

## Appendix 2

### Self-directed support Checklist for councillors and board members

Paragraphs in main report	Questions for councillors and board members to consider	Assessment	Required actions
<b>Para 15-22, 65-66</b>	<p>Do we now offer self-directed support (SDS) to all eligible people when we assess or review their social care needs?</p> <ul style="list-style-type: none"> <li>• In what circumstances are people not offered the four SDS options?</li> <li>• What are we doing to give these people more choice and control?</li> </ul>	<p>The 4 options of SDS are offered to all eligible people when either assessing or reviewing. The exceptions to this are as in the legislation:</p> <ul style="list-style-type: none"> <li>• Crisis Intervention ( Rapid Response Team)</li> <li>• Hospital discharge &amp; Reablement</li> <li>• Residential Care</li> <li>• Child Protection and Adult Protection</li> </ul> <p>Increased choice and control is being achieved through:</p> <ul style="list-style-type: none"> <li>• Utilising assessment and review tools that are outcomes focused. This is the approach which underpins SDS. Staff are trained on outcomes and outcomes are part of our everyday language in assessment and review.</li> <li>• Social Work teams use an outcomes focused approach to their assessment</li> <li>• There is a process in social work teams for information provision and to explore the options if longer term needs exist.</li> </ul>	<p>None at present.</p> <p>Processes are in place and embedded within each team. The SDS Practice Development Worker links in with these teams and reinforces this.</p>
<b>Para 23-29</b>	How many people do we support, how many people have been offered the SDS options, and how many people	Information is collated on a quarterly basis of the number of individuals in receipt of social care support and which SDS options are selected.	None at present.

	<p>have chosen each option?</p> <ul style="list-style-type: none"> <li>• How do we expect these numbers to change in future, and why?</li> </ul>	<p>We expect to see more variation of choice and control being exercised under each of the 4 options. Option 3 will likely remain the most popular option, however with our launch of a Personal Assistant Scheme it may be that option 1s increase. We may also see an increase in option 2s. We also have, and are working to increase, choice and control under option 3. Having choice and control under option 3 may impact the number of people choosing option 1 or 2.</p>	
<b>Para 8, 36-43</b>	<p>How do we involve service users, carers and providers to help design more flexibility and choice into support options?</p> <ul style="list-style-type: none"> <li>• What do they tell us about how we could improve?</li> </ul>	<p>There is carer and support user representation on the SDS Programme Board and a SDS Reference Group is being established to look at increased involvement and feedback pathways.</p> <p>We listen to individual feedback from assessments and reviews about how we could do things better and we have close links with the local carers centre.</p> <p>There is ongoing dialogue with providers about SDS either individually or at provider's forums.</p>	<p>SDS Reference Group to be progressed with a clear framework of objectives.</p> <p>Continue to work with providers to ensure SDS principles are embedded in service provision.</p>
<b>Para 36-43, 47-51</b>	<p>Have we reviewed our assessment and support planning processes to make them simpler and more transparent?</p> <ul style="list-style-type: none"> <li>• What do users and carers think about the processes?</li> </ul>	<p>In 2012/13 we undertook local research on outcomes focused assessments, supported by the University of Edinburgh. This involved document analysis and focus groups of practitioners and carers. We redesigned our forms and processes based on our learning. Following on from this we have regularly reviewed our processes.</p> <p>All Assessment, Support Planning and Review tools have either recently been reviewed or are scheduled for</p>	<p>None at present.</p>

