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Argyll and Bute Council **Comhairle Earra Ghaidheal agus Bhoid**

Customer Services
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29 April 2015

NOTICE OF MEETING

A special meeting of the **HELENSBURGH & LOMOND AREA COMMITTEE** will be held in the **PILLAR HALL, VICTORIA HALLS, HELENSBURGH** on **TUESDAY, 12 MAY 2015** at **9:00 AM**, which you are requested to attend.

Douglas Hendry
Executive Director - Customer Services

BUSINESS

- 1. APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. CARE AT HOME**
Report by Executive Director – Community Services (Pages 1 - 8)
- 4. THEMATIC REVIEW OF SELF-DIRECTED SUPPORT**
Report by Executive Director – Community Services (Pages 9 - 22)

HELENSBURGH & LOMOND AREA COMMITTEE

Councillor Maurice Corry
Councillor Vivien Dance
Councillor George Freeman (Vice-Chair)
Councillor David Kinniburgh
Councillor Robert G MacIntyre
Councillor Aileen Morton
Councillor Ellen Morton
Councillor Gary Mulvaney (Chair)
Councillor James Robb
Councillor Richard Trail

Shona Barton – Area Committee Manager

Theresa McLetchie – Tel: 01436 657621

ARGYLL AND BUTE COUNCIL**HELENSBURGH AND LOMOND AREA
COMMITTEE****COMMUNITY SERVICES/ADULT CARE****12th May 2015**

CARE AT HOME AND OPERATIONAL PERFORMANCE

1.0 EXECUTIVE SUMMARY

The purpose of this report is to update the Area Committee on the findings of the continuing quarterly evaluation of the Care at Home provision within the Helensburgh and Lomond area and the performance of the operational Adult Care Social Work Team

This report has been broken down to show the progress and joint working that has been put into place to ensure that a high quality service is provided, as it is recognised that this service is provided to vulnerable individuals predominately by lone workers, in the home environment.

The remit of the Procurement and Commissioning Team together with the Homecare Procurement Officers is to ensure best value, contract compliance, quality of services and customer satisfaction. This will support Community Services to commission quality care at home services via the formal procurement and commissioning procedures

ARGYLL AND BUTE COUNCIL

HELENSBURGH AND LOMOND AREA
COMMITTEE

COMMUNITY SERVICES/ADULT CARE

12th May 2015

CARE AT HOME AND OPERATIONAL PERFORMANCE**2. INTRODUCTION**

The purpose of this report is to update the Area Committee on the findings of the continuing quarterly evaluation of the Care at Home provision within the Helensburgh and Lomond area.

3. RECOMMENDATIONS

It is recommended that the Area Committee note the contents of the report.

3. DETAIL**3.1 Adult Care Team Performance****Operations (Older People) as at 27/4/2015 - Helensburgh & Lomond**

| | |
|---|-----|
| Number of Unallocated Cases After 5 Working Days | 0 |
| Number of Care Assessments outstanding over 28 days | 0 |
| Number of Carers Assessments outstanding over 28 days | 0 |
| Number of Adult Care Operational Cases | 414 |

Learning Disability as at 23/3/2015 - Helensburgh & Lomond

| | |
|---|-----|
| Number of Unallocated Cases After 5 Working Days | 1 |
| Number of Care Assessments outstanding over 28 days | 0 |
| Number of Carers Assessments outstanding over 28 days | 0 |
| Number of Adult Care Learning Disability Cases | 106 |

Mental Health as at 23/3/2015 - Helensburgh & Lomond

| | |
|---|----|
| Number of Unallocated Cases After 5 Working Days | 0 |
| Number of Care Assessments outstanding over 28 days | 0 |
| Number of Carers Assessments outstanding over 28 days | 0 |
| Number of Adult Care Mental Health Cases | 42 |

3.2 CARE AT HOME PROVISION

Currently there are 3 providers on the framework with an additional 6 contracted providers who provide services throughout the Helensburgh and Lomond area, due to the high demand for service and the recognised local and National shortage of care workers.

