

SDS SELF EVALUATION

1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to highlight the key messages and focus on the recommendations made for all 32 Councils following an audit by Audit Scotland in relation to Councils' progress in implementing the SDS Strategy and their readiness for the Social Care (Self-directed Support) (Scotland) Act 2013.
- 1.2 This report will also reference key issues detailed in the audit of Planning, Leadership, Working in Partnership and Managing Budgets which have already been or require to be addressed as part of Argyll and Bute Council's SDS Strategy and implementation plan.
- 1.3 Further to the main report, Audit Scotland issued a supplementary paper setting out some issues that Councillors may wish to consider in relation to progress in implementation of self-directed support in their Council. This report will highlight these key issues and provides references to our response to these areas.
- 1.4 A key issue raised within the audit report named Argyll and Bute Council as one of five Councils where no evidence was found of Elected Members being updated through formal Committee papers on progress with implementing SDS, or the implications for social care and other services between January 2011 and January 2014. Advice to members has been through presentations to Elected Members Seminars and briefings at local area committee business days.
- 1.5 It is recommended that Community Services Committee note the content of the report.

SDS SELF EVALUATION

2.0 INTRODUCTION

- 2.1 The purpose of this report is to highlight the key messages and focus on the recommendations made for all 32 Councils following an audit by Audit Scotland in relation to Councils' progress in implementing the SDS Strategy and their readiness for the Social Care (Self-directed Support) (Scotland) Act 2013. Appendix 1 of this report will reference key issues from the report which have already been or require to be addressed as part of Argyll and Bute Council's SDS Strategy and implementation plan.
- 2.2 With the exception of detailed study work in four named Councils, findings were anonymous. However on page 16, point 26, Argyll and Bute Council was named as one of five Councils where no evidence was found of Elected Members being updated through formal committee papers on progress with implementing SDS, or the implications for social care and other services between January 2011 and January 2014. Advice to members has been through presentations to Elected Members Seminars and briefings at local area committee business days.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that Community Services Committee note the content of the report.

4.0 DETAIL

- 4.1 Key Messages from Audit Scotland Report are as follows:

Councils still have a substantial amount of work to do to fully implement SDS. Some have made slower progress than others and they will have to implement the cultural and practical changes more quickly over the next few years. Councils need effective leadership from senior managers and Councillors and continued support from the Scottish Government through detailed guidance and regular communication on how implementation is progressing across the country.

4.2 Councils have adopted different methods of allocating the money they spend on social care to support individuals. There are risks and advantages with each model. Regardless of the approach taken, Councils should manage the risks carefully without unnecessarily limiting people's choice and control over their support.

4.3 Social care professionals have welcomed SDS because it has the potential to improve support for people who need it. SDS will work best if Councils make sure that people can choose from a range of different services and support. Councils should work more closely with people who need support, and with their carers, providers and local communities to develop the choices that will improve people's lives.

4.4 **Audit Scotland Report Key Recommendations state that Councils should:**

- Ensure that they have a clear plan and effective arrangements for managing the risks
- Plan how they will allocate money to pay for support for everyone who is eligible as demand for services increases
- Plan for how and when to stop spending on existing services if too few people choose to use them
- Plan to develop and invest in new forms of support for people with social care needs
- Assess and report on the short and long-term risks and benefits of the way they have chosen to allocate money to support individuals
- Monitor and report on budgets and spending on social care services.
- Take action to lessen the risks of overspending, which might mean that they are unable to provide support for everyone who needs it
- Work more closely with people who need support, their carers and families, providers and communities, to involve them in planning, agreeing and implementing SDS strategies

- Develop a local strategy in partnership with all stakeholders for what social care services and support will be available to people in the future.
- 4.5 Further to the main report, Audit Scotland issued a supplementary paper setting out some issues that Councillors may wish to consider in relation to progress in implementation of self-directed support in their Council. Appendix 1 highlights these key issues and provides references to our response to these areas against the self-assessment checklist for Council officers to help review progress in implementing self-directed support within their Council. Argyll and Bute's position is as detailed in Appendix 1.

