

## Members' Library Service Request Form

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**REPORT TO:** Members' Library Service

**BY:** Director of Health and Social Care

**Date:**

**SUBJECT:** Review of Self Directed Support – 2014/15

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## **1 PURPOSE**

- 1.1 To inform Members of the progress of Self Directed Support (SDS) in East Lothian 2014/15.

## **2 RECOMMENDATIONS**

- 2.1 To note progress and the ongoing work plan.

## **3 BACKGROUND**

- 3.1 The Self Directed Support (Scotland) Act 2013 was introduced in April 2014. The Act ensures the right for individuals to have greater choice and control over their support and promotes a shift towards support which is outcome based.
- 3.2 Audit Scotland published 'Self Directed Support' in June 2014. The report highlighted the substantial amount of work that councils still need to do to implement SDS and the need for effective leadership from senior managers and councillors to support the cultural and practical changes.
- 3.3 A response to the audit Scotland report was taken to the Policy & Performance Review Committee (PPRC) 11 November 2014.
- 3.4 Internal Audit completed an audit of internal processes the report was taken to the Audit and Governance Committee on 20 January 2015.

## **4 PROGRESS AND DELIVERY**

- 4.1 A comprehensive learning and development plan was delivered January – March 2014 in preparation for the Act.

4.2 Progress has been made in implementing SDS for all community care client groups within Adult Wellbeing. However, implementation has tended to favour under 65's in East Lothian.

4.3 Since 1 April 2014 all new service users have to be offered an SDS assessment for long term support. Local Authorities have discretion to decide when and how existing service users are offered an SDS assessment. East Lothian Council are offering an SDS assessment to existing service users at point of review or if requested, whichever the sooner. It is clear, however, that SDS has been embedded more quickly in the Under 65 Team than in the Over 65 Team. Very few Personal Budgets have been put in place for older people. Moreover, the vast majority (over 85%) of assessments currently being carried out are not SDS assessments but traditional adult assessment.

4.4 **Client Group where SDS purchase budget is in place**

<b>Primary Service User Group</b>	<b>%</b>
Learning Disabilities	<b>56</b>
Mental Health	<b>8</b>
Older People	<b>16</b>
Physical Disabilities	<b>19</b>

4.5 **A lengthy process getting shorter**

The SDS process has been felt to be rather lengthy. This is partly because the system is new and workers are still getting used to it. Additionally the assessment is more demanding than the traditional way of working, as assessors must involve service users and ensure the assessment is co-produced holistic and outcome focussed.

The table below shows the process has speeded up since full implementation. The extreme length of the process in the pre-implementation period was partly caused by a complete pause over the summer of 2013. Some assessments started before then are only now being finalised.

Inevitably, the time lapse for more recent episodes are much shorter than those started much earlier because those episodes which have not been completed are excluded.

The average length of time from assessment start to support plan completion for assessments started after 1 April 2014 is 87 days. Arrangement of services is concluded after that.

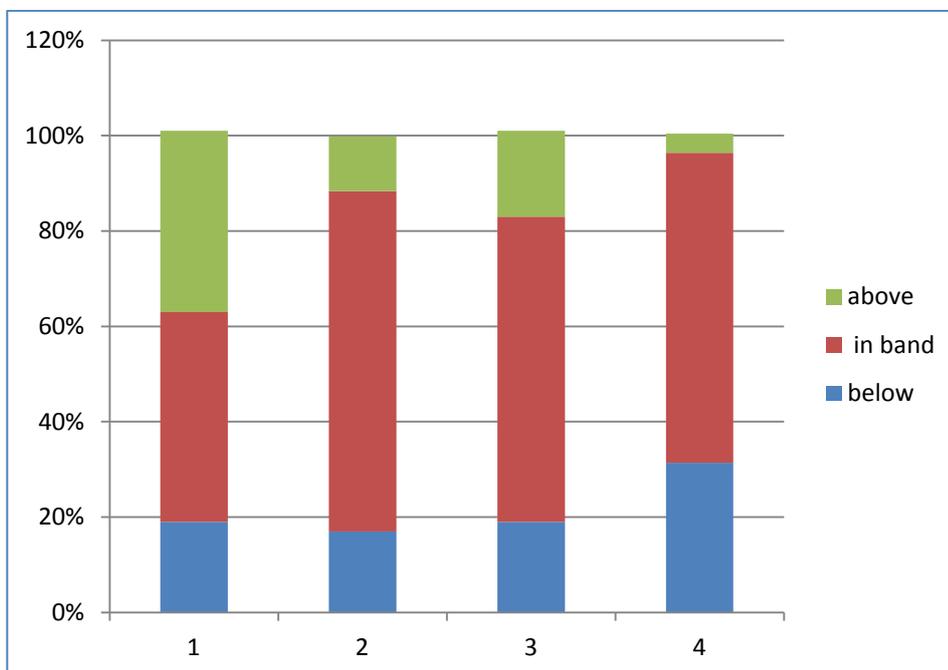
Average Days to Completion (excludes those still not completed):	Episode started				
	Before 1 April 2014	April - June 2014	July - Sept 2014	Oct - Dec 2014	Jan - Mar 2015
<b>Assessments</b>	166	55	68	41	32
<b>Support Plans</b>	109	70	51	20	28
<b>Assessment to Support Plan</b>	274	112	83	76	35

An action plan underpins the requirement to ensure consistency of the Self Directed Support offer for all client groups.