As at 28th February 2015, an approximate total of 4383 hours per week were being delivered a further 376.29 hours are being delivered in the form of Direct Payments. A breakdown of the provision is detailed in the table below:

| Existing Providers | | Weekly Hours Commissioned | |
|--------------------------|--------------------|--|-----------------------------|
| | | Hours at 30 th September 2014 | Hours at 28th February 2015 |
| Care UK | | 19.3 | 233.5 |
| Allied | | 266.25 | 308.75 |
| Carr Gomm | | 204.25 | 221.75 |
| Carers Direct | | 608.25 | 634.5 |
| Carewatch | | 197.75 | 238.5 |
| M&J Nagy | | 914 | 1007.25 |
| Premier Healthcare | | 571 | 537 |
| Quality Care | | 537.75 | 657.25 |
| Alzheimer Scotland | | 59 | 59 |
| Joan's Carers | | 391.25 | 433.5 |
| Intensive home care team | | 54 | 54 |
| | Total Hours | 3997 | 4383 |
| Direct payments | | 396.04 | 376.29 |
| | Total Hours | 4393.04 | 4761.29 |

3.3 RECRUITMENT/RETENTION

Recruitment is an on-going problem we are facing across the Council area in Adult Services and specifically Home Care. A report was presented to the Community Services Committee during December 2014 which highlighted a number of strategies in working with the independent sector in developing a partnership approach to recruitment and effective commissioning. The first meeting of the multi-agency strategic group recommended in the report has taken place with the arranged for 12th May.

3.4 CONTRACT MANAGEMENT PROCESS

Argyll and Bute Council's Procurement and Commissioning team are responsible for the Contract and Supplier management of these services. This is complimented by the service monitoring and review process carried out by Homecare Procurement Officers and Case Managers. The Procurement and Commissioning Team carry out quarterly contract management meetings that determine the risk rating of each contract. All contracts are risk rated using a combination of Care Inspectorate grades, service concerns and complaints. Additional monitoring is undertaken as required where risk levels increase.

Breakdowns of the Care Inspectorate grades are detailed in the table below:

| Provider | | Care Inspection Grades | | |
|--------------------|--|-----------------------------|---------------------|--------------------------------------|
| | | Quality of Care and Support | Quality of Staffing | Quality of Management and Leadership |
| Allied | | 6 | 6 | 5 |
| Carers Direct | | 6 | 5 | 6 |
| Carewatch | | 5 | 5 | 5 |
| Care UK | | 4 | 4 | 3 |
| Carr Gomm | | 4 | 4 | 5 |
| Joan's Carers | | 5 | 5 | 5 |
| M&J Care | | 4 | 4 | 4 |
| Premier Healthcare | | 6 | 6 | 6 |
| Quality Care | | 4 | 4 | 3 |

| | |
|--------------|-------------|
| 6- Excellent | 3- Adequate |
| 5- Very Good | 2- Weak |
| 4- Good | 1- Poor |

3.5 MONITORING ARRANGEMENTS

A robust ongoing monitoring programme is in place with both the Homecare Procurement Officers and the Commissioning Monitoring Officer having close contact with the external providers and service users.

A detailed list of contact with service users and providers for the quarter is detailed below:

| Contact | Target | Actuals | Comment |
|---|--------|---------|-----------------|
| Review of Care needs with service users, family and provider | 82 | 171 | Exceeded Target |
| Quarterly Contract and Supplier Meetings with Providers in line with the Scottish Government Guidance on the Commissioning of Care and Support Services | 18 | 19 | On Target |
| Provider Forums - Reshaping care for Older People meetings. | 4 | 4 | On Target |

SERVICE MONITORING VISITS

A schedule of monitoring visits has been agreed and a process to report the outcome of these visits to the Procurement and Commissioning Team has been developed. This information will feed into the quarterly Contract and Supplier monitoring meetings. Over the course of these meetings individual risk ratings are adjusted as required. The monitoring activity and results for the quarter are detailed below:

| Contact | Target | Actual | Comments |
|-------------------|--------|--------|---|
| Monitoring Visits | 54 | 22 | Impact of implementation of Self Directed Support |

The main reason for the non-achievement of meeting monitoring targets has been the prioritisation of work of the Homecare Procurement Officers in relation to the implementation of Self Directed Support and working to secure packages of care at this present time within the constraints previously

mentioned around limited care provision. With the settling down of SDS, a concerted effort will be made to make good the targets this year.

3.6 SERVICE CONCERNS

For the period 30th September 2014 to 28th February 2015 there has been a total of 15 service concerns received. All of these concerns have been fully investigated and the appropriate action has been taken to ensure that these issues are addressed by the providers.