		review in both Children and Families and Adults and Social Care. We have tried to simplify the processes and the forms to place the person at the centre. We are confident that our forms for recording outcomes and SDS are of a high standard.	
<b>Para 38</b>	<p>Have we reviewed our processes for supporting children to transition into adult services?</p> <ul style="list-style-type: none"> <li>• Have we jointly agreed improvement actions between children's and adult services?</li> </ul>	<p>There is a dedicated Transitions Team for young people with a learning disability/Autism transitioning to Adults Services.</p> <p>Work is ongoing to improve the transition pathways between children and adults services. A project team made of staff from both children's and adult services are progressing this work.</p> <p>There has been some progress in applying SDS to young people leaving care. A project manager is being recruited to oversee the progression and development of support for this group of people.</p>	<p>Continue work to deliver improvements to transition support.</p> <p>Applying SDS to young people leaving care to be progressed.</p>
<b>Para 35, 47-51</b>	<p>Have we reviewed the information and help we offer to people during assessments, reviews and planning discussions?</p> <ul style="list-style-type: none"> <li>• Do people understand our information? Does everyone who needs it get it? Do they get it at the right time?</li> <li>• How have we involved users, carers and providers in reviewing the</li> </ul>	<p>The information pathway in Adults and Social care was mapped in 2016 to review the stages of information sharing and to determine the best points in someone's journey through Social Care to share information about SDS. Changes to when and how information was provided were adopted as a result.</p> <p>Information leaflets specific to children with a disability and carers have been written in collaboration with VOCAL who have helped us obtain feedback from carers.</p>	<p>Carers leaflet to be finalised pending the changes to be introduced by the new carers legislation.</p> <p>Remit of SDS Reference Group to include reviewing information provision in relation to SDS</p>

	<p>information and help?</p> <ul style="list-style-type: none"> <li>• Do we offer people independent advice and advocacy when they need it?</li> </ul>	<p>Other relevant information leaflets are being prepared and the information on our webpage is being reviewed.</p> <p>Midlothian works alongside several Independent and collective advocacy agencies and offering independent advocacy is a routine in practice.</p>	
<b>Para 25, 36, 44-46</b>	<p>What difference is SDS making to people's personal outcomes?</p> <ul style="list-style-type: none"> <li>• How do we record and monitor this so that we know if things are improving across the board?</li> <li>• How are we using this information to plan future SDS processes and services?</li> </ul>	<p>Information is collected on what SDS option people choose and what difference people report in their lives from assessment to review. We also ask people in the annual service user and carer survey for feedback.</p> <p>Feedback sessions have been presented once a year within Adults and Social Care to feed back the difference which has been made in people's lives following assessment and support. This is based on the statistics we collect at the review stage. This was cited by staff as being a really positive and reaffirming exercise. The outcomes focused approach is newer in Children and Families and a review will be conducted after the approach has been in place for a period of time.</p>	<p>Continue to review information from annual service user and carers' survey to identify areas of good practice and areas for improvement.</p>

### Supporting social work staff to implement SDS

<b>Para 44-46, 52-54</b>	<p>Do all our social work staff feel they have the time, information, training and support they need to be able to identify and plan for people's personal outcomes?</p>	<p>Individual feedback to the SDS Practice Development Worker and Team leads has generally been positive with regards to information and training on outcomes and the 4 options. An initial survey was taken in 2015 to rate practitioners' confidence in SDS. This will be retaken over the next few weeks to review the difference and where we need to focus practice</p>	<p>Complete further practitioners' confidence survey.</p> <p>Continue to embed knowledge of SDS with Team Leaders to ensure consistency of SDS practice.</p>
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<b>Para 44-46</b>	<p>Do all our social work staff fully understand outcomes?</p> <ul style="list-style-type: none"> <li>• Are they confident about working with personal outcomes?</li> <li>• Have they had sufficient training?</li> </ul>	<p>The majority of practitioners and Team Leaders have undergone outcomes training and there is a further 2 day workshop being run in October. There are also plans to offer a regular hour session as an 'update' via the 'bite sized health and social care workshops. Both mandatory and elective training has been trialed.</p> <p>Staff supervision is in place to ensure the outcomes approach is being applied consistently across all social work staff.</p> <p>Feedback loop sessions once a year are also done through team meetings to feed back 'the difference' the 'conversations' we have had with people have made in their lives. This was cited by staff as being a positive and motivating exercise.</p>	<p>Continue to embed outcomes into practice. A focus needs to be had on Team Leaders to model the approach going forward.</p> <p>Continue to offer training opportunities in a variety of ways, i.e. through discussion at peer practitioner groups, formal training days and bite sized training.</p> <p>Arrange the next Feedback session.</p>
<b>Para 52-54</b>	Do our behaviours and processes encourage and support social work	There is evidence of innovative practice and use of creative ways of meeting eligible needs. These	Eligibility Criteria and budget allocation are areas which need

