INSPIRING SCOTLAND

Claire Haughey MSP
Convener, Health, Social Care and Sport Committee

Dear Ms Haughey

Follow-up to our attendance at the HSCS Committee, on 4 June 2024

Many thanks for your letter and the opportunity to write a follow-up response. Our answers to your specific questions are below. We are happy to provide any further information to the Committee as required and share learning from the delivery of the Support in the Right Direction ("SiRD") programme and contribution to SDS improvement.

National SDS Collaboration
What do you regard as the priorities for improvements to SDS?

1. Consistent SDS implementation across local authorities through common policies and application of those policies:

   Interpretation and delivery of SDS legislation is conducted in 32 different ways. Whilst we recognise the need for local variance of social care delivery, some areas could and should be standardised to help improve overall implementation and crucially to avoid a post-code lottery for people and to enable people to maintain their care should they move within Scotland. For example, differences exist regarding eligibility criteria and thresholds, thresholds for charged contributions to care, what you can and cannot spend a social care budget on, how Carer and supported people's budgets are treated, and restrictions (or not) around the Personal Assistant role. As we noted in our response to Phase 1 of the enquiry some local authorities are more rigid in applying eligibility criteria and options, in effect limiting choice and control. There can be too much focus on the financial aspect of support, meaning that a person-centred approach is not adopted as widely as it should be.

2. Accountability:

   The SDS standards and Statutory Guidance set out a useful framework for how SDS should work in practice. There is no independent scrutiny of whether these standards and guidance are implemented or followed, or, to the point above, to what extent local authorities are consistently delivering agreed or standardised policies (where there are any). There is also no independent mechanism to review complaints out with the authority in question.

   The Care Inspectorate thematic reviews were useful to measure where local authorities were in terms of SDS implementation. There were only six areas that had a review in 2019 but it did highlight strengths and weaknesses and gave local authorities areas to work on.

3. Awareness raising, early intervention, and prevention:

   Knowledge and understanding of SDS needs to be improved. This applies both to practitioners within HSCPs and people accessing social care support. Awareness of SDS would be supported with common language and information. SDS is still widely considered to be something separate from social care at large, with a separate budget to be awarded. As Pauline Lunn from In Control Scotland illustrated to the committee, they receive calls from people saying they currently get support but would like to "switch to SDS." There is a widespread fundamental misunderstanding that SDS is something optional, which is reinforced by HSCP practice.

SDS is also often understood as just being Option 1, whereas there should be choice and control in all four of the SDS Options and this requires support for people to fully understand and be involved in their care planning.

Independent support organisations funded through the Scottish Government's Support in the Right Direction fund ("SiRD") are a source of information and training for both of people and practitioners. However, there is no consistent approach from HSCPs to referring people to independent support organisations for support before an assessment, to inform them of their rights and the options available to them. Independent support from SiRD groups, who are based in local communities, means that people are fully informed and able to challenge HSCPs when they fail to follow SDS legislation. It also supports people to access community resources while waiting on social work assessments, potentially reducing the need for funded support. Independent support (SiRD) will relieve Social Work pressures and make SDS a reality for people. There is a need for consistent and clear referral pathways from HSCPs to independent support organisations to enable SDS to be improved.

4. Consistent approach to the support available for people who choose to direct and manage their support:

SiRD organisations provide support for people to manage their budgets under SDS Option 1. Support is vital to make this a viable option. On choosing Option 1 people must develop the skills and knowledge to be a good employer to sustain their care package. This can be complex and time-consuming whether someone needs to employ one, or a team, of Carers. There is no consistent approach from HSCPs to supporting people who choose to manage their budget under SDS Option 1. Some may fund this support directly via a person's budget or by commissioning services, however, SiRD fills gaps where this is not the case and enhances capacity where there is some local funding, to enable specialist support for people and carers who may have capacity issues.

What has been achieved by the National SDS Collaboration so far and in your opinion, what more needs to be done?
The National SDS collaboration consists of organisations funded through the SDS Improvement Plan and a wider network of anyone with an interest in improving self-directed support. As a funded partner delivering the SiRD programme, since the Collaboration formed, we have launched a new round of SiRD funding increasing the diversity of local organisations directly supporting people and carers to self-direct their support. We continue to input learning from the SiRD programme into the Collaboration.

The National SDS Collaboration is useful as a forum to guide, check, and feedback on what the funded partners are doing, and for sharing knowledge, expertise, and insights that will help the funded partners in their work. It has brought the funded partners together to collaborate more. This did happen previously but has increased because of the Collaboration.

In terms of what more needs to be done - the Collaboration needs time to deliver the activities of the plan and embed what has been achieved in Year 1, for example, wider use of resources that have been developed.

Improvement Plan
Do you think the Plan can work given the current budgetary constraints and recruitment and retention challenges in social care?

SiRD contributes to eight of the Plan activities and is delivering directly for people within the current budgetary constraints.