An escalation protocol is in place whereby any initially unresolved concerns are passed to Procurement and Commissioning Team for attention.

| <u>Provider</u> | Number of Concerns | Details of Concern | Upheld and appropriate action taken |
|-----------------|---------------------------|---|--|
| Provider A | 4 | Missed Visits Medication issues | 1 – further action required |
| Provider B | 5 | Missed visits Errors in reports Times of visits | 1 – further action required, 2-ongoing |
| Provider C | 1 | Medication Issues | 1 – further action required |
| Provider D | 4 | Missed Visits Food Hygiene Moving and Handling Issues | 2 – further action required |
| Provider E | 1 | Missed Visits | 1 ongoing |

For information – The above concerns (15) represent the total received in between September 2014 and End February 2015. The total weekly service currently being delivered is 4761.29 as of 28th February 2015, to a total of 371 clients. This equates to a 96% satisfaction rate.

COMPLAINTS

No complaints have been received for the quarter for Care at Home services delivered by these providers.

INTERGRATION

A draft management structure has been presented to those managers affected. The draft structure is one which integrates management to local level. Comments from managers and manager interest in contributing to content of job descriptions were invited.

JOINT INSPECTION

Notification of a Joint Health & Social Work Inspection was received on 4th February 2015. Key issues:

- Scrutiny of position statements (self-evaluation)
- Case File Audits – 100 individuals
- Staff Survey
- Interviews with service users, unpaid carers, staff, groups representing unpaid carers and advocacy.

Inspectors will be on site the weeks beginning

- 27th April for file reading
- 25th May for follow up to file reading including interviews with staff and service users
- 8th June for meeting with senior officers and senior members

The draft inspection report will be provided to the partnership mid- August 2015 and will be published to the public in September.

4. CONCLUSION

It is clear from the information gathered and service users and families input, that in general the care at home is being provided in an appropriate manner. There have been some issues identified within this reporting period, and with the support of the Procurement and Commissioning Team, together with the Homecare Procurement Officers, these have been addressed and the services are continuing to improve. Ongoing evaluation and monitoring will ensure good practice and customer satisfaction.

Concern still remains with regards to shortages of staff, resulting in providers being unable to take on packages at short notice. The proposals described previously in the report will work towards assisting providers to actively look at innovative ways of attracting staff, especially within the rural areas. This is a nationally recognised problem across all aspects of the care sector.

5.0 IMPLICATIONS

| | | |
|-----|------------------|--|
| 5.1 | Policy | Consistent with Best Value and National Policy on Re-shaping Older People's Services |
| 5.2 | Financial | None |
| 5.3 | Legal | None |
| 5.4 | HR | None |
| 5.5 | Equalities | None |
| 5.6 | Risk | None |
| 5.7 | Customer Service | None |

David Hall, Team Leader Adult Care.
28th April 2015

ARGYLL AND BUTE COUNCIL
COMMUNITY SERVICES

HELENSBURGH AND LOMOND
AREA COMMITTEE
14 APRIL 2015

THEMATIC REVIEW OF SELF-DIRECTED SUPPORT

1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide a review of progress to date in respect of the implementation of The Social Care (Self-directed Support) (Scotland) Act 2013 following its enactment on 1st April 2014.
- 1.2 The main body of this report has been presented to Community Services Departmental Management Team (DMT) therefore this report refers to decisions made by DMT following the initial implementation report presented to Area Committee in March 2014.
- 1.3 This report will identify key issues that have emerged from Implementation and will detail actions required and / or taken to address them such as:
- Supported Assessment Questionnaire and Resource Allocation System
 - Workforce Development
 - Communication Strategy
 - Direct Payments (Policy and Procedural amendments)
 - Scottish Government Transformation Funding (recruitment)
 - Best Rate Available for Agency Rates in relation to Direct Payments and Option 2.
 - Audit Scotland's Key Messages in relation to SDS implementation
 - Monitoring and Evaluation.
- 1.4 Area Committee are asked to note the content of the report in respect of barriers and challenges; the actions taken to address these and the continued significant progress made to date on the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 in Argyll and Bute.