5.0 CONCLUSION

- 5.1 The Audit of progress regarding implementation of the Social Care Self-directed Support) (Scotland) Act 201 was undertaken as SDS has significant implications for the way Councils and other organisations provide social care and for those people who need support. The audit report identifies both financial and organisational risks to the Council in successfully implementing SDS.
- 5.2 Implementation of SDS in Argyll and Bute Council has been progressing steadily with ongoing development continuing within each of the key areas identified by Audit Scotland. A clear action plan arising from the variation of the staff training events as detailed in reference response P4 (pg 11) and L4 (pg 13) Appendix 1, will be identified as part of the SDS Improvement plan which also feeds into the joint Adult Care improvement plan.
- 5.2 Argyll and Bute Council have completed the corresponding checklist for Council Officers and work is ongoing to ensure all the recommendations contained within the audit report have either been or in the process of being addressed and adhered to. Clear action plan

6.0 IMPLICATIONS

6.1 Policy	Consistent with Social Care (Self-directed Support) (Scotland) Act 2013.
6.2 Financial	Introduction of SDS may impact on current spend on Social Work budget sustainability of in-house services.
6.3 Legal	Council must ensure compliance with Social Care (Self-directed Support) (Scotland) Act 2013.
6.4 HR	Difficulty in recruiting and retaining social care staff in some areas may lead to some options not being available in some areas.
6.5 Equalities	SDS policy is based on the human rights principles of fairness, respect, equality, dignity and autonomy for all.
6.6 Risk	Failure to ensure all recommendations are met may lead to failure to comply with statute.
6.7 Customer Service	People will be given more choice and control over their support.

Cleland Sneddon

Executive Director of Community Services

Councillor Douglas Philand Policy Lead

14 October 2014

For further information contact:

Pamela MacLeod

Project Manager – Self-Directed Support

Tel: 01631 572948

Appendix 1

Questions Audit Scotland suggest Councillors should consider	Response Reference
1. Are all eligible people newly assessed as needing social care offered the four SDS options?	P1
2. What is the council's vision for the way it wants to deliver social care in future? Is this vision understood and shared by councillors, senior managers and council staff?	P2
3. What strategies does the council have for implementing SDS?	P3
4. What detailed plans does the council have for continuing to implement and review SDS over the next few years	P4, L4
5. Do councillors receive regular updates on how SDS implementation is progressing?	L5
6. What are the main risks to the council in implementing SDS, and what are council staff doing to manage these?	L6
7. What evidence does the council have that SDS is having a positive impact on people's lives?	P7, L7
8. How could the council engage better with people who use social care services and their carers, and providers and professional staff?	P8, W8
9. 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)?	P9
10. What approach does the council use to calculate individual budgets for people who have eligible social care needs?	P10, M20
11. What are the benefits and risks of the approach the council has chosen compared to other methods?	P11, M20
12. Will this approach continue to work well over the next few years?	P12, M20
13. Does the council engage well enough with organisations providing social care services in the area? Are they represented on project boards? Are they engaged as partners in developing SDS plans?	P13, W13

14. What are the implications of SDS for the council as it puts new health and social care partnership arrangements in place?	W14
15. Will the implications of SDS be addressed by the new partnership arrangements?	W15
16. Does the council know the point at which each of its in-house social care services may no longer be viable?	M16
17. Does the council monitor use of services to predict whether/when this is going to happen?	M17, L17
18. Does the council have plans for what to do in these circumstances?	M18
19. Does the council appraise all the options for services that may become unviable?	M19
20. What are the financial risks in implementing SDS, and what are council staff doing to manage these?	M20
21. How is the council developing SDS option 2?	M20
22. Does the council have appropriate contracts or framework agreements to support SDS option 2?	M22

