
Summary

The Social Care (Self-directed Support) (Scotland) Act 2013 was enacted on 1 April 2014. Self-directed Support is the mainstream approach by which we deliver social care and support, ensuring people can make real informed choice which enables them to achieve their identified outcomes. This report outlines strategic priorities for 2016-18.

1. Purpose

The purpose of the report is to inform the Area Community Planning Group of the strategic priorities for the Scottish Government's Self-directed Support Strategy as identified by Cosla for 2016-18

2. Recommendations

Area Community Planning Group are asked to note the content of the report.

3. Background

The National Self-directed Support Strategy 2010-2020 is a joint Scottish Government and COSLA 10-year plan, dedicated to driving forward the personalisation of social care in Scotland.

Self-directed Support allows people, carers and families to make Informed choices about what their social care support is and how it is delivered. It aims to empower people to be equal partners in their care and support decisions and to participate in education, work and social life.

Local authorities have a legal duty to offer people who are eligible for social care four options about how their care and support is delivered. Local authorities must also ensure they have access to support to help them make informed choices. The options are (1) a Direct Payment (a cash payment); (2) funding allocated to a provider

of your choice (sometimes called an individual service fund, where the council holds the budget but the person is in charge of how it is spent); (3) the council can arrange a service for you; or (4) you can choose a mix of these options for different types of support.

4. Detail

Self-directed Support Strategy 2010 - 2020

The Scottish Government's Self-directed Support Strategy runs from 2010 to 2020. A revised implementation plan has been issued by Cosla for 2016-18 identifying the main areas of focus (Strategic Outcomes) for this period. These include:

Supported people have more choice and control - Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.

Workers are confident and valued - People who work in health and social care have increased skills, knowledge and confidence to deliver Self-directed Support and understand its implications for their practice, culture and ways of working.

Commissioning is more flexible and responsive - Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.

Systems are more widely understood, flexible and less complex - Local authorities, health and social care partnerships and social care providers have proportionate, person centred systems and participatory processes that enable people who receive care and support live their lives and achieve the outcomes that matter to them.

Challenges

At this stage in the 10-year strategy, challenges to making Self-directed Support work for everyone who receives social care support have been identified. These include:

Commissioning – How to develop good flexible commissioning and procurement arrangements which place people at the heart of decision making.

Risk enabling practice – How we better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.

Working with limited public resources – How we better manage demand and expectations through effective use of resources and develop a shared understanding of how this can be achieved in the context of reduced public funding.

Knowledge and awareness – How we increase awareness and understanding of Self-directed Support amongst the workforce, supported people, carers and communities.

Major system change – How we understand and work with other public sector reform agendas to ensure that Self-directed Support remains a high priority, particularly in the new integrated arrangements.

Systems and processes – How we develop systems and processes for delivering Self-directed Support which are easy to navigate, transparent and focused on the person.

Public & User Involvement & Engagement

Refresher sessions on the values, principles and mechanics of SDS will be held in each locality for assessment and care management staff during May. All public and staff information will be refreshed/updated and website content will also be updated.

5. Conclusions

The SDS Team are committed to continuing to achieve the strategic outcomes as identified by Cosla and also seek to find resolutions to the challenges identified above through working with staff, supported people, families and carers to ensure Argyll & Bute HSCP remains compliant with the Social Care (Self-directed Support) (Scotland) Act 2013.

6.0 SOA Outcomes

Which outcomes of the SOA does this report relate to?
Outcomes 5

Everyone has the opportunity to be active members of their community. People are enabled to live independently, with meaning and purpose, within their own community.

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