Arguably there have always been budgetary constraints and workforce challenges since the SDS Act came into force. The four themes of the plan (Choice and Control for people, Enhanced worker skills, practice, and autonomy, Systems and culture, and Leadership) are there to address ongoing issues affecting the implementation of SDS. The Plan is working to address the barriers that have been there since 2014. These will remain if not addressed, even if the current context improves.

Prevention: SiRD groups also work with people before an assessment and those who are not eligible for social care packages. With eligibility criteria tightening this work is particularly important to help relieve pressures on Social Work and the social care system.

Is the resourcing for the Plan (£7,547,000 in the last financial year) sufficient to embed identifiable changes in the system?
SiRD is funded for three years to March 2027 which is welcomed. However, there is much more support required for people and more that the programme could do as outlined in our response below.

Is there further work that your organisation would like to undertake if more resource was available? Please provide further details.

Our organisation delivers SiRD as a strategic partner of the Scottish Government. SiRD delivers 1.1.1, 1.1.2, and 1.1.3 of the Improvement Plan's Themes and Activities (Outcome 1) via funding for independent support organisations to help people have choice and control over their social care support.

Annually, £ 3 million will be invested in 31 SiRD projects working in all thirty-two local authority areas, with funding in place until 31 March 2027 (to be confirmed by the Scottish Government on an annual basis). This funds approx. 70 full-time equivalent members of staff, or 2 to 3 workers per local authority area. In previous years this has equated to, on average, 3000 people (plus their carers/ family members) a year receiving focussed direct support to put in place social care support plans that work for them.

We know that SiRD is at maximum capacity due to resource constraints, at a time when demand for independent support is increasing. Waiting lists for support have recently been introduced. In addition, we know there are gaps in SiRD delivery for more marginalised user groups and that SiRD organisations are only reaching a fraction of those who might need or would benefit from their support.

In addition, there are pressures on SiRD organisations due to:
- More complex cases: Cases are becoming more complex post-COVID, with alternative arrangements needed where building-based services did not resume. People need the support of SiRD organisations for longer.
- Increased numbers of people using SDS Option 1: There are increasing numbers of people taking up SDS Option 1, as Option 3 providers have limited capacity to take on new clients (workforce issues). This means that more people are using Option 1 where it is not their preferred choice and who do not necessarily have the skills required to be an employer. As a result, they need extra support from SiRD organisations to manage their budget. Given the workforce issues it is also more difficult to recruit Personal Assistants and SiRD projects

are being asked to help with this more, which takes time and effectively just passes a problem relating to Option 3 provision over to social care users and people who choose Option 1 as a way to access care more quickly.

SiRD projects primarily work with people who are having *problems* with their social care and who are aware that there is support to help them with this. Many other people are accepting of the care offered to them by their local authority, but they are not aware they have a choice, or that there is independent support that can help them. SiRD projects would prefer to be more proactive and work with people earlier in the process to avoid problems, as well as influence the system through strategic engagement however, they are unable to do this work fully with such limited staff capacity.

Additional resources for SiRD would enable groups to address waiting lists, reach more people, provide more preventative support, address gaps in provision, and undertake more strategic engagement with HSCPs contributing to other activities of the Improvement Plan.

Support for Personal Assistants – Further work to support SDS Improvement could be undertaken through SiRD by extending support beyond the person or Carers using social care to support the local workforce of Personal Assistants. Some SiRD groups undertake small pieces of work to support and develop the PA workforce – to support people to be good employers and to help when there is a relationship breakdown between a PA and their Employer, but they are limited in what they can do due to staffing levels and the need to prioritise supporting social care users.

SiRD-funded groups have individual relationships with PA Employers and are actively involved in supporting recruitment and employment and would be well positioned to provide local support to the PA workforce to help with retention and well-being alongside the activity of the PA Programme Board and Personal Assistants Network Scotland.

Will all the outcomes be achieved by 2027? If not, what could prevent this from happening?

For SiRD, outcomes are being achieved already and will continue to be achieved until 2027 and for as long as funding is available for this work.

SiRD provides:

- **Social care and SDS information provision locally across Scotland** via enquiry lines, peer support, training, information provision, outreach
- **Support for personal outcome and social care planning** via formal and informal advocacy, person-centred planning, practical support, preparation, and support at social care assessments (linking in with other provisions such as housing, etc where needed).
- **Support for people to put social care plans into action** via community brokerage, practical support to find social care provision and formal and informal advocacy.
- **Support for people in the ongoing management of social care packages** via support to become an employer (helping to access payroll and insurance expertise), PA recruitment, and support to review and change social care arrangements.

SiRD independent support is essential to help people make sure their social care arrangements work for them in whatever context and has tangible benefits and improvements for people and their experience of social care.

Even if SDS is fully implemented as the legislation intends, people will still need SiRD / independent support to fully engage with the social care system and exercise their rights to choice and control.

Do you have a funding commitment from the Scottish Government for the lifetime of the Improvement Plan?

