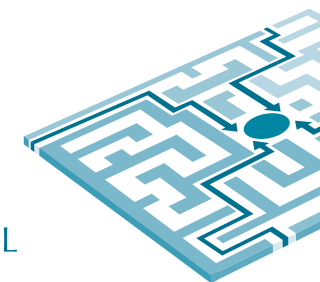




# Self-directed support



## Issues for councillors









The Auditor General and the Accounts Commission published their joint report, [Self-directed support \(PDF\)](#) , on 12 June 2014. This paper accompanies that report and sets out some issues that councillors may wish to consider in relation to progress in implementing self-directed support in their council. It also aims to help them pose questions to council officers and seek assurance about local progress and activities.

Page references to main report	Issue	Questions for councillors to consider
<b>Planning</b>  <a href="#">Pages 5, 9-10</a> <a href="#">Exhibit 1 (PDF)</a> 	<p>The Social Care (Self-directed Support) (Scotland) Act 2013 places a duty on councils, from April 2014, to offer people newly assessed as needing social care a wider range of options for choosing and controlling their support. People receiving support before April 2014 should be offered these options the next time their council reviews their needs with them.</p> <p>With Self-directed support (SDS), professional staff such as social workers and occupational health staff must work in partnership with the person and, where appropriate, their family to identify and agree their needs, what difference they want services to make to their lives and what sort of services and support will help them to achieve it.</p>	<ul style="list-style-type: none"> <li>• Are all eligible people newly assessed as needing social care offered the four SDS options?</li> <li>• Are people already receiving social care services before April 2014 offered the four SDS options when the council reviews their needs with them?</li> <li>• When people have their needs assessed and reviewed, do social workers and other professional staff help them to identify what impact they want services to have on their lives (their outcomes)?</li> </ul>

Cont.

Page references to main report	Issue	Questions for councillors to consider
<a href="#">Pages 13-14, 31 (PDF)</a> 	<p>Councils should monitor the use of existing in-house services and be clear about when these services might not be viable, as people choose alternative types of support. Some people will choose to spend their individual budget on these services anyway, and others may opt for the council to choose their services for them. Councils may have difficult decisions ahead about what to do in these circumstances. They may have to:</p> <ul style="list-style-type: none"> <li>• reduce, merge or close a service</li> <li>• find a way of paying for it</li> <li>• find an alternative way of running it</li> <li>• change it into a service that people will choose to use.</li> </ul> <p>Councils should base these decisions on an appraisal of all the options and should take into account the effect on current users. These changes will happen gradually as councils implement SDS.</p>	<ul style="list-style-type: none"> <li>• Does the council know the point at which each of its in-house social care services may no longer be viable? <ul style="list-style-type: none"> <li>– does the council monitor use of services to predict whether/when this is going to happen?</li> <li>– does the council have plans for what to do in these circumstances?</li> <li>– does the council appraise all the options for services that may become unviable?</li> </ul> </li> </ul>
<a href="#">Pages 14-15 (PDF)</a> 	<p>SDS needs a change in the council's culture. It has to move away from allocating people to existing services, and work together with people to help them choose what support they want and would best meet their needs. People may choose new and different types of support that staff have not considered before.</p> <p>Changes of this scale require effective leadership from councillors and senior managers, including:</p> <ul style="list-style-type: none"> <li>• sharing a clear vision with managers, team leaders and front-line staff of the council's approach to SDS and how social care services would be delivered in the future</li> <li>• receiving regular, formal reports about progress in implementing SDS, and being involved in decision-making</li> <li>• being actively involved in meetings and events to engage with people who use social care services and their carers, and providers about the council's approach to SDS.</li> </ul>	<ul style="list-style-type: none"> <li>• What is the council's vision for the way it wants to deliver social care in future?</li> <li>• Is this vision understood and shared by councillors, senior managers and council staff?</li> <li>• What strategies does the council have for implementing SDS?</li> <li>• What detailed plans does the council have for continuing to implement and review SDS over the next few years?</li> <li>• Do councillors receive regular updates on how SDS implementation is progressing?</li> <li>• What are the main risks to the council in implementing SDS, and what are council staff doing to manage these?</li> <li>• What evidence does the council have that SDS is having a positive impact on people's lives?</li> <li>• How could the council engage better with people who use social care services and their carers, and providers and professional staff?</li> </ul>