ARGYLL AND BUTE COUNCIL

HELENSBURGH AND LOMOND
AREA COMMITTEE

COMMUNITY SERVICES

14 APRIL 2015

THEMATIC REVIEW OF SELF DIRECTED SUPPORT

2. INTRODUCTION

- 2.1 The purpose of this report is to provide Area Committee with a review of progress to date in respect of the implementation of The Social Care (Self-directed Support) (Scotland) Act 2013 following its enactment on 1st April 2014.
- 2.2 A previous report presented to Area Committee in March 2014 described the new duties of the Act and detailed Argyll and Bute Council's proposed implementation plans to fulfil the duties of the Act and made recommendations for noting which would assist with implementation.
- 2.3 The main body of this report has been presented to Community Services Departmental Management Team (DMT) therefore this report refers to decisions made by DMT following the initial implementation report presented to Area Committee in March 2014.

3. RECOMMENDATIONS

- 3.1 Area Committee are asked to note the content of the report in respect of barriers and challenges; the actions taken to address these and the continued significant progress made to date on the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 in Argyll and Bute.

4. DETAIL

Background

- 4.1 A previous report presented to Area Committee in March 2014 described the new duties of the Act and detailed Argyll and Bute Council's proposed implementation plans to fulfil the duties of the Act and made recommendations for noting which would assist with implementation.
- 4.2 The implementation work streams identified within the March report were:
- Supported Assessment Questionnaire and Resource Allocation System
 - Workforce Development

- Communication Strategy
- Direct Payments
- Scottish Government Transformation Funding

- 4.3 The decisions taken at DMT and SMT were an endorsement of the implementation plans and part approval was given to implement a Resource Allocation System (RAS).
- 4.4 Part approval enabled the Resource Allocation System to be applicable to all new Social Work Clients, eligible for support, from the 1st April 2014.
- 4.5 DMT requested that current care plan costs were honoured for existing clients when determining the 'relevant amount' under the Act. Should there be a change in circumstances for existing clients leading to an increase of support to meet agreed outcomes, the increase would be calculated at the rate of equivalency whereby the support required would be costed at the chosen provider rate.
- 4.6 The recommendation requesting endorsement of applying an average funding allocation over a 3 year period was turned down by DMT. A request was made that a full analysis and evaluation of the RAS was to be undertaken in October 2014, the results of which were to be reported back to DMT and are detailed in this report.
- 4.7 Throughout implementation, further workstreams have emerged which this report will detail. These include:
- Best Rate Available for Agency Rates in relation to Direct Payments and Option 2.
 - Audit Scotland's Key Messages in relation to SDS implementation
 - Monitoring and Evaluation.

Current Position

4.8 **Project Board**

Project Board have met on a monthly basis to monitor progress on implementation and direct the implementation plan as described in workstreams below.

Update on Implementation Workstreams

4.9 **Supported Assessment Questionnaire & Resource Allocation System**

As noted above, DMT agreed implementation of the Resource Allocation System (RAS) was for all new care packages from 1st April 2014, with current care packages retaining their current resource allocation.

- 4.10 The Resource Allocation System (RAS) provides a framework to support a consistent approach to estimating the potential cost of a person's support package taking into account a broad range of predictive outcomes which have been identified from completion of the Supported Assessment Questionnaire (SAQ). The RAS provides a system, which will consistently match funding to individual/families social care needs, reflect the social care needs of the individual/families and produce an indicative budget to meet the agreed needs and outcomes. The indicative budget will then be used as a guide to support planning in order to achieve identified outcomes.
- 4.11 The RAS model approved by DMT for all new cases that are eligible for support from 1st April 2014 comprises two main elements:
- a) An assessment (Supported Assessment Questionnaire) that will be completed on CareFirst which provides an overview of the supported person's needs, associated risk, identified outcomes and;
 - b) A calculation template that is connected to CareFirst and is used to score the above assessment based on a scoring model built into the template.
- 4.12 As part of the RAS development, a carers section was included on the basis that the carer had eligible support needs. Completion of this section of the SAQ may provide an indicative budget for the carer which can be used as replacement care for the cared for person (respite) or can be used to support the carer to maintain their caring role – e.g. support to maintain the household. As with the process for the cared for person, the indicative budget is an estimate with the actual amount not being confirmed until a support plan detailing identified outcomes has been agreed.
- 4.13 **RAS/SAQ Analysis**
- As directed by DMT, an analysis of the RAS was carried out in October 2014 whereby a comparison exercise was undertaken to compare the RAS calculation against the current costs of existing cases.
- 4.14 The analysis undertaken looked at a number of cases where the percentage difference of the outcome of the RAS significantly differed to the actual cost of the current care plan. The percentage differences ranged from 1658% over actual cost compared and 100% under actual costs.
- 4.15 During the analysis, a number of discrepancies were identified which led onto further analysis. Further analysis identified that the discrepancies were due to interpretation of responses to specific sections of the SAQ. Once the responses were amended and recalculated via the RAS, budgets identified were within 10% of actual current care costs.
- 4.16 As detailed in point 4.12 above, a carers section is included within the SAQ and RAS which identifies a budget for the carer.
- 4.17 During the evaluation of the RAS it was identified that the Carer's assessment section within the SAQ does not take into account the Eligibility Criteria or the

