The Improvement Service

ELECTED MEMBER BRIEFING NOTE

Self-directed Support

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What is the purpose of the briefing note series?

The Improvement Service (IS) has developed an Elected Members Briefing Series to help elected members keep pace with key issues affecting local government.

Some briefing notes will be directly produced by IS staff but we will also make available material from as wide a range of public bodies, commentators and observers of public services as possible.

We will use the IS website and elected member e-bulletin to publicise and provide access to the briefing notes. All briefing notes in the series can be accessed at www.improvementservice.org.uk/elected-member-guidance-and-briefings.html

About this briefing note

This briefing is intended to inform elected members of the Social Care (Self-directed Support) (Scotland) Act 2013; specifically, its intention and implementation. The Act sits within the 10-year Self-directed Support Strategy, aimed at shifting the balance of power to people so they have more choice and control over their social care support.

What is the issue?

This briefing covers the options available to adults and children through the four options of self-directed support and the opportunities for joint working between health and social care in the context of securing best outcomes for people who use social care.

Options of Self-directed Support

Choice and control is the main thrust behind the Social Care (Self-directed Support) (Scotland) Act which, in practice, is implemented through the four options of self-directed support. The guidance introduces these options by referring to self-directed support as 'real social work' whereby the role of the social worker is to enable real choice for the individuals with whom they are working.

- **Option 1 refers to a direct payment.** The guidance states that individuals who can use a direct payment, in any which way they wish, so long as it secures the support agreed in the support plan.
- **Option 2 refers to the support being selected by the individual but the local authority maintains control of the budget.** The guidance suggests that individuals will be made aware of resources that are available to achieve their support plan.
- **Option 3 refers to support that is arranged and provided by the local authority in coordination with the individual.** The individual has less responsibility of the budget but choice should remain in the support they receive. The guidance suggests that this will be the most used option.
- **Option 4 is a mix of some, or all, of the first three options.** This is said to provide maximum flexibility and may be attractive to those who would like to experiment with direct payments.

Information and support

Included in the Act is the provision for information to be provided to individuals about the nature of self-directed support. The guidance discusses the practicalities of the process, which should be:

- impartial
- balanced
- well informed

Local authorities have duties relating to the provision of information to ensure that individuals have the right knowledge and support to make decisions. The guidance also includes provision for information about advocacy to be provided, where the professional considers it to be appropriate.

Facilitating Choice

Included in the Act is a duty upon local authorities to promote the availability of the options for self-directed support, and the guidance outlines the role of local authorities in facilitating the choices

available to individuals.

To do this, the local authority should:

* gather good quality information about what people need and want
* plan services based on this information
* deliver services that meet the identified needs and wants
* review the process

The Role of the NHS

The guidance identifies the role of health care as an important part of ensuring that a person's needs are fully supported. It refers to the different agencies within the NHS to be partners in providing support alongside social care. A jointly established "person centred approach" could include building expertise, sharing common approaches and combining resources at every stage in the supported person's pathway.

The guidance makes clear that the potential for joint approaches is permitted through legislation. Within the legislation, the NHS and social care can carry out joint or delegated assessments. Where an assessment is delegated, the NHS must offer and give effect to the various options of self-directed support. Local authorities and health boards have the power to join funding at the individual level. Where there is a joint approach in place, both agencies should put in place appropriate joint arrangements for the on-going monitoring and review of a person's support needs.

Children and Families

Under the Act, children and families are now eligible for the four options of Self-directed Support. This is implemented in accordance with the current guidance on the Children (Scotland) Act 1995, and the Children and Young People (Scotland) Act 2014. In this respect, every child will have a named person who will arrange support to promote the child's wellbeing. As the child reaches transition, the guidance discusses the options available to young people as they take control of their own support arrangements if they have the capacity to do so.

Supported Decision Making

Under the Act, professionals must take reasonable steps to facilitate assistance to support the person in making decisions about their arrangements in order to maximise choice and control. Therefore, where it is decided that assistance is required, an appropriate person must be identified to provide this.

Unpaid Carers

Following a carers' assessment, carers are entitled to the four options of self-directed support if it has been deemed that they require the support to continue their caring role.

What does this mean for elected members?