Response reference corresponds to recommendations and council checklist beginning on page 9:

Appendix 1

Planning

Response Ref	Issue	Current Position	Action Required	RAG Status
	Planning			
P1	We now offer SDS to all eligible people when we assess or review their social care needs	Where relevant, all people are offered the options available to them under the Act. Information about SDS and information about independent support organisations provided at point of review for existing cases and when eligibility for support has been confirmed for all new cases. Performance reporting set up to monitor compliance.	Ongoing monitoring as part of performance and reporting measures	Green
P2	<p>We have a clear vision for the way we want to deliver social care in the future and:</p> <ul style="list-style-type: none"> this vision is widely shared and understood by Councillors, seniors managers and staff. Managers and frontline staff are given opportunities to examine their procedures and contribute to changes. 	<p>2015 – 16 Service Plan – Adult Care Improvement plan for 2015 - 17 being completed Integrate Children and Young Persons Service Plan, Argyll and Bute’s Children.</p> <p>Practitioners group established and this group examines and contributes to updating current procedures along with fortnightly support forum for Team Leaders</p>	<p>Improvement Plan for 2015 – 17 to be completed. Joint Commissioning Strategy for Older People to be evaluated following public consultation, this will then inform the strategy. Cascade final strategy.</p> <p>Continuation of current practice</p>	<p>Amber</p> <p>Green</p>

		and Area Managers.		
P3	We have clear strategies and detailed, up-to-date plans to continue implementing and reviewing SDS.	In place - Implementation plan; risk register etc all in place. Project Board established for governance.	Continual monitoring, reviewing and varying where appropriate.	Green
P4	We have developed ways of assessing the impact of SDS by monitoring how successfully Social Care services improve people's lives.	Currently being developed in line with the new Adult Assessment for Adult Care. Via review of the Childs Plan for Children and Families 5.1.4 of the Single Outcome Agreement relates to measurement of SDS. This measure is currently being reviewed.	Reporting sub-group set up to devise a suite of reports, using appropriate reporting tools, which inform management groups on the progress of the implementation of Self Directed Support in Argyll and Bute.	Amber
P9	Our plans address: • How we assess people's needs and identify the impact they want services to have on their lives	Assessment and care management processes currently being reviewed to reflect the values and principles of the Act for Adult Care. Universal Child Assessment already in place within the GIRFC framework for Children and Families.	Full implementation of new assessment documentation (Universal Adult Assessment – UAA) and procedures to be achieved	Amber
P10 P11	• How we allocate individual budgets	Supported Assessment Questionnaire (SAQ) and Resource Allocation System	Continue to monitor and evaluate the RAS.	Green

P12		(RAS) in place. Apply RAS to new cases and existing cases are costed at equivalency. This is applicable across all of social work.	Develop the review process to include good conversations recognising the impact the support has made on their lives and clarifying the option chosen remain preferred option.	
P7 P13	How we monitor and review the impact of individuals' support on their lives Our plans address:			
P13	<ul style="list-style-type: none"> How we work with providers in the third and private sectors, and local businesses and communities to develop the services available to people 	Communication Strategy. Providers forums established. Also, providers representation part of the Project Board membership.	Ongoing work	Green
P16	<ul style="list-style-type: none"> How we work with the NHS so that people receive joined up health and social care support 	Work ongoing with Health staff. Training/information sessions specifically for Health staff will be held. Joint working on Adult Care assessment framework and joint working established via GIRFEC process.	Require approval of Adult Care process and communicate with the integrated workforce. NHS Briefing sessions currently underway	Amber
P8	<ul style="list-style-type: none"> How we involve service users, carers and families in planning, agreeing and implementing SDS 	Collating feedback from supported people, families and carers.	Programme of public engagement currently underway.	Green
P4	Our plans address: <ul style="list-style-type: none"> Policies, procedures, training and guidance for front line staff 	Workforce Development strategy in place, co-delivered with	Continued evaluation and variation where appropriate.	Green