interpretation of what are substantial and regular caring responsibilities as defined in The Carer's Assessment (Scotland) Directions 2014. The RAS may therefore produce a budget for the carer even though they are not entitled to receive any funded support.

- 4.18 Further to this, if the carer were to direct their budget to purchase respite, there is a requirement for any charge for this to be waived as per The Carers (Waiving of Charges for Support) (Scotland) Regulations 2014. Historically, respite is assessed as part of the supported person's assessment; therefore the waiving of charges does not apply. However, if the indicative budget within the carer's section of the SAQ remains, this then becomes part of the carers assessment and therefore subject to the relevant regulations. A full comprehensive report detailing the impact of these regulations will also be submitted to SWMT for consideration of future action.
- 4.19 On conclusion of the analysis of the RAS the following recommendations were endorsed by Social Work Management Team on 22nd January 2015:
- A further analysis of the RAS to being carried out and be reported back to Social Work Management Team in March 2015.
 - A parallel exercise to be carried out by operational social work staff to ensure a sample group of responses accurately reflect the agreed assessment.
 - SAQ guidance to be amended.
 - Separation of the Carers section in RAS
- 4.20 Initial guidance and process flow on the SAQ and RAS, which detailed the steps in which to apply the Act in practice has been in place since April 2014. Whilst reviewing these documents and taking into consideration the feedback received from clients, families, carers, staff and providers, these documents have been updated to provide a simple step by step guide. These documents have been cascaded to Operational management.
- 4.21 Feedback from the SDS Project Board identified further analysis is to be carried out in relation to the budget the RAS predicts compared with the existing budget of high level risk clients such as those with complex Learning Disabilities and vulnerable older people. The purpose of this analysis is to ensure there is a consistent approach to risk thresholds across all client groups. This analysis will form phase 2 of the evaluation and will be reported back to SWMT in June /July 2015.

Workforce Development

- 4.22 As detailed in the March report, Argyll and Bute Council have engaged with SPAEN (Scottish Personal Assistants and Employers Network) to assist with developing and delivering the SDS training plan.
- 4.23 In relation to this, the Workforce Development workstream and SPAEN have developed 4 progressive levels of training on SDS for all social work staff. These are detailed below:

Level one is basic awareness which is offered three ways:

- 1(a) A full day for practitioners applying SDS
- 1(b) A half day awareness raising for those not expected to apply SDS
- 1(c) A one hour session for all staff to give them some knowledge to be able to signpost appropriately.

Level two: Application of the Act into practice

Level three has 2 sub sections on the Options of SDS

- 3(a) Option 1 – Direct Payments
- 3(b) Option 2, 3 and 4

Level four: Outcome focused care planning.