	staff to develop innovative solutions to meet individual needs flexibly?	<p>examples are recognised and shared.</p> <p>Our systems, particularly our financial system has struggled to record innovative ways of spending money and a working group has been established to try and work through the issues.</p>	reviewing to ensure they reflect SDS, outcomes also ensure the promotion of innovative uses of funds
<b>Para 55-58</b>	<p>Do social work staff have sufficient guidance and support on how to balance innovation, choice and risks with service users and carers?</p> <p>Do we regularly review our progress in implementing SDS?</p> <ul style="list-style-type: none"> <li>• Do we review progress against our SDS implementation plans?</li> <li>• Do we monitor and report on the SDS options chosen by people, ensuring this data is accurate and consistent?</li> <li>• Do we monitor and report on whether people's personal outcomes are being met with SDS?</li> </ul>	<p>Sessions have been run with staff with regards to balancing risk and outcomes, there is 1:1 support from team leads, the SDS Practice Development Workers and SDS Planning Manager. Guidance has been issued in Children and Families specific to risk and drafted for Adults and Social Care.</p> <p>Progress is regularly reviewed through the SDS Programme Board. This involves reviewing progress against our implementation plan.</p> <p>Information is collected on what SDS option people choose and what difference people report in their lives from assessment to review</p>	Review use of data and whether improvements can be made to reporting processes.
	Do we use national information, reports and tools to help us improve how we are implementing SDS?	Information, reports and tools are shared, and key points for learning are shared and discussed at the SDS Programme Board.	None at present.
<b>Para 63-72</b>	Do our strategic commissioning and	There is ongoing dialogue with providers about SDS	Further work is being progressed to

	<p>related plans show:</p> <ul style="list-style-type: none"> <li>• how more choice and control will be achieved for service users?</li> <li>• how decisions will be made about re-allocating resources from one type of service to another in response to people making their SDS choices?</li> </ul>	<p>either individually or at provider's forums.</p> <p>There is evidence of services embedding principles of choice and control within service provision, however there is a need to further develop this.</p> <p>Since the introduction of SDS there has been a shift in the services being commissioned as individuals make choices under SDS.</p>	<p>ensure providers are embedding principle and values of SDS within their support provision.</p>
<b>Para 65-70</b>	<p>Are we using flexible contractual arrangements that give supported people and providers the opportunity to be flexible about' support?</p> <ul style="list-style-type: none"> <li>• Have we involved users, cares and providers in developing this?</li> <li>• If we do not have outcomes-focussed contractual arrangements, how are we giving supported people flexibility, choice and control?</li> </ul>	<p>More flexible contractual arrangements have been introduced since the introduction of SDS. These allow more flexibility in service provision.</p> <p>Work is ongoing to increase the levels of flexibility within care packages and finance processed and systems are being developed to support this.</p>	<p>Further work is being progressed to ensure providers are embedding principle and values of SDS within their support provision.</p>
<b>Para 73-75</b>	<p>Are we working with communities to develop alternative services and activities that meet local needs?</p> <ul style="list-style-type: none"> <li>• How are these community-based services and activities helping to support people?</li> <li>• Are there opportunities to develop more community-based services and</li> </ul>	<p>Focus of SDS implementation work has been supporting individuals. There has been some work with communities and groups, but scope for further development in this area.</p>	<p>Work with communities to develop alternative services and activities to meet local needs.</p>

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activities?

**Para 91**

Have we developed targeted information and training on SDS for healthcare professionals who have direct or indirect influence on people's health and social care support, including:

- primary care professionals such as GPs, district nurses, occupational health professionals?
- hospital staff who may influence decisions about discharging patients when they need temporary or permanent support?
- managers and administration staff?

The 2 day outcomes focused training is directed at both healthcare and social care practitioners. We also have plans to introduce a bite sized workshop on SDS and outcomes to the Bitesized training calendar. These also run across health and social care.

One of our SDS Practice Development Workers provides an information link between social care and the House of Care

The Contact Officers who are the first port of call for most people referring into social work have received a training session on outcomes and SDS

The finances and admin staff are also being provided with appropriate information and training related to their role.

Continue to support the sharing of information regarding SDS across health and social care.