

Self Directed Support in Midlothian

Report by Joint Director Health and Social Care

1 Purpose of Report

The purpose of the report is to provide an updated position on Midlothian's implementation of Self Directed Support.

2 Background

In 2010 the Scottish Government published a new National Strategy to develop Self Directed Support which requires a fundamental shift from how services are currently designed and delivered to one of increased choice and control over the services people use. In November 2012, The Social Care (Self Directed Support) (Scotland) Act was passed. Together, the Act and strategy aim to deliver Scottish Government's vision for social care where support is based around the citizen, not the service.

The Act is anticipated to come into force in April 2014 and places new duties on local authorities to transform how services are currently organised. 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 requires councils to offer people four choices on how they can get their social care. The choices are:

- Option 1 direct payment
- Option 2 the person directs the available support
- Option 3 the local authority arranges the support
- Option 4 a mix of the above.

The Act contains some other duties and powers, for example a power to authorities to support unpaid carers and duties on authorities to provide information and support to help service users make an informed choice. Whilst the legislation requires new systems and processes, at the heart of SDS is outcomes practice and in turn a change in culture. The Midlothian implementation programme reflects this and includes a large focus on ensuring that the workforce is confident and skilled in their practice.

Over the last two years Midlothian has undertaken a significant amount of work to embed outcomes focused practice and develop a culture of personalised social care services. Implementation of the SDS Act is a latter phase in this programme and will provide practitioners with the tools to realise the ambitions of the personalisation agenda.

3 Report Implications

The new legislation affects Adult and Social Care as well as Children and Families. Whilst some of the concepts are familiar in Adult and Social Care and Children Affected by Disabilities services, this is a completely new area for children, young people and their families known to the Locality teams and in receipt of family support services. Also for the first time carers will be entitled to receive self directed support in their own right.

A Self Directed Support (SDS) Programme Board and delivery groups have been established and are responsible for implementation of SDS. There is representation from health and social care professionals, the voluntary sector, users and carers. This will be supported by a user and carer reference group who will shape how SDS is delivered locally.

3.1 Resource

The introduction of the Legislation requires the Council to develop a fair and transparent means of allocating resources based on eligible needs. Adult and Social Care have an existing Eligibility Criteria and Charging policy for services, whilst in Children and Families a similar approach is currently being developed, which may have a positive impact on spend.

As the allocation of resources under SDS is based on eligible need it is not anticipated that this will increase expenditure above and beyond the demographic pressures. However on an individual level people's allocation of resources may vary up or down as a result of SDS.

Scottish Government has provided funding to the Council amounting to £420,740 for the period 2012-13 to 2014-15 to support the implementation of SDS. The plan to spend this funding was agreed by CMT on 30 July 2012. It is being used to fund a dedicated team to drive forward the agenda as well as meet other costs such as staff training and IT.

3.2 Risk

There is significant public and media interest in the success of Self Directed Support, which is primarily driven by the negative press that other areas have received due the mis-interpretations of the approaches taken. The sensitivities around the provision of and any changes to social care services accompanied by a challenging financial climate make this a particularly challenging area to maintain positive media and public relations. Strategies are in place to ensure that we are working collaboratively with users, carers and service providers. These include user and carer representation on the SDS Programme Board, establishing a user and carer reference group, a communications and engagement strategy in place which includes a regular newsletter and planned public events.

SDS will allow people to meet their agreed outcomes in more creative ways, which may challenge traditional views of the provision of care. The boundaries

for this will need to be developed and professionals will need to agree care plans on an individual basis.

Increase choice and control available to those using social care services may result in people making choices away from traditional services and developing more creative solutions. This in turn may have implications for in-house services with service users and carers opting to purchase their service from elsewhere. Research on the implementation of SDS in England and Wales suggests that people have not immediately made large changes to the services they use and as such there hasn't been a de-stabilising effect in in-house services. However, as public expectation of our services increases and as more new clients take up SDS, this may mean there is incrementally reduced take up for in-house services, which will challenge their continued viability.

The legislation is anticipated to commence in April 2014 and from this point the Council is required to offer SDS to new users and carers and existing service users through the annual review process. The timescale for implementation is challenging and Scottish Government will only publish the final guidance in January. However over the last three years Midlothian has undertaken a significant amount of work to implement outcomes focussed practice which, as noted above, is key to the success of SDS.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community safety
- ☒ Adult health, care and housing
- ☒ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

The implementation of SDS has been incorporated within both the Single Midlothian Plan and service plans.

3.4 Impact on Performance and Outcomes

As this is a new area of legislation it is anticipated that Scottish Government will be keen to monitor the number of people with self directed support. As noted above outcomes focused practice is a key part of SDS. Service users and carers' outcomes will be identified and monitored to determine if SDS is improving people's personal outcomes.

3.5 Adopting a Preventative Approach

Through the implementation of SDS we are required to adopt changes in practice and a more co-productive approach to engaging the person and their wider support network to plan their support. Experience has taught us that how

well we do this has a direct impact on the success and sustainability of a person's care plan and on a preventative basis can reduce the need for on-going intervention from social work.

3.6 Involving Communities and Other Stakeholders

There is representation from health and social care professionals, the voluntary sector, users and carers on the SDS Programme Board. A reference group will also be established for users and carers to shape SDS delivery in Midlothian. Providers will be linked in through one of the delivery groups focussing on commissioning. Events and information will also be made available as part of the implementation programme as noted above.

3.7 Ensuring Equalities

An equalities impact assessment will be undertaken on the new SDS process and documentation when available.

3.8 Supporting Sustainable Development

There are no sustainability issues arising from this report.

3.9 IT Issues

Changes to Frameworki are required as part of the project. There is an SDS module from CoreLogic already available for use which will be tailored for Midlothian.

4 Summary

Midlothian is required to offer Self Directed Support from April 2014 to new users and carers and existing users through the annual review process. To realise the ambitions of the national strategy and legislation, changes in practice and culture will have to be achieved, shifting the balance of power from professionals to those in receipt of services. This change in culture may challenge traditional views of care provision. Users and carers are being kept at the heart of Midlothian's SDS programme through representation on the Board and delivery groups; a dedicated user and carer reference group; and targeted events and communications.

5 Recommendations

- To note the content of the report
- To hold a members' seminar to provide more detailed information to elected members on SDS to support them with their public facing role.

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