- 4.24 Links had been made with the Learning and Development section to assist with the coordination and administration of the training inclusive of the course outlines, objective, target delegate lists and evaluation.
- 4.25 To date Levels 1, 2 and 3(a) have been delivered. Attendance at these sessions has primarily been frontline practitioners from Adult Care. Feedback and evaluation from these sessions has been positive.
- 4.26 Feedback from Children and Families staff who attended the training requested separate SDS sessions to be tailored to the GIRFEC process. Following discussion with the Children and Families SDS Lead, tailored sessions have been developed and commenced on 5th December.
- 4.27 The Project Board held on 4th December considered the barriers to implementation as detailed above. Operational Lead proposed a variation to the Workforce Development Strategy for Adult Care which would be inclusive of training on the new universal Adult Care assessment documentation which will come into force at end of January 2015. This was agreed by the Project Board. The variation proposed that initial training will be targeted at Team Leaders who will then become Champions and be responsible for cascading training in their locality. This training will be delivered internally in partnership with Area Manager Adult Protection, Service Manager – Operations, Adult Care Assessment Reviewing Project Officer and SDS Project Manager. A decision at DMT on 22 December 2014 from the Executive Director is agreement of this plan and reinforcement that Team Leaders must attend.
- 4.28 A paper detailing workforce training requirements for Health staff has been presented to NHS Core Management Team. Recommendations were as follows - NHS Core Management Team:
 - Support the requirement for attendance at the appropriate session before undertaking any SDS assessments
 - All staff working in the community should attend level 1 (c) training in the first instance

- All staff who will be undertaking the role of lead worker/professional should attend level 2 training (this is dependent on the outcome of the Adult Care Assessment Framework review)

Communication Strategy

- 4.29 As detailed in the March report, Argyll and Bute Council have engaged with SPAEN (Scottish Personal Assistants and Employers Network) to assist with developing and delivering the SDS communication plan.
- 4.30 SDS has been communicated throughout Argyll and Bute to both staff and public via the Council's website and information leaflets available in Council offices, GP Surgeries and libraries. The Social Work SharePoint site also enables staff to access information such as policies, procedures and guidance plus the most current templates for the Support Assessment Questionnaire and Support Plans.
- 4.31 A Personalisation in-box is available for all staff to log any queries/comments/suggestions and this can be accessed and responded to by multiple staff members for a quick turnaround.
- 4.32 A programme of public sessions/roadshows has been undertaken throughout 2014/15 and we are working in partnership with RCOP and the Integration Communications Team to share these platforms.
- 4.33 A Resource Directory has been established with approximately 60 providers plus third sector organisations invited to register their details via the website to join our web based resource directory. To date, approximately 20 have registered and the site remains under development.
- 4.34 A Members Seminar was held on 1st December 2014 following Councillor Devon requesting clarification on the process of how individuals access Self-Directed Support.

Direct Payment Policy and Procedural Arrangements

- 4.35 The Social Care (Self-directed Support) (Scotland) Act 2013 repeals Section 12B of the 1968 Act (the duty to offer and provide direct payments). In its place the 2013 Act provides a new, enhanced duty to offer the direct payment option and to "give effect to" the person's choice of a direct payment.
- 4.36 Alongside the 2013 Act the Self-directed Support (Direct Payments) (Scotland) Regulations 2014 came into force in April 2014. This is applicable to all direct payments arranged after 1st April 2014.
- 4.37 For existing Direct Payments arranged before the 1st April (as long as they were legally competent), they are not affected by the new regulations as Article 5 of The Social Care (Self-directed Support) (Scotland) Act 2013 (Commencement, Transitional and Saving Provisions) Order 2014 makes a saving provision in relation to a direct payment which has already been offered under Section 12B of the 1968 Act before 1st April 2014 and accepted.

- 4.38 Sections 12B and 12C of the 1968 Act (which make provision in relation to direct payments in respect of community care services) continue to apply in respect of that payment despite their repeal in section 25 of the 2013 Act as long as they are legally competent.
- 4.39 Argyll and Bute Council's current Direct Payments Policy & Procedures have been revised by the Direct Payment Workstream and now require endorsement. The new policy and procedures reflect the new regulations and terminology of the 2013 Act. The Direct Payment Agreement / contract has also been updated and also require to be endorsed.
- 4.40 The Scottish Government Self-directed Support Policy Team have advised they are working on further guidance in relation to Section 9 of the Regulations in respect to exception to the family Area Committee rule. Further information in this regard will follow. This may require a further amendment to our policy and procedures.
- 4.41 The rate currently provided for direct payments is £10.20 per hour. However, approval is required to review this rate to take into consideration several changes for example the impact of the changes made to Statutory Sick Pay (SSP) as this is no longer recoverable from HMRC; inflationary increase; living wage etc. A further detailed paper will be presented to SWMT in early course.
- 4.42 **Scottish Government Transformation Funding**
- SDS transformation funding received over the last three years has been:
- £136,680 in 2012/13
 - £235,180 in 2013/14
 - £136,680 in 2014/15
- 4.43 A total funding allocation of £508,540 has been received over the three year period.
- 4.44 In the year 2012/13 the spend was around £21,000 which was mainly in relation to workforce development in relation to the Scottish Government's SDS strategy.
- 4.45 The project officially took off in 2013/14, with the appointment of a Project Manager and spend was around £85,000 - £32,000 spent on staff costs, £12,000 spent on workforce development and £41,000 spent on software/computing supporting the development of and implementation of a Resource Allocation System.
- 4.46 All spends made up to 31st March 2014 were met by Council revenue budget for Adult Care which has allowed for the full carry forward of all grants previously provided.

