

EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP

COMMITTEE- 17 MAY 2010

THE DRAFT NATIONAL STRATEGY FOR SELF-DIRECTED SUPPORT

Report by Executive Director of Educational and Social Services

1. PURPOSE

- 1.1 To advise of consultation on the draft national strategy for self-directed support in Scotland which has been developed to take forward the personalisation of health and social care services in Scotland.
- 1.2 To seek Cabinet approval of a response from East Ayrshire Council.

2. BACKGROUND

- 2.1 Policy and legislative developments in Scotland are increasingly focusing on the personalisation of services, to enable people to have more choice and control over support they may require for assessed need.
- 2.2 Self-Directed Support is a term that describes the ways in which individuals and families can have informed choice about the way the support is provided to them, including greater levels of control over how their support needs are met and by whom.
- 2.3 Under current guidance and legislation in relation to Self Directed Support (SDS), the Council has a duty to offer a direct payment to eligible people assessed as needing community care services, and these payments can be used to purchase community care services and support, with the exception of long term residential accommodation.
- 2.4 In East Ayrshire, there are currently 70 people who are in receipt of a direct payment who either purchase a service or employ a Personal Assistant.
- 2.5 There has been no further legislation developed beyond that covering direct payments.
- 2.6 The Scottish Government are currently supporting test sites and projects to address issues, which it is felt will remain as barriers for a broader approach to self directed support, unless these are addressed in revised policy, practice and possibly, legislation.

3. CURRENT POSITION

- 3.1** The draft strategy sets out goals for broader choice and control for people using healthcare, social care and related educational services, with or without taking direct control of the cash.
- 3.2** The draft strategy for SDS aims to drive a shift in the ways support is delivered and view people as consumers, not service users, with rights and responsibilities. It proposes a 10 year vision in order to deliver social care that is fit for the future.
- 3.3** Within SDS, individual budgets are an indicative allocation of funding which can be given to individuals; this may include money for health and educational/training needs. The budget may combine a collection of funding streams including Supporting People, Independent Living Fund and Access to Work. The individual has a choice of how the budget is processed, from a direct payment, commissioning the service directly with providers, through an individual service fund or trust, or leaving the council to commission the services. Individual budget pilots have demonstrated an increased uptake of direct payments.

4. DRAFT STRATEGY RECOMMENDATIONS

- 4.1** The draft strategy makes recommendations on the role of universal services and workforce and training. It considers national and local responsibilities for providing guidance, information and support.
- 4.2** While the draft strategy promotes self-directed support for all, it highlights that some people may choose to leave the decisions about how their support is provided to the Council. It recommends that the needs of each individual accessing care and support is reviewed to allow people to prepare for directing their own support as soon as possible.
- 4.3** The strategy notes that it is vital that sufficient resource is allocated to this level of support, and to allow the growth of self-directed support. It recommends that the Scottish Government, in conjunction with COSLA review and clarify the use of eligibility criteria for adults and older people as it applies to self-directed support.
- 4.4** The strategy highlights that SDS should involve partnership between those people who require support and those who commission and provide it. This will need engagement with those organisations that are led by and represent people who use services, and investment in sustaining and developing these groups is required.
- 4.5** It recommends that the Scottish Government should approach national social care, social work and health training and qualification accreditation bodies to agree how they will integrate self-directed support teaching into curriculum and assessment and to create a programme that makes this aspiration a reality by 2013.