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<a href="#">Pages 19-20 (PDF)</a> 	<p>Many people need a combination of health and social care support. Under current legislation, an NHS board can transfer money to a council so that a person can receive a direct payment that includes funding from both the council and NHS. There are examples of this working well. However, there is no obligation on NHS boards to release funds to contribute to a direct payment. The SDS Act only places a duty on councils to offer the SDS options in relation to assessed social care needs. NHS boards only have the duty where councils have formally delegated responsibility for social care to the board. For example, NHS Highland is responsible for adult social care services in the Highland area.</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS boards and councils to establish new health and social care partnerships. Under these arrangements, NHS boards and councils will be required, as a minimum, to combine their budgets for adult social care, adult primary healthcare and aspects of adult secondary healthcare. Although the SDS Act does not apply directly to health services, the SDS policy will have implications for health because NHS boards and councils will share money, staff and other resources under the new arrangements. For example, councils can charge people for some social care services while NHS services are free at the point of contact. Councils and NHS boards should be clear about the implications of SDS before they put new partnership arrangements in place.</p>	<ul style="list-style-type: none"> <li>• What are the implications of SDS for the council as it puts new health and social care partnership arrangements in place?</li> <li>• Will the implications of SDS be addressed by the new partnership arrangements?</li> </ul>
<a href="#">Pages 20-21 (PDF)</a> 	<p>Some people are confused about what SDS is and what it might mean for them. Councils should spend time working with communities, explaining the benefits of SDS and helping people to think creatively about what services would have the most positive impact on their lives. Without this, people may be less willing to think about alternative approaches to care because they may view alternatives simply as cost-saving measures.</p> <p>It is important that councils provide the information and advice that people need to help them understand their options and choose the best way to arrange their support. Councils should also direct people to independent sources of advice and advocacy.</p>	<ul style="list-style-type: none"> <li>• Are people who use social care services, and their carers and families, involved in planning, implementing and reviewing the council's approach to SDS?</li> <li>• Does the council engage well enough with people who use social care services and their carers and families?</li> <li>• Does the council provide the right information, advice and advocacy to help people understand their options and make choices under SDS?</li> </ul>

Page references to main report	Issue	Questions for councillors to consider
<a href="#">Pages 22-23 (PDF)</a> 	<p>The Act requires councils to take reasonable steps to promote a variety of providers and support so that people who use services have real choices. Councils should communicate and work with providers to do this successfully. Councils currently work with providers in different ways. In some cases, they only provide information and may talk to providers through formal network meetings. In others, councils involve providers in their SDS implementation programmes by being represented on project boards and other forums and have a say in the council's approach. It is important to involve providers as they can bring new and constructive ideas and experiences and can help deliver the required changes.</p>	<ul style="list-style-type: none"> <li>• Does the council engage well enough with organisations providing social care services in the area? <ul style="list-style-type: none"> <li>– are they represented on project boards?</li> <li>– are they engaged as partners in developing SDS plans?</li> </ul> </li> </ul>
<a href="#">Pages 31-32 Exhibit 6 (PDF)</a> 	<p>An important aspect of SDS is how the council calculates an individual budget for each person assessed as having social care needs. This is a new approach for most councils and involves calculating their costs in a very different way. For example, rather than budgeting to run a fixed number of services such as respite centres, day centres, shared living units, or home care services, councils must now budget to pay for individual care and support services for people.</p> <p>Most councils have chosen one of two main ways to allocate individual budgets: a Resource Allocation System (RAS); or an equivalency model. We also saw a third approach at Perth and Kinross Council. Councils should consider carefully which is best for them, how to best meet the needs of local people and how to ensure that social care is sustainable in the longer term.</p>	<ul style="list-style-type: none"> <li>• What approach does the council use to calculate individual budgets for people who have eligible social care needs?</li> <li>• What are the benefits and risks of the approach the council has chosen compared to other methods?</li> <li>• Will this approach continue to work well over the next few years?</li> </ul>
<a href="#">Page 34 (PDF)</a> 	<p>Framework agreements are a way for councils to provide assurance about the quality of support or services people choose under SDS option 2, where they ask the council to arrange and pay for their chosen services. A framework agreement between a council and a provider requires the provider to meet certain standards and agree to provide certain information in return for being on the council's list of approved providers. The standards and information required should not be so demanding or restrictive that some new or innovative services would have difficulty meeting them. Providers report that some current framework agreements restrict their ability to be flexible in response to service users' choices.</p>	<ul style="list-style-type: none"> <li>• How is the council developing SDS option 2?</li> <li>• Does the council have appropriate contracts or framework agreements to support SDS option 2?</li> </ul>
<a href="#">Page 34 Exhibit 7 (PDF)</a> 	<p>Given the scale of the changes involved in implementing SDS, there are financial risks to the council involved in moving to this new way of working. Councils should ensure that they have considered and set out how they will identify and lessen these risks as more people take on SDS.</p>	<ul style="list-style-type: none"> <li>• What are the financial risks in implementing SDS, and what are council staff doing to manage these?</li> </ul>