

EAST RENFREWSHIRE COUNCIL
AUDIT AND SCRUTINY COMMITTEE
21 August 2014
Report by Clerk
NATIONAL EXTERNAL AUDIT REPORT
SELF-DIRECTED SUPPORT

PURPOSE OF REPORT

1. To provide information on the Audit Scotland report, prepared on behalf of the Auditor General for Scotland and the Accounts Commission, on *Self-Directed Support*.

RECOMMENDATION

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

SELF-DIRECTED SUPPORT

3. A copy of the Audit Scotland report, prepared on behalf of the Auditor General for Scotland and the Accounts Commission, on *Self-Directed Support* has already been circulated to all Audit and Scrutiny Committee Members. The Members who are leading on the review of this particular report are Councillor Grant and Councillor Reilly. In accordance with arrangements established by the Committee for dealing with such reports, the Director of the CHCP has provided comments on it. A copy of the feedback is attached to this report (see Appendix).

RECOMMENDATION

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

Local Government Access to Information Act 1985

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Background Papers: Audit Scotland report prepared on behalf of the Auditor General for Scotland and the Accounts Commission on *Self-Directed Support*

EAST RENFREWSHIRE COUNCIL

AUDIT AND SCRUTINY COMMITTEE

21 August 2014

Report by Director of CHCP

AUDITOR GENERAL AND ACCOUNTS COMMISSION REPORT ON
SELF-DIRECTED SUPPORT

PURPOSE

1. The Auditor General and the Accounts Commission published their joint report on Self-directed Support (SDS) on 12 June 2014. This paper offers a checklist for council officers to help them review progress in implementing SDS in their council.
2. East Renfrewshire CHCP has considered each issue listed and provided feedback on our current situation and identifying what actions need to be taken. Overall we have been able to provide a positive response and feel we are progressing well with our implementation plans around Planning, Leadership, Working in Partnership, and Managing budgets. In particular we are confident that SDS will underpin all future commissioning strategies.

RECOMMENDATION

3. It is recommended that the Audit and Scrutiny Committee acknowledges the response and actions taken by the CHCP (See Appendix 1).

BACKGROUND

4. SDS is a major change to the way people with social care needs are supported. People become equal partners with professionals in determining their social care needs and controlling how their needs are met. SDS aims to improve the impact that care and support has on people's lives by helping them to choose and control what type of social care services they get, when and where they get them, and who provides them.
5. The Audit report examined councils' progress in implementing the SDS. It focuses on councils because they have the lead role, working in partnership with users, carers, third and private sector providers, NHS boards and other organisations.
6. They reviewed councils' plans for implementing SDS and carried out detailed case study work in four councils: City of Edinburgh, Dumfries and Galloway, Perth and Kinross, and South Ayrshire. Case studies were used to highlight examples of local progress, good practice and areas of potential risk. The risks addressed in the report are the financial and organisational risks to councils in successfully implementing SDS rather than the risks relating to councils' responsibility for keeping people safe as they live their lives with social care support.

REPORT

7. The report focuses on how councils are planning for SDS and how they are managing their social care budgets. The key messages of the report are:

- a. Councils still have substantial work to do to fully implement SDS including effective leadership from senior managers and councillors.
- b. Councils have adopted different methods of allocating the money and, regardless of the approach taken, they should manage the risks carefully without unnecessarily limiting people's choice and control.
- c. Social care professionals have welcomed SDS because it will improve support for people who need it. Councils should work more closely with people who need support, and with their carers, providers and local communities to develop the choices that will improve people's lives.