- 4.6** The draft strategy highlights the importance of resources from all sectors are effectively combined to support the individual to sustain or regain their independence and to have support that maintains, and where possible, improves their health and well being and promotes independent living. It states that for independent living to be a reality, people need to have access to housing, transport, new technology, education, jobs and leisure and recreation in the community.
- 4.7** It is proposed that community planning partnerships have a clear strategic role in delivering the level of change required to support the growth of self-directed support. It recommends that the Scottish Government should encourage community planning leads to support social work and other local authority departments and agencies to work together and combine their funding to achieve better outcomes for people who have personal and social support needs.
- 4.8** The positive outcomes being achieved by the use of local area co-ordination are highlighted, and it is recommended that community planning partners should consider pooled resources to support the development of local area co-ordination for all client groups.
- 4.9** The draft strategy suggests that health partners' understanding and engagement with the development of SDS needs to be developed. It recommends the Scottish Government should disseminate the findings from the health-related pilot in Lothian to all NHS Boards so that this learning can be put in place across all of Scotland by 2012, it recommends that the findings should also be sent to local authorities and providers.
- 4.10** Two recommendations are made in relation to information and advice, and the role of support organisations in supporting individual choice and control. It recommends that the Scottish Government should begin working with national and local organisations to review their capacity to deliver support for other forms of SDS and independent living whilst maintaining their focus on direct payments. Additionally, it recommends that the Scottish Government should evaluate existing models of support provision to inform a more efficient, sustainable and joined up approach, at both a local and national level.
- 4.11** The shift required away from the commissioning for groups to the commissioning of individual support packages is highlighted, with a recommendation that the Scottish Government should work with COSLA in using economic analysis to identify the best strategies available to local authorities so that they can lead a shift towards SDS focussing on a shift away from commissioning for groups. Additionally, local authorities should take account of the values and principles of SDS when applying the Scottish Government guidance on social care procurement.

A further recommendation is that during 2011, local authorities should work in partnership with providers to develop provider networks in each area, which

should look at supporting individuals to singly or collectively commission services.

- 4.12** The draft strategy highlights that in order to move towards the personalisation of services, local authorities will need to consider the use of a mechanism such as the Resource Allocation System (RAS), piloted in England, to determine the resources available to individual, which is transparent and sustainable. It recommends that the Scottish Government should work with COSLA to gather and interpret information on the evaluation of resource allocation models for all groups and levels of need, and whether and how systems can provide the best possible outcomes for both younger adults and older people. Additionally, they should commission a Scotland wide analysis of the rates offered for individual budgets and direct payments, and the costs for equivalent services provided by local authorities and the independent sector, with a view to assessing how these meet individual outcomes.
- 4.13** In relation to reducing bureaucracy and cutting red tape, it is recommended that the Scottish Government should meet with the DWP officials to ensure that the SDS strategy and the benefits system funding streams fit together in an appropriate and cost effective way. This would also seek to reduce business processes around Charging Policy and SDS. Additionally, the strategy recommends that the Scottish Government should discuss with Education leads whether and how Disabled Students Allowance and other relevant funds in Further, Special and Higher education can be included in SDS packages.
- 4.14** The draft strategy indicates that there is a need for clarity about the contribution of the individual and how charging policies will relate to developments in SDS. It recommends that the Scottish Government, COSLA and the Independent Living Movement should work on simplifying Charging Policy and make it compatible with SDS outcomes.
- 4.15** Currently, the majority of people using a direct payment employ Personal Assistants (PA). Nearly half of these PAs do not receive any training. The draft strategy recommends that Scottish Government should:
- Consider with support organisations and PAs, the need to develop a national organisation to support PAs.
 - Consider how PAs can access training, how a direct payment can be used to provide training and the range of responsibilities placed on local authorities to ensure a sufficient training PA workforce.
 - Disseminate the findings of the research of the PA workforce
 - Work with local authorities and support services to be able to assist employers to proactively to comply with employment law and best practice.

5. EAST AYRSHIRE RESPONSE TO CONSULTATION

- 5.1** The values and principles described within the Self Directed Services Strategy is welcome and complements the wider public policy drive to focus on outcomes for individuals.

- 5.2 In order to enhance awareness of Self Directed Services across a wide range of agencies the recommendation that there is a Scottish Government led initiative to ensure self directed support teaching is included in curriculum and assessment is welcome.
- 5.3 The robust Community Planning Partnership in East Ayrshire is well placed to progress the self directed support agenda across agencies and across communities. In a local sense, East Ayrshire Community Health Partnership as the delivery arm of the Improving Health and Wellbeing element of the Community Plan has a crucial role to play in respect of the partnership elements of this work.
- 5.4 East Ayrshire Council recognises the right of citizens to have control and choice within their lives but recognises the need for a fundamental shift in practice is required to ensure outcomes for the individual and their family/carers are jointly considered, shifting from a focus on assessment and process.
- 5.5 The current activity, through the CHP, with respect to being the test site for the Integrated Resource Framework will support East Ayrshire Partnership to be in a positive position to review services and practice in line with the proposed strategy.
- 5.6 In general, officers are supportive of the strategy relating to SDS which reflects the general direction of travel of Social Work Services in partnership with NHS Ayrshire and Arran. The full Draft East Ayrshire response is attached as appendix 1.
- 5.7 While the draft strategy does not specify that additional resources are required, the use of self directed services does require dedicated resources and time, and if the use of SDS increases, this may create pressures for services. This issue has been highlighted in the East Ayrshire Council response.

