receive an update on future SDS development activity following local self-evaluation activity. 	

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

23 September 2020

Report by Chief Officer

Self-Directed Support: 2017 Progress Report
Impact Report published by Audit Scotland in December 2019

PURPOSE OF REPORT

1. To advise Performance and Audit Committee of the key themes within the 2019 Audit Scotland Impact Report following the original Self-Directed Support Progress report published by Audit Scotland in 2017.
2. To update Performance and Audit Committee of East Renfrewshire Health and Social Care Partnership's current SDS implementation position and of our planned self-evaluation activity which will inform our future programme of development.

RECOMMENDATION

3. The Performance and Audit Committee is asked to:-
 - Note the content of the report and current progress locally in term of SDS implementation.
 - Agree to receive an update on future SDS development activity following local self-evaluation.

BACKGROUND

4. The Social Care (Self-Directed Support) (Scotland) Act 2014 is a key piece of legislation and was enacted as part of the ten year National Self-Directed Support Strategy. The purpose of this legislation was to drive transformation in terms of shifting the balance of power from services to individuals who use them and to provide greater choice, control and creativity to individuals and families in terms of meeting their agreed personal outcomes.
5. There have been a number of national audits/inspections to scrutinise the performance of Health and Social Care Partnerships across Scotland to measure impact and implementation progress as detailed below:
 - Audit Scotland (Self-Directed Support) Audit and Progress report 2017
 - Scottish Government Round Table Discussion 2017
 - Care Inspectorate (Thematic Review of Self-Directed Support) 2019
6. In 2019 Audit Scotland published an impact report as a follow up to their 2017 Audit Activity in relation to progress of implementation.

REPORT

7. The key messages and recommendations of the 2017 Audit Scotland Report were as follows:
 - There are many examples of positive progress in implementing SDS but there is no evidence that authorities have yet made the transformation to fully implement the SDS strategy.
 - Social work staff are positive about the principles of SDS but require strong leadership, permission and encouragement to use their professional judgement to be bold and innovative.
 - Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities commissioning plans do not set out clearly how they will re-allocate budgets in repose to people's choices.
 - There are tensions for service providers in terms of managing the tensions of offering flexible services and retaining staff.
 - SDS Implementation stalled during the integration of health and social care services due to changing organisational structures and other priorities taking precedent.

8. The Care Inspectorate Thematic Inspection of SDS in 2019 noted similar themes and key recommendations were echoed across both. Audit Scotland and the Care Inspectorate both highlighted concerns about inconsistency across the 32 Health and Social Care Partnerships.

9. Specifically, the Care Inspectorate noted the following in their findings:
 - Most of the supported people and staff we met were very positive about self-directed support and the principles and values of personalisation. In practice however, more needed to be done to inform, empower and enable people to fully participate.
 - In situations where SDS was effectively implemented, supported people found it transformational and experienced positive personal outcomes. However, effective SDS was not accessible to all.
 - Discussions and decisions about options, choice and control were not routinely documented in case records.
 - Partnerships were not consistently collecting, aggregating, analysing or reporting on personal outcomes. This was making it difficult to evaluate progress in SDS and to drive improvement.

East Renfrewshire HSCP – Local Action Implementation

10. East Renfrewshire HSCP has made good progress in terms of local action implementation. Detail of the recommended actions, plans in 2017 and update as of September 2020 is given in in appendix 1.

11. To support our implementation we have developed a person centred pathway to reflect the values, principles and legal duties to inform our practice around self-directed support. Our seven steps to SDS can be found at appendix 2.

12. In addition in support of the national recommendations we have developed stronger data to inform our implementation progress across the four SDS options by service user group.
13. There has been growth in the number of children and their families using Option 1 to meet their agreed outcomes although we recognise the potential to develop implementation further across mental health, addiction services and with carers. A full breakdown of numbers and spend is detailed below:

Service Area	Option 1		Option 2		Option 3		Option 4		Total	
	People	Costs	People	Costs	People	Costs	People	Costs	People	Costs
Addictions	0	-	0	-	47	140,647	0	-	47	140,647
C&F's	81	354,784	0	-	20	489,398	4	93,793	105	937,975
Carers	1	2,163	0	-	0	-	0	-	1	2,163
LD	54	893,711	4	38,541	176	9,457,111	35	1,354,293	269	11,743,656
MH	2	37,320	8	57,657	179	1,226,323	5	47,047	194	1,368,347
OP	68	908,762	80	890,315	109	1,262,483	19	516,759	276	3,578,319
PD	55	970,465	11	145,404	31	975,602	8	389,002	105	2,480,473
Total	261	3,167,204	103	1,131,917	562	13,551,564	71	2,400,895	997	20,251,580

14. Further work required in terms of analysing data in measuring impact aligned to personal outcomes as at present our reporting does not capture this data on an aggregated basis. This is a challenge to all HSCP's across Scotland.
15. As part of our recovery plan, East Renfrewshire HSCP in partnership with SDS Forum, East Renfrewshire Carers Centre and The Advocacy Project have planned some audit and reflection activity to consider the flexible use of SDS during the pandemic (as highlighted as an issue by National Coalition of Carers and to sense check our progress in terms of overall SDS Implementation. We plan to facilitate this via questionnaire, people led focus groups and staff led focus groups.

CONCLUSIONS

16. Progress has been made locally on the implementation of many of the actions recommended by the Audit Scotland Self-Directed Support Progress Report in 2017. However further work is required to embed the changes, further refine and analyse data and most importantly review and reflect on the use of SDS during the pandemic in order to inform future development activity.