	<ul style="list-style-type: none"> Information, advice and advocacy for people to help them make choices under SDS. 	<p>Scottish Personal Assistant Employers Network.</p> <p>Guidance and processes being updated. New UAA enables signposting / referral prompt.</p>	Implement new UAA and guidance	Amber
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Leadership

	Issue	Current Position	Action Required	RAG Status
	Leadership			
L5	<p>We regularly (at least quarterly):</p> <ul style="list-style-type: none"> Report progress against our implementation plans to senior managers and Councillors 	<p>Partially in place.</p> <p>Report to SWMT bi-monthly on progress on implementation. Some reports proceed to DMT, then Community Services Committee/ Area Committee.</p>	Regular reports to be made to Elected Members.	Green
L6	<ul style="list-style-type: none"> Assess the risks and actions we are taking to lessen them 	<p>Risk Register in place and updated on a monthly basis. Project Board receives operational updates on a monthly basis.</p>	Continual monitoring	Green
L7	<ul style="list-style-type: none"> Monitor and report on the options chosen by people under SDS 	<p>In progress.</p>	Processes being developed for monitoring and reporting on options chosen.	Amber
L17	<ul style="list-style-type: none"> Monitor use of in-house services to inform reviews of sustainability 	<p>Our plans ensure that as SDS options are taken up we are mindful to examine the cost of</p>	Ongoing monitoring of the use of in-house services.	

		<p>such services to ensure that we have an accurate monitoring of the cost of external services where the cost of such services are higher due to flexibility. We are in the process of building on our existing management and reporting structures both internally in conjunction with Finance and HR and across the developing Integration structure to achieve the above</p> <p>Current Risks: Running in-house services that are no longer financially viable, resulting in overspending on these services</p> <p>Mitigating factors: we know the costs of running each in-house service and have calculated the point at which there are not enough users to financially sustain the service.</p> <p>We monitor how many people are using the service and act quickly to consider the options when trends show the number of people using the service is decreasing.</p>		Green
L4	Our staff have the time, information, training and support they need to	In progress.	Need to ensure senior operational managers/practitioners adopt the	Amber

	work with people to design their individual package of support.	We have developed a Workforce Development Strategy with four levels of training in place and dates identified throughout 2014/15. Feedback and evaluation from practitioners has identified a gap in knowledge.	philosophy of SDS and champion the values and principles of the Act and subsequently cascade to their teams.	
	Our Councillors and senior managers are actively involved in engaging with people who use social care services, their carers and providers.	Yes, they are engaged with people, however not specifically with regard to SDS.	Develop a plan to achieve active engagement as recommended by using "INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES" CEL4 (2010) guidance.	Amber

Working in Partnership

	Issue	Current Position	Action Required	RAG Status
	Working in Partnership			
W8	<p>We fully involve users, carers, families, communities and service providers:</p> <ul style="list-style-type: none"> In planning, agreeing and implementing our SDS strategy (i.e. not just informing and consulting them). In discussions about SDS that encourage thinking creatively about what services would have the most positive impact. 	<p>Consideration has been given to include third sector organisations to identify carer, service user and third sector representation on the Project Board.</p>	<p>Confirmation of representation to Project Board.</p>	Green
		<p>We are actively seeking feedback from service users, carers and families on their experience of assessment, provision of support etc.</p> <p>Resource directory now</p>	<p>Actively seek feedback from the community.</p> <p>Engagement with already established Locality Forums, Carers groups etc. as identified in the asset mapping exercise.</p>	

		available via Council website.		
P13 W13	We work in partnership with service providers, giving them information, consulting them about our plans and fully involving them in our strategy for developing SDS services in our area.	Attended and updated Care at Home and Providers Forums.	Development of regular all provider forums	Green
W14 W15	Councils and NHS Boards should consider the implications of SDS before they put in place the new Health and Social Care Partnerships planned under the Public Bodies (Joint Working) (Scotland) Act 2014.	Joint Project Team – Integration responsible for considering implications and feedback to SDS Project Team.	Joint Project Team – Integration to provide feedback to SDS Project Team.	Green