6. NEXT STEPS

- 6.1 The Scottish Government will publish and disseminate the findings from the pilot sites by 2012. The Scottish Government and COSLA will begin to identify, from this research, how best existing resources can be used to support the delivery of SDS, and the timescales for development.
- 6.2 This paper was approved by East Ayrshire Council's Cabinet on 21st April and has been shared with colleagues in NHS Ayrshire and Arran.

7. FINANCIAL IMPLICATIONS

- 7.1** There are no financial implications arising from the development of the national strategy at this time, however as highlighted, the proposed approach coupled with a likely increased use of self directed services may create resource/infrastructure issues in supporting and administering arrangements.

8. POLICY/LLEGAL IMPLICATIONS

- 8.1** The Scottish Government will consult on the need for, and the provisions of, a Self-directed Support Bill in Spring 2010.

9. COMMUNITY PLANNING IMPLICATIONS

- 9.1** The draft strategy states that community planning partnerships have a clear strategic role in delivering the level of change required to support the growth of self-directed support and also recommends that community planning partners should consider pooled resources to support the development of local area co-ordination for all client groups. There are also clear links to the Community Health Partnership in terms of the development and delivery of the Improving Health and Wellbeing Action Plan of the Community Plan.

10. RISK IMPLICATIONS

- 10.1** None at this time.

11. RECOMMENDATIONS

- 11.1** It is recommended that CHP Committee: -
- (I) Note the draft proposals outlined in the draft national strategy;
 - (II) Note the draft East Ayrshire response
 - (III) Note the forthcoming consultation on the proposal for a SDS (Scotland) Bill;
 - (IV) Further consider the outcomes of the national research and the results from the three Scottish pilot sites once these are published; and
 - (V) Otherwise note the contents of the report.
 - (VI) Receive further reports in relation to the local implementation of the partnership elements of the final strategy through the Officer Locality Group

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Executive Director of Educational and Social Services

31 March 2010

Amended/ Updated by CHP Facilitator for CHP Committee
5 May 2010

LIST OF BACKGROUND PAPERS

1. The draft national strategy for self-directed support in Scotland

Members requiring further information should contact Eddie Fraser, Head of Service:
Community Care, tel 01563 576546

IMPLEMENTATION OFFICER: Eddie Fraser, Head of Service: Community Care

DRAFT

QUESTION 1

The strategy sets out values and principles of self-directed support.

Do you agree with the values and principles? If not:

- What would you remove?
- What would you add?

Yes, the basic values and principles are welcome.

The explicit shift to outcomes reflects all other public policy and is welcome, although it will require an element of cultural shift both within public services and by the public in terms of their understanding of the role and function of services.

OWNERSHIP AND LEADERSHIP

QUESTION 2

The strategy demonstrates the need for broad ownership of this agenda, and leadership at all levels.

- What do you believe should be done nationally and locally to promote self-directed support?
- Where are the priorities for a training strategy to take self –directed support forward?

There is a need for significant awareness raising and there is a training agenda across all service providers/service funders and commissioners, including Health, DWP, Education, Transport, Employment Agencies and citizens.

A national training strategy could include:

- Potential recipients of SDS
- Assessors and contributors to assessment
- SDS being incorporated into appropriate curriculums
- A framework for all PAs, with consideration being given to a SVQ type qualification

Independent provider organisations, particularly those who currently have block contracts with Local Authorities need to be engaged as early as possible in terms of future strategic planning.

Locally, East Ayrshire's involvement as a test site for the Integrated Resource Framework will facilitate and inform current resource allocation and potential re-alignment.

QUESTION 3

The strategy describes the role of universal services in supporting inclusive communities. Community Planning partnerships are currently charged with taking a strategic overview for their localities.

- How could they be more involved in ensuring that provision across all the services is co-ordinated so that not only social care budgets contribute to the desired outcomes?

A fundamental goal of the draft strategy is to ensure Community Planning partners become integral in SDS. As described in the document this will require work on a national basis with Community Planning leads to support members of the partnership develop and deliver self directed services.

QUESTION 4

One recommendation is local area co-ordination should be developed and funded by the community planning partners.