4.47 Together with £35,000 earmarked in 2011/12 and £25,000 specifically for Children & Families this provided Argyll and Bute Council with a fund of £568,540 to spend in 2014/15.

4.48 The commitments currently against this funding are:

- 4 x Generic Care Manager/Social Worker posts for each locality in Argyll: £176,000
- SDS Project Officer Post: £56,000
- Third Sector partner organisation: £46,000
- Finance Support Post: £29,000
- SDS Project Assistant Post: £30,000
- Teleconferencing Equipment: £26,000
- SDS Direct Payment Officer (2014/15): £37,000
- Care Assessment and Reviewing Officer post for Children with Disabilities: £50,000
- Miscellaneous costs associated to room hires, conferences, stationary etc: £15,000
- SPAEN Area Committee £6,000
- CareFirst modules maintenance; £7,000
- Cost related to training courses (basic time and travel claims): £35,000 (estimate)
- Agency costs while recruiting LGE11 posts: £23,000
- Flexible revenue to assist with care packages impacted by SDS; £33,000

4.49 Due to the timing of recruitment of the LGE11 posts, CARO post and the timing of the contractual payments to the Third Sector partner organisation there will be some slippage into 2015/16. Based on this forecast, there is likely to be £134,000 slippage on posts and also £12,000 due to the contract agreement with the Third Sector partner in early 2015/16. The CARO post is profiled as 2 months in 2014-15 (£8,000) and 4 months in 2015-16 (£17,000). Estimated slippage into 2015/16 is therefore £163,000.

4.50 Four generic Social Work/Care Manager posts have been funded through transformation funding, one per locality. These posts will work across all of Social Work and will enable frontline Social Work assessors and reviewers to embed the values and principles of SDS into everyday practice. The post holders will also assist in the development and Implementation of SDS and provide advice and guidance to practitioners and service users enabling them to make informed choices on the options available.

4.51 The Helensburgh and Lomond post has been filled under the Council's redeployment procedures. The posts in Bute & Cowal, Mid Argyll, Kintyre & Islay and Oban, Lorn and Isles have been advertised twice and appointments had been made during the second round of interviews to the three remaining localities, however, Bute & Cowal and Oban, Lorn & Isles candidates turned down the offer of employment citing the temporary nature of the post being the main factor in their decision to turn the offer down. In the interim, Agency

workers will be recruited to assist with outstanding reviews within the area teams where vacancies remain.

- 4.52 Within Children and Families service, a Care Assessment Reviewing Officer has been funded for one year from SDS transformation funding – this post has also been re-advertised with a reduced essential criteria to possibly attract interest from third sector.
- 4.53 The Scottish Government asked Local Authorities to identify their use of the remaining SDS Transformation resource until the end of 2014/15 and also complete a stock take questionnaire which will help to inform the monitoring and evaluation strategy for SDS. Scottish Government have advised they are currently developing plans for the targeting of SDS transformation resources from 2015/16 onwards. This will include a detailed consideration of where and how to target capacity building resource across Councils, the third sector and user/carer information services. The stocktake questionnaire responses will help to inform decisions about future transformation resource funding.
- 4.54 At the beginning of January 2015, Ministers announced the allocation to local authorities for SDS as part of their Government Aided Expenditure (GAE). Feedback from the stocktake questionnaire and a breakdown of local authority SDS funding will be published in late January. Clarification has been obtained that this year's allocation is £87,000, which is approximately 40% less than previous years. Work is currently underway to identify the priorities of spend such as extension several key posts which enable us to continue to embed the values and principles of SDS into our policies, procedures and practice for 2015/16. The priorities identified will be presented to the SDS Project Board on 4 February for ratification.