Managing Budgets

	Issue	Current Position	Action Required	RAG Status
	Managing Budgets			
M16	We know at what point each in-house service will no longer be viable and what action we will take if that happens	Our plans ensure that as SDS options are taken up we are mindful to examine the cost of such services to ensure that we have an accurate monitoring of the cost of external services where the cost of such services are higher due to flexibility. We are in the process of building on our existing management and reporting structures both internally in conjunction with Finance and HR and across the developing Integration structure	Ongoing monitoring of the use of in-house services. Review Block Purchase Contracts – Commissioning <ul style="list-style-type: none"> • Measure benefits derived from block purchased services • Decide what criteria to use to measure benefits of the contracts • Establish criteria to decide if service still effective 	Green

		to achieve the above Framework Agreements monitored regularly		
M17 M18 M19	We monitor our spending against our financial plans and we are ready to take action to avoid a potential overspend.	In place. We currently understand the costs of each element of social care services Have developed good systems of analysing trends and predicting future demand for services Developed financial plans using this information Monitor social care budgets closely against financial plans and take prompt action when variations are identified Use Priority of Need criteria	Cost information and usage information will be improved when social care services are added to the Carefirst system, currently weak. Reports devised to analyse trends through the Carefirst Financials modules. <ul style="list-style-type: none"> • Continue to use historic and forecasting information to plan future budgets and patterns of spend • Budget monitoring procedures and existing reporting mechanisms. Commitment accounting. 	Green
M20	We have assessed the benefits and risks of our chosen approach to allocating individual budgets and reported them to Councillors and senior managers. We are planning to develop a RAS.	RAS recently been evaluated and a report detailing the outcome of the evaluation and recommendations has been actioned. We have reviewed our financial controls for direct payments	Ongoing monitoring and development of RAS. Currently procedures and processes being updated by Social Work – Financial monitoring procedures in line with CIPFA Matrix. <ul style="list-style-type: none"> • Currently memo produced when 	Amber

	To inform this, we have looked at how similar approaches work for other Councils and allowed sufficient time and cost to develop fully.	<p>reviewed previous misuse of direct payments and taken a proportionate approach to guarding against this</p> <p>Have suitable arrangements for approving single large items of expenditure.</p> <p>There is no clear guidance on when a Direct Payment can be withdrawn as a result of a service user not managing the funds provided to them correctly.</p>	<p>financial issues arise, sent to appropriate area manager, processes needs to be robust when misuse occurs and clear procedure put in place by Social Work.</p> <ul style="list-style-type: none"> • Approval will be subject to existing scheme of delegation and is clearly documented. • Guidance should be included in both user and staff procedures around the termination of a Direct Payment. <p>Discussions have taken place with legal, finance and Social Work. Outcome - Social Work need to agree a termination procedure</p>	
M22	We have decided to introduce a framework agreement with external providers. In their contracts, the standards we require providers to meet and the information we ask them for is not so demanding or restrictive that some new innovative services would have difficulty meeting them.	We have frameworks and pre placement contracts i.e. more choice across the locality from our existing suppliers and the new ones via the new care at home framework for older people and LD services.		Green
M20	We should be clear how we will continue to implement the changes required for SDS after 2014/15 if Scottish Government transformation funding does not continue at current levels.	We have submitted the stocktake questionnaire as requested by Scottish Government identifying additional funding required 2015/16; 2016/17; 2017/18 and 2018/19. GAE concluded settlement for 2015/16	Implementation plan will be revised subject to outcome of bid made to Scottish Government.	Amber