The key recommendations of the report are that councils should:

- Ensure that they have a clear plan and effective arrangements for managing the risks to successfully implementing SDS and keep councillors and senior managers informed of progress
- Plan how they will allocate money to pay for support as demand for services increases. They should have plans for how and when to stop spending on existing services if too few people choose to use them, and plans to develop and invest in new forms of support
- Assess and report on the short and long-term risks and benefits of the way they have chosen to allocate money to support individuals. They should also take action to reduce the risks of overspending, which might mean that they are unable to provide support for everyone who needs it
- Work more closely with people who need support, their carers and families, providers and communities, to involve them in planning, agreeing and implementing SDS strategies
- Work more closely with people who need support, their carers and families, third and private sector providers, local businesses and communities, to develop a strategy for what social care services and support will be available to people in the future.

RECOMMENDATION

8. It is recommended that the Audit and Scrutiny Committee acknowledges the response and actions taken by the CHCP (See Appendix 1).

BACKGROUND PAPERS

Appendix 1 Audit checklist response for East Renfrewshire CHCP

Self-directed support

Self-assessment checklist for council officers

The Auditor General and the Accounts Commission published their joint report, [Self-directed support \(PDF\)](#), on 12 June 2014. This paper offers a checklist for council officers to help them review progress in implementing self-directed support in their council. Officers should consider each issue listed and decide which statement most accurately reflects their current situation. This approach will enable councils to identify what actions need to be taken.

The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight actions to take forward.

Assessment of current position						
Issue	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	Comments
Planning						
We now offer Self-directed support (SDS) to all eligible people when we assess or review their social care needs.			X			Community Care process complete. We are testing and developing our approach for children
We have a clear vision for the way we want to deliver social care in future: <ul style="list-style-type: none"> ▪ This vision is widely shared and understood by councillors, senior managers and staff. 				X		- We coproduced a documentary / information film on SDS with a local independent user forum to promote public awareness and a positive message about SDS. - Professional journey design has involved

<ul style="list-style-type: none"> Managers and front line staff are given opportunities to examine their procedures and contribute to changes. 						managers and front line staff in review of existing functions and processes, design of training material, and feedback on delivery of training.
We have clear strategies and detailed, up-to-date plans to continue implementing and reviewing SDS.				X		A SDS strategy and detailed programme management approach to implementation have driven forward the process locally.
We have developed ways of assessing the impact of SDS by monitoring how successfully social care services improve people's lives.				X		We have held joint events over the last 12 months and will host a further evaluation event in September which will coproduce the next phase of our SDS implementation
<p>Our plans address:</p> <ul style="list-style-type: none"> how we assess people's needs and identify the impact they want services to have on their lives how we allocate individual budgets how we monitor and review the impact of individuals' support on their lives. 			X			<ul style="list-style-type: none"> Our assessments are outcome-focused and take into account all of the assets people have in their lives. We are transparent in sharing the individual budget prior to supporting people to plan their individual support arrangements . The four SDS support options are embedded in our support and review processes along with the impact measured by talking points personal outcomes.

<p>Our plans address:</p> <ul style="list-style-type: none"> ▪ how we work with providers in the third and private sectors, and local businesses and communities, to develop the services available to people ▪ how we work with the NHS so that people receive joined-up health and social care support ▪ how we involve service users, carers and families in planning, agreeing and implementing SDS. 				<p>X</p>		<ul style="list-style-type: none"> - We have communicated clearly and engaged in a number of approaches with providers including using a public social partnership approach to learning disability service redesign. - We have engaged with a Scottish Government initiative to host an NHS SDS Lead in our area to test SDS with local health professionals - We have fully included and consulted supported people, families and carers over the past 2 years in shaping our shared journey and professional processes.
<p>Our plans address:</p> <ul style="list-style-type: none"> ▪ policies, procedures, training and guidance for front-line staff ▪ information, advice and advocacy for people to help them 				<p>X</p>		<ul style="list-style-type: none"> - We have a comprehensive practice guide for staff including all aspects of procedure which has been delivered to staff in a series of training events March – May. - Information and advice (including independent sources) is central to our whole process and is signposted throughout.