Yes – albeit it is subject to the annual Scottish Government budget.

Do you (or the Collaboration) have clear indicators and an overall coherent framework for the success of the Plan?

Yes, we have a clear outcome framework for the SiRD programme. SiRD is the key activity contributing to Outcome 1 of the Improvement Plan "Supported person and carers choice and control over their support'. See activities 1.1.1, 1.1.2, and 1.1.3. as well as 1.3.1, 1.3.2, and to a lesser degree supporting activities 3.1.2 and 4.2.1.

Within SiRD there are four programme outcomes relating to how people and carers feel they are supported with their social care (SDS). Each outcome has indicators on which we will collect information, showing the contribution that the programme makes:

These are:

Outcome	Indicators
1. Supported people and carers have a better understanding of self-directed support and options for their social care.	• Number of people and carers who have received SDS information. • Number of cases provided with one-to-one independent support and advice on self-directed support. • Number of people and carers who have participated in basic self-directed support-specific training. • Number of training sessions or workshops delivered to provide information. • % of people and carers who report an improved understanding of self-directed support in post-engagement surveys
2. Supported people and carers feel better able to participate in social care assessments and reviews	• Number of people and carers who have been supported to prepare for a social work assessment or review (advocacy/self-advocacy) • Number of training sessions or workshops delivered specifically focusing on enhancing participation in social care assessments and reviews. • % of people and carers who report increased confidence in participating in social care assessments and reviews • % of people and carers who feel more informed, listened to, and less stressed • Number of people and carers who express satisfaction with their level of involvement in the assessment and review process
3. Supported people and carers feel they have increased	• Number of people and carers who have been supported with personal outcome planning.

involvement and choice when planning their social care support	• Number of people and carers who have been supported to access relevant community-based services, support, or resources. • Number of people who have been supported to change their care plans to align with their preferences. • Number of people and carers who report they are more aware of the help, care, and support options available to them. • % of individuals and carers who express satisfaction with the level of involvement and choice in their care planning.
4. Supported people and carers feel more confident in managing their social care package	• Number of people and carers who demonstrate improved knowledge and understanding of their social care package components (e.g. budgeting, arranging services, hiring support staff). • Number of people and carers who have participated in PA Employer training. • Number of people and carers who have fed back that they no longer need ongoing support to manage their social care package. • Number of people who have fed back that they feel more confident as an Employer. • % of individuals and carers who report an increase in their confidence levels in managing their social care package

All information that we collect and analyse is shared with the Scottish Government and fed into the SDS Improvement Plan monitoring and evaluation framework. In addition, SiRD organisations have valuable information about the diversity of what people are experiencing and are keen that this information is fed back to Policymakers. We will undertake additional research to support this learning in addition to ongoing monitoring and evaluation of programme delivery.

Specific activities within the Plan
Which of the activities in the Improvement Plan deal with the fundamental issues with SDS delivery relating to local authority processes? What issues would you identify with local authority processes in delivering self-directed support?

Other organisations funded through the Plan are better placed to comment on the activities relating to issues with local authority SDS processes. An issue that we have with local authority SDS processes is that they do not routinely refer people to independent support organisations. If they did this, it would help with the delivery of SDS.

Which of the activities in the Improvement Plan deal with the fundamental issues with SDS delivery relating to ethical commissioning processes? What issues would you identify with commissioning?

Other organisations funded through the Plan are better placed to comment on the activities in the plan relating to issues with ethical commissioning processes.

Is there anything additional that you would like to see included in the Plan?
Not at present.

Additional information
Is there anything further you would like to add about the Social Care (Self-directed Support) (Scotland) Act 2013?

Not at present, please see our response to Phase 1 of the enquiry.

Given opinions expressed during the session around issues with the implementation of the Act, misunderstandings associated with the interpretation of the legislation, and that understanding of SDS is required within other policy areas, the Committee would also welcome further thoughts on whether you feel the Act, or other relevant legislation, requires amendment to ensure the successful implementation of Self-directed Support?

As per the SDS Statutory Guidance, the SDS Act tells authorities that they should:

- Make sure that supported people have enough information to understand what is available and to make the choices that are right for them. This should include information about where to find independent support to help them choose.

We believe the SDS Act should *require* access to independent support to ensure that people have the information they need to make choices and are supported to challenge and ask questions about any aspects of their support. However, we do not believe that local authorities are best placed to commission independent support as this can unduly influence the support that organisations can provide and restrict them to the local authorities' views – or as we have outlined, lack of understanding - on how SDS should be delivered.

Within the National Care Service Bill, there is a provision for independent advocacy services connected with the services that the NCS will provide. We believe this should be an inclusive definition of advocacy being independent support activities such as information and advice, personal outcome planning, brokerage, peer support, and those activities that are available through SiRD from the start of someone's social care journey. With these activities in place, there will be less requirement for remedy or redress.

Yours sincerely,

Kaylie Allen
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