RECOMMENDATIONS

17. The Performance and Audit Committee is asked to:-
- Note the content of the report and current progress locally in term of SDS implementation.
 - Agree to receive an update on future SDS development activity following local self-evaluation activity.

REPORT AUTHOR AND PERSON TO CONTACT

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September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Audit Scotland Self-Directed Support 2017 Progress Report - Impact Report (Dec 2019)

https://www.audit-scotland.gov.uk/uploads/docs/report/2019/ir_191217_self_directed_support.pdf

Audit Scotland Self-Directed Support 2017 Progress Report (Aug 2017)

https://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support.pdf

PAC PAPER 29.11.2017: Audit Scotland SDS Progress Report

Recommended Action	Position 2017	Update 2020
Directing your own support		
– work in partnership with service users, carers and providers to design more flexibility and choice into support options.	Processes are being redesigned based on feedback and will be tested with users, carers and providers.	Our Individual Budget Process and information materials were developed in partnership with the SDS Forum
– review their processes for supporting children to transition into adult services	Work is ongoing to map out likely demand and resource allocation to support transition.	A new advanced practitioner has recently been appointed to support the review and redesign of local transition pathways
Assessing needs and planning support		
– provide staff with further training and help on identifying and planning for outcomes	We have undertaken training based on Good Conversations and will continue to develop outcome focussed planning and training.	Training on Outcomes was carried out in 2019 as part of the implementation of the new Individual Budget Approach
– work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent	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.	The Individual Budget Calculator was developed to make the calculation of personal budgets more simple and transparent.
– 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	Guidance, procedures and illustrated examples will support training as part of the individual budget revised process.	Practice guidance on Self Directed Support was developed in 2019. The guidance includes information about along with detailed guidance for each of the 7 steps on the SDS journey
– support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly	We will further develop practice guidance as part of our testing.	A Resource Enablement Group was established in December 2019 to discuss assessments, provide some peer support offer critical challenge.
– ensure they are providing information on sources of support to those who are accessing SDS	We will review all our information and staff guidance within our testing.	A series of leaflets and information on SDS options was developed as part of the rollout of Individual Budgets,
– work with service users, carers and providers to review the information and help they offer to people during assessments	We will review all our information within our testing.	The information above was developed in consultation with the SDS forum and other partners

Recommended Action	Position 2017	Update 2020
Commissioning		
<ul style="list-style-type: none"> – 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 	<p>The IJB has re-established its strategic planning group to develop a longer term strategic commissioning and market facilitation plan for the HSCP.</p>	<p>A Strategic Commissioning Plan has been developed. The review of the Strategic Plan for 2021- 2013 offers the opportunity to further consider the reallocation of resources.</p>
<ul style="list-style-type: none"> – work with service users, carers and provider organisations to develop more flexible outcome-focused contractual arrangements 	<p>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.</p>	<p>A series of market shaping events and locality based events took place during 2018 and 2019. This work has been impacted in 2020 by covid but is recommencing as part of the recovery planning</p>
<ul style="list-style-type: none"> – continue to work with communities to develop alternative services and activities that meet local needs 	<p>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.</p>	<p>A range of community activities and supports were developed in 2018 and 2019. Communities have played as significant part in responding to Covid developing and coordinating a range of supports for vulnerable and shielding residents.</p>
Implementing the national SDS strategy		
<ul style="list-style-type: none"> – 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 	<p>HSCP health staff have been included in the 'good conversations' training along with social care staff, other partners and services.</p>	<p>Training in 2019 was directed at social work staff. Work was carried out with partner organisations and good conversations are the foundation of the Talking Points approach in East Renfrewshire.</p>
<ul style="list-style-type: none"> – 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 	<p>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.</p>	<p>Reporting on personal outcomes has continued as part of regular performance monitoring and the Annual Performance Report.</p>

Seven steps to SDS in East Renfrewshire

Identifying an indicative budget

- Outcome Focussed Assessment completed
- Formal support is identified through personal outcome plan
- Complete Individual budget questionnaire
- Finance support officer scores and identifies the indicative budget amount

Support Planning

- What is important to the person
- What are their specific, intended outcomes
- How will they be supported
- How will they use their individual budget
- How will their support be managed
- How will they stay in control
- Action plan
- The plan must also highlight assessed risks and detail how these may be enabled

Agreeing the plan

- Social workers have the responsibility of agreeing that individual support plans will enable people to achieve their outcomes. If it is assessed that the support arrangement detailed in the plan will enable the person to do this, the plan will be agreed. (Where there is an intention to spend an individual budget illegally or to use it in such a way that would bring the HSCP into disrepute, the support plan will not be agreed)

Organising the money

- There are three main ways that individual budgets can be used;
 - As a Direct Payment
 - As an Individual Service Fund where a support provider manages the budget on someone's behalf
 - As a Virtual Budget where the HSCP administers the budget
- People are not restricted to choosing one option and can elect to have a combination of the above

Organising the support

- Self directed support is very flexible; individual budgets do not have to be spent on services but can also be spent on anything that will enable people to achieve their agreed outcomes. People have the option of spending some of their money on a service or a personal assistant and some on other less traditional items or services - so long as their social worker has agreed that what they plan to spend the money on will enable them to achieve their agreed outcomes

Living your life

- Self directed support enables people to arrange flexible support arrangements; if the way that someone has arranged their support is not working, their arrangements can change as they work out what works best for them

Seeing how it's working

- Social workers help people evaluate how effective their support has been in helping them achieve their outcomes through individual meetings and formal reviews. At the point of review, the focus will not be on the service received but to what extent support arrangements have enabled the person to meet their outcomes