Additional Workstreams

4.55 Best Rate Available for Agency Rates in Relation to Direct Payments

The Council requires to set the Best Rate Available to ensure a fair and transparent process in which the supported person can make an informed choice with regard to how their individual budget is spent.

- 4.56 Under Option 1 of the Act, the supported person can choose to recruit an agency using their direct payment. This is not a new process to the Council. However previously, agreement of appropriate rate has been via local arrangements. The Best Rate Available will provide agreed rates for each type of service at the average market rate in each locality. If the supported person chooses an agency whose rate exceeds best rate available then the supported person is free to top up the difference or negotiate a better rate with the provider.
- 4.57 Under Option 2, the supported person can direct their individual budget by choosing any provider whether on the Council's framework or not. The supported person can request the Council administers their budget to their chosen provider or they can request the provider administers their budget as directed by them known as Individual Service Fund (ISF).

- 4.58 The Pre-Placement Contract, the Supported Persons Agreement and the Individual Service Fund Tripartite Agreement (inclusive of Best Rate Available) developed in relation to option 2 are detailed in a separate report for SWMT.
- 4.59 The Methodology to work out the Best Rate Available for both care at home and supported living services is based on the average cost within each locality inclusive of the three types of service provision (framework, in-house, contracted).
- 4.60 To ensure a fair, transparent process, consideration of all current framework, contracted and internal care at home and supported living costs has been given in order to provide the Best Rate Available. Due to market fluctuation, no one single rate can be applied across all of Argyll and Bute Council area, therefore the Best Rates proposed correspond to specific localities.

4.61 Audit Scotland's Key Messages in Relation to SDS Implementation

Audit Scotland conducted an audit on the progress of SDS implementation across all 32 Local Authorities in Scotland and published its findings in June 2014.

4.62 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.

4.63 Key Recommendations are as follows:

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
- Plans 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.

4.64 Audit Scotland also produced a self-assessment checklist inclusive of the recommendations above for Council officers to help review progress in implementing self-directed support within their Council. Argyll and Bute have developed an action plan which addresses the key recommendations.

4.65 Audit Scotland have 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. A clear pathway of engagement with Elected Area Committee must be developed to ensure Councillors are advised and updated on progress on a regular basis.

SDS Implementation, Monitoring and Evaluation

4.66 The key reporting themes for monitoring and evaluation SDS are:

- Statutory/governmental requirements
- Local performance reporting requirements
- Reports required to be made available to Pyramid
- Exception reporting – errors, where process/procedures have not been followed.
- Financial reporting – which option has been chosen.

4.67 A workstream has been established to address all requirements in relation to collating the information required for the themes detailed above. Dougie Hunter, Area Manager – Service Development Team has taken over as Chair of this group. To date, we have not agreed the final Pyramid or exception reporting criteria. As a result, no regular feedback has been given to Area Managers and Locality Managers regarding local performance.

4.68 Performance Management – SDS performance measures are included within the SOA. The workstream discussed possible measures and these proposals will be discussed further with the Service Development Team. Possible measures include the number of support plans completed; the option selected and the impact this has made to the supported person. Measuring the impact of SDS also ties in with Audit Scotland's self-assessment checklist inclusive of

recommendations for Council Officers to help review progress in implementing self-directed support within the Council.

Uptake on Options

4.69 The table below provides information on which options people have chosen following their assessment and/or review since the implementation of SDS.

| Option 1 | Option 2 | Option 3 | Option 4 |
|----------|----------|----------|----------|
| 18 | 9 | 295 | 1 |

4.70 Since 1st April 2014 there have been 10 new Option 1 (Direct Payment) applications.

Operational Procedures Still to be Established as Part of Implementation

4.71 Option 1 - Direct Payment Guidance has been revised in line with the new regulations.

4.72 A Guide to Direct Payments for Supported People has been drafted. A request will be made to Legal Services to check this guide over for accuracy prior to being presented to SWMT for approval.

5. CONCLUSION

5.1 Significant progress continues to be made in the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 in Argyll and Bute.

5.2 We have identified challenges and barriers to implementation and work is ongoing to address these. Progress on overcoming these challenges and barriers will be dependent on the prioritisation of spend for 2015/16 from the Scottish Government's SDS allocation.

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.

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.

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