It is critical for elected members to have a broad understanding of the principles of self-directed support, and the impact that this can have upon the lives of disabled people in their constituencies. Scottish Government statistics released on 5 July 2016[1] gave the first indication of how self-directed support (SDS) is being rolled out across the country. The analysis, which looks at data collected from each local authority, provides a broad overview of the operational delivery of SDS. The headline figures from the executive summary are that:

- 35,173 people who accessed social care services used SDS in 2014-15. Due to the government's data collection process, they can only estimate that the implementation rate of SDS being offered to clients represented 20% of all social care clients in 2014-15.
- The government's best estimate of the breakdown of SDS option choices in 2014-15 is: 13% Option 1; 9% Option 2; 75% Option 3; and 3% Option 4.[2]
- In total, the combined value of all recorded budgets associated with an SDS option in 2014-15 was £250m.[3]

It is vital that elected members appreciate the financial implications of social care spending and the impact it can have on individuals' lives. While the majority of local authority funding is set at a national level, the consequential determination of funding for social care budgets will influence the implementation of self-directed support at a local level. Therefore, the approach set by elected members will impact how self-directed support affects people who require social care.

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1   Scottish Government, Self-directed Support, Scotland, 2014-15: www.gov.scot/Resource/0050/00502637.pdf
2   Option 1 is a direct payment, Option 2 is an individual fund held by a third party, Option 3 is local authority services, Option 4 is a mixture of all 3.
3   It must be noted that there should be a caveat to the government's figures as they have limited data as yet on Options 2-4.

Key issues/questions for elected members to consider

- While recognising there are finite resources and that there are limits to local authority spending, are you satisfied your local authority and Integration Authority have a social care approach that is equitable and meets people's needs?
- With people accessing social care often having to wait a significant amount of time to get their SDS packages put in place, is your local authority and Integration Authority doing to expedite this process?
- There is a common perception borne out in research that SDS is synonymous with local authority cuts to social care budgets. What is your local authority and Integration Authority doing to improve the public discourse so that SDS is considered as an enabling mechanism?

The Social Care (Self-directed Support) (Scotland) Act 2013 legislated for choice and control to be offered to anyone eligible for social care support. The Act also promoted dignity and respect for individuals engaging with social care departments and providers. As an elected member, are you ensuring these rights are upheld for individuals in the communities you serve, who use social care?

Summary

This briefing provides a basic background to the provisions of the Social Care (Self-directed Support) (Scotland) Act 2013. Elected members will want to ensure that they understand the current process of implementation in their own local area and consider their role and interest across three key areas:

1. The average amount of time it takes for people to be assessed and their package to be put into place.
2. The transparency of information shared between Local Authorities and people engaging with social care.
3. The effectiveness of SDS in enabling and empowering people to live independently, as intended in the Social Care (Self-directed Support) (Scotland) Act 2013.

Further information

The ALLIANCE recently undertook research into personal experiences of SDS. The report, which will be published imminently found that while SDS can improve respondents' satisfaction with their social care, the time it takes to agree support packages and the limited resources available is restricting the choice and control of individuals to lead independent lives.

A key recommendation is that Health and Social Care Partnerships should instigate greater collaboration between health services (community practitioners, GPs and hospital settings) and social care colleagues to promote integrated and preventative approaches through SDS.

From September to October 2016 the ALLIANCE carried out a rapid desk-based enquiry into existing research on SDS in Scotland. Indicated below are the identified sources:

- Data under Development' Statistics Release, Self-directed Support, Scottish Government, 2016
www.gov.scot/Resource/0050/00502637.pdf
- Self Directed Support User Experience Survey – What people said, Self-directed Support Scotland, 2016
www.sdsscotland.org.uk/wp-content/uploads/2016/09/FINAL-SDS-User-Experience-Survey.pdf
- Working Together To Make It Happen: helping young people move on successfully, SDS Consortium, 2015
www.sensescotland.org.uk/media/2241275/sds_consortium_report_pdf.pdf
- Want the Same As You, Dr Susan Elsley and Children in Scotland, 2015
www.childreninscotland.org.uk/sites/default/files/SDS_report-re.pdf
- Self-Directed Support, The Start, Learning Disability Alliance Scotland, 2015
www.ccpscotland.org/pp/wp-content/uploads/sites/3/2015/01/The-Start-SDS-report-January-2015.pdf

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