Leadership						
<p>We regularly (at least quarterly):</p> <ul style="list-style-type: none"> ▪ report progress against our implementation plans to senior managers and councillors ▪ assess the risks and actions we are taking to lessen them ▪ monitor and report on the options chosen by people under SDS ▪ monitor use of in-house services to inform reviews of sustainability. 				X		<p>We had an SDS Steering / Implementation Group meeting 6 weekly over the past year (which has generated committee updates) addressing all these issues and an SDS Implementation project group meeting regularly to carry our development and project management tasks around implementation. Commissioned and in house support is a regular part of the strategy discussed and separate evaluation and service redesign work for supported living and day services is established.</p>
<p>Our staff have the time, information, training and support they need to work with people to design their individual package of support.</p>			X			<p>Person-centred and outcome-focused practice is at the heart of our information, training and support and our next phase of training and development will focus on innovation and person-centred planning skills and we will coproduce this and share learning with supported people and carers.</p>

<p>Our councillors and senior managers are actively involved in engaging with people who use social care services, their carers and providers.</p>				<p>X</p>		<p>Our Director has been actively involved in the SDS Film project (coproduced with supported people) and features in it promoting the key messages of SDS. Our committee are fully supportive of our engagement with supported people over the past year and the plans to continue this moving forward.</p>
<p>Working in Partnership</p>						
<p>We fully involve users, carers, families, communities and service providers:</p> <ul style="list-style-type: none"> ▪ in planning, agreeing and implementing our SDS strategy (ie, not just informing and consulting them) ▪ in discussions about SDS that encourage thinking creatively about what services would have the most positive impact. 				<p>X</p>		<ul style="list-style-type: none"> - We engaged users, carers and families in several joint workshop events to contribute to and agree our practice modelling and strategy. - We are working closely with our independent SDS user forum and an independent facilitator organisation to ensure that creativity is embraced and promoted by all of our stakeholders and by our staff. We are also preparing to test creative planning processes for children and families with another independent facilitator organisation.

<p>We work in partnership with service providers, giving them information, consulting them about our plans and fully involving them in our strategy for developing SDS services in our area.</p>				<p>X</p>		<p>We have an established SDS Communications group with stakeholder organisations / providers which supports consistency of public information and awareness locally and supports transparency in our development of strategy.</p>
<p>Managing Budgets</p>						
<p>We know at what point each in-house service will no longer be viable and what action we will take if that happens.</p>			<p>X</p>			<p>We are testing a number of review and service redesign approaches to in-house services that have SDS at the core of the process. This will allow clearer data and understanding of at what point each service will no longer be viable but also to understand how best to redesign services to make them more viable and fit for purpose as we move to a much more personalised approach.</p>

<p>We monitor our spending against our financial plans and we are ready to take action to avoid a potential overspend.</p>			<p>X</p>			<p>Our Finance function has played a vital role in determining ranging unit costs and parameters for SDS that would help manage SDS activity and related spend within existing budgets.</p>
<p>We have assessed the benefits and risks of our chosen approach to allocating individual budgets and reported them to councillors and senior managers.</p> <p>We are planning to develop a RAS. To inform this, we have looked at how similar approaches work for other councils and allowed sufficient time and cost to develop it fully.</p>			<p>X</p>			<p>We have reported regularly to CHCP Committee and other senior forums – including issues of risk and benefit.</p> <p>We have developed an equivalency approach to resource allocation for community care while we are considering and testing a RAS system for children. We have engaged fully with a number of other councils in arriving at our systems and spend considerable time testing various pilots with In Control Scotland and OLM.</p>

<p>We have decided to introduce a framework agreement with external providers. In the contracts, the standards we require providers to meet and the information we ask them for is not so demanding or restrictive that some new or innovative services would have difficulty meeting them.</p>			X			<p>We have established an interim additional high level framework to allow non-commissioned framework providers to engage in SDS chosen provision in a way that is not demanding or restrictive and can allow for innovation.</p>
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