- What are your views on how this could be implemented
- Are there other specific recommendations for universal services you would suggest?

We welcome the proposal to involve Community Planning partners in widening the role of Local Area Coordinators across all service user groups. We note that additional resources would need to be made available to Community Planning partners to enable this development. It should also be noted that while the strategy does not specifically indicate the need for additional resources, it is likely that the proposed approach to SDS, coupled with a likely increased use, may create resource/infrastructure issues in supporting and administering arrangements across Community Planning Partnerships.

SUPPORTING CHOICE AND CONTROL

QUESTION 5

The strategy recommends that the Government explores the ways of supporting people to have more choice and control, right through from assessment to support, and including review.

What are your views on:

- The different types of support needed
- Who should provide support
- Who should fund it
- Assessment processes and how they should change
- How current services and supports can work more directly to individuals and families who use them
- How providers should be supported to ensure quality support in a changing marketplace

Support is required at various levels – no one type fits all and there should be scope for support organisations (large and small) to develop and grow in line with the uptake of SDS. Support should not be limited to specific care groups but should have the ability to source specific support for individuals as required.

Funding for local Voluntary Organisations and Support Groups will require to be reviewed in order to facilitate development in line with the uptake of SDS.

A culture shift will be required between the assessors and the assessed to ensure assessments are completed in partnership and outcomes for individuals replaces processes.

Awareness raising, education and training in relation to this is not just required for staff involved in the assessment; it needs to include service users and carers.

Outcome based commissioning following outcome based assessments should currently be in use and current services can be commissioned which offer flexibility and choice to the service user. Perhaps more active monitoring of this should be developed.

BUDGETS

QUESTION 6

The strategy recognises that local government is responsible for identifying and allocating budgets for social care and support.

It suggests that different methods and tools for allocating resources should be reviewed to see which approaches deliver better outcomes for individuals.

The outcome of the Integrated Resource Framework pilot sites should provide valuable information on how resources are allocated and assist in informing how mainstream budgets might otherwise be deployed to facilitate self directed support.

Do you have any comments on:

- The setting, and benchmarking, of current direct payments rates
- The IoRN (indicator of relevant need) and how it might be adapted for care groups other than older people
- Resource Allocation Systems (RAS)
- Any other approach for establishing resource/payment levels?
- The use of non-social work budgets as part of Self Directed Support funding

The original guidance issued in relation to the setting of direct payment rates was useful at that time. With the development of individual budgets, the need for a standard rate will disappear. With this in mind, how useful is benchmarking across Local Authorities, who each have their own rate(s).

The IoRN and the RAS appear to be based on a “tick box” style of assessment and may not be compatible with a personalised, outcomes focused approach.

Resource/payment levels should be flexible enough to meet a range of individual service user needs,

We would welcome the use of non-social work budgets to develop in order to progress individualised budgets, particularly in relation to Health and DWP.

It is noted that the changes in ILF eligibility mean fewer people will be eligible leading to less scope for supporting independent living.

Whatever the future means of calculating individual budgets for SDS, the process should be transparent in terms of allocation of funding people receive.

MEASURING SUCCESS

QUESTION 7

The definition of self-directed support includes a range of options for exercising choice, including both direct payments and indicative budgets that remain the council. At present, the Scottish Government only gathers data on the numbers of direct payments processed each year.

What are your views on:

- Recording the numbers of people who direct their own support
- Providing evidence of real choice and control
- Any other relevant information that should be gathered

Monitoring should shift from a statistics based to one that looks at real quality outcomes for individual people based around what they wanted to achieve as identified within the initial assessment.

GENERAL

QUESTION 8

What are your views on the overall vision and aims of the strategy?

The overall vision and aims of the strategy are welcomed. However, it is noted that the outcomes from the SDS pilots and the IRF pilots are still in progress and it would have been useful to delay the publication of the draft strategy in order to utilise the results of these pilots. It is also noted that the Bill proposal has now also been issued for consultation with a later date for submission; it would have been useful if this was issued alongside the strategy.

QUESTION 9

Do you think there are any major gaps in the strategy?

Please see comments in Question 8.

QUESTION 10

What do you believe are the priorities for the future development?

Outcome focused service development and enhancing the capacity of other statutory bodies such as the NHS to release resources which will facilitate a wider range of self directed services.