A resource allocation matrix has been developed and is in place – the matrix is an integral part of the assessment process and provides an indicative budget to support a client’s assessed needs.

The equivalence approach being used in East Lothian has been noted nationally and has supported the delivery of approaches in a number of other authorities.

#### 4.6 Breakdown of Personal Budget fit to Indicative Budget Banding for the 4 Quarters of 2014/ 15



In all, 84% of budgets were within or below the indicative budget banding. The chart shows a clear progression to fewer budgets coming in over the indicative budget upper band. This may be due to the way SDS was initially rolled out

targeting some of the more expensive and historically well funded service users. These service users tend to have complex outcomes and therefore packages of support which are difficult to cost. However, by using these cases first has meant the system has been tested and modified to improve the indicative budget setting.

An SDS Assessment and Support Plan is in place clearly setting out each individual's assessed needs, eligibility, the outcomes to be achieved and their actual personal budget.

#### 4.7 Options

The table below shows the percentage split between the three delivery Options available under SDS chosen by those Service Users who have a completed Support Plan. This shows a good proportion of service users choosing non-traditional methods of arranging care, making use of the new options available. However, the relatively high proportion of people choosing Option 2 maybe a blip caused by the fast tracking of plans for people who wished to remain with their care provider when the new Help to Live at Home Framework was introduced.

Option	Percentage choosing
1	18%
2	31%
3	52%
4	12% (also included in 1 - 3 above)

A suite of tools to support assessment and support planning underpin the customer journey to ensure equity and transparency.

## 5 PRIORITIES FOR THE WORK PLAN 15/16

- 5.1 An overarching Policy for Self-Directed Support as well as policies relating to the individual Options under SDS.
- 5.2 Co – production and stakeholder engagement in further developing key process.
- 5.3 Ensuring all clients have the opportunity to access SDS at the earliest opportunity
- 5.4 Ensure the new Carers Bill is embedded into SDS policy, especially in relation to the waiving of charges to Carers.
- 5.5 To ensure the SDS act and Procurement Legislation are able to work together locally. 'The SDS Act' is underpinned by a set of principles clearly designed to maximize choice and control for supported people. Provided that the person's

choice does not place them at risk of harm; and meets their personal outcomes they should be able to choose freely. This appears to work in opposition to current procurement practice where the individual's choice would be secondary to the requirement to (re)tender in line with public procurement regulations. See paper <http://www.ccpScotland.org/pp/wp-content/uploads/sites/3/2014/11/Procurement-and-SDS-Policy-Points-March-2014.pdf>

- 5.6 An action plan which underpins the business support function for the delivery of SDS with a focus being the effective delivery of key financial processes for all four options.
- 5.7 An effective structure to deliver and monitor personal budgets
- 5.8 Measurement of customer outcomes and satisfaction.
- 5.9 Consider completion of an updated Equality Impact Assessment, centred on the implementation of the SDS Act in East Lothian.

## **6 POLICY IMPLICATIONS**

- 6.1 Adult wellbeing are currently developing the over arching policy for SDS and guidance underpinning the 4 options available to service users.
- 6.2 A number of Councils across Scotland are developing contributions based approach where there is agreement on how the costs of care are shared between the service user and the Council. Once this is agreed the service user is able to make choices based on what will help them to achieve their outcomes, without being unduly influenced by the financial consequences.

## **7 EQUALITIES IMPACT ASSESSMENT**

- 7.1 EQI will need to be completed on any policy changes resulting.

## **8 RESOURCE IMPLICATIONS**

- 8.1 As resources are mobilised to ensure the effective delivery of SDS, consideration will need to be given to staff involved and the application of related HR policies.
- 8.3 Workforce development will be required to continue in the delivery of training for all Adult Wellbeing staff and external Stakeholders but in particular to assessors . Best Value ,understanding and measuring outcomes will be key in successful implementation of SDS.

## **9 BACKGROUND PAPERS**

- 9.1 Report to Cabinet - Service User Contributions for Adult Wellbeing Services – 14 January 2014
- 9.2 Report to PPRC - Response to Audit Scotland - 11 November 2014

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