Self Directed Support is the Scottish Government’s key strategy for putting people back in control of their own lives once they need social care to help them live in the community. It is backed by new legislation and a ten year strategy. However it is up to individual local authorities to develop their own plans for to put this policy into effect. In late 2012, the Learning Disability Alliance Scotland sought information from each council in Scotland about how they were getting on.

What’s Going On?

Self Directed Support In Scotland

Learning Disability Alliance Scotland
January 2013

Self Directed Support Advocates from Dumfries and Galloway
Introduction

Self Directed Support is the Scottish Government’s key strategy for putting people back in control of their own lives once they need social care to help them live in the community. It is backed by new legislation and a ten year strategy. However it is up to individual local authorities to develop their own plans for to put this policy into effect.

The Scottish Government’s new legislation is based on 3 principles.

- Involvement
- Informed Choice
- Collaboration

These principles are ones that should cover the design and development of Self Directed Support in Scotland not simply parts of its implementation.

Local councils need to make information regularly available to people who will use services so that they can be involved in the design process, make an informed choice over what Self Directed Support will look like in their area and to collaborate with councils and health boards to make it happen.

Resource Allocation

A main principle in Self Directed Support is to know what your potential budget for buying or organising your support will be. To do this 4 things are needed.

1. You need to know which of your wider personal needs are “eligible needs” for help from state authorities.
2. You need to know how your needs will be assessed
3. You need to know how those needs will be used to determine your budget
4. You need to know what services and how much of them you can get for that budget.

Information about systems for fairness, implementation groups, Self Directed Support Project Managers, training for staff on new systems, local authority accounting systems are the foundations for the new system but the Resource Allocation System is very much the visible structure that people who use services want to know about.

We asked how councils were arranging the key elements in Resource Allocation Systems. We have managed to get lots of information about Implementation Boards, Staff training plans, even what computer systems the council plans to use.

But many councils simply refused to tell us what their plans for a Resource Allocation System were. The main excuse was that it was in draft or being revised and that since it wasn’t finished they didn’t want to upset anyone by publishing partial information. Some used legalistic jargon to justify their refusal to disclose information they were legally obliged to.

Some said it would “inhibit free and frank Discussion”. Such council stated that under section 30(b) (II) of the Freedom of Information (Scotland) Act 2002 they were entitled to withhold the
information as if it was disclosed it would, or would be likely to, inhibit substantially the free and frank exchange of views for the purposes of deliberation.

Others stated clearly that they had the information but that as it was being tested they didn’t really hold it. – “We can confirm that the Council is in the process of deciding its approach and that the Resource Allocation System is currently being tested as part of the Self-Directed Support Pathfinder. We can therefore confirm that this information is not currently available. The Council therefore gives notice under Section 17 of the Freedom of Information (Scotland) Act 2002 that this information is not held.”

At first sight the strangest type of response was a Section 33 refusal. This stated that the information would be withheld under section (33) (1) (b)of the 2002 FOI Act in that if it was disclosed it would be likely to prejudice substantially the commercial interests of the Council. How could further information about the empowerment of individuals to take control of their social care by construed as a commercial action on behalf of a local authority?

Transparency

Some of the reasons that have emerged for the reticence to share this information are

- A fear that people will view the RAS system as a set of entitlements.
- A view that changes to early versions of RAS will later be judged inappropriately by services users, carers and providers
- A worry that contingency set asides will be seen as cuts.
- A worry that early RAS systems will not scale up properly or result in excessive spending.

Nonetheless we find it worrying that such essential information has been withheld. The council with the most biggest SDS programme (Glasgow) has never tried to hide its RAS, always emphasising that such budgets are only a starting point. Have other councils missed this essential point?

Outcomes

Talking Points, the Outcome Evaluation System, being developed by the Joint Improvement Team features heavily in council responses. Many councils noted that they were developed “Outcomes Focussed Assessments” which would be a new way of delivering care. However most of these are at an early stage and we wait with interest to see how this commitment to valued outcomes in delivered in practice.

Traffic Lights

In order to make sense of the huge amount of information we received, we have also used a traffic light system to highlight where a local authority is at. This is a simplification of a complicated process but we hope it is helpful in giving an overview of development.

The use of green, amber and red traffic lights does not imply a judgement on what any particular council is doing. A council may have a green light because they are well under way and lots of people have individual budgets but few users have any more control over their own services or the flexibility to spend their budget as they want. Meanwhile a council may have a red light because they are taking the time to plan properly and put in good Outcome Assessments and systems for making sure service users are fully involved.
Aberdeen City

Aberdeen City Council is currently pioneering Self Directed Support with people with learning disabilities. By the end of 2011, 97 people with a Learning Disability chose to ‘self direct’ their support via a Direct Payment. A further 82 individuals had a Personal Budget to allow choice in their day opportunities.

To progress this Aberdeen plans to put a total of 693 people through the assessment process and onto Individual Budgets shortly after this. The first people should be moving onto individual budgets in early 2013.

Only 400 people have been through the SDAQ so far – this is the group of people who are in supported accommodation or registered residential care.

Aberdeen are using a Self Directed Assessment Questionnaire with a total of 85 points available. Aberdeen have said that they do not plan to use questions 12 & 13 on available support to reduce the initial budget. Instead the answers to this will be used to inform the support planning process. While the Self Directed Assessment Questionnaire is designed to be filled in easily it will be completed as part of an overall Person Centred Planning process which will also include a Single Shared Assessment, Risk Assessment and Financial Assessment.

The Aberdeen SDS team will be eventually expanded to 3 members of staff

- have commenced the training for frontline staff in relation to the new assessment framework (My Self-Directed Assessment)
- Provided frontline staff with access to specific training in Person-Centred-Planning
- started work in adapting existing budget, client-index and reporting systems to support SDS
- have begun creating a new Framework Contract for the new ‘partnership arrangement’ between the Council, individuals in receipt of services and provider organisations

The Resource Allocation system in Aberdeen is continuing to develop. An earlier proposal to have a RASS in Aberdeen with agreed value for each point seems to have been changed. Instead a “complicated” process with budgets being adjusted on individual circumstances is being prepared.

- People will get a letter in early 2013 warning them that a few weeks later they will get a second letter with a budget to buy services in it.
- The budget will be based on the SDAQs that have been completed and other information that the Social Work Department knows about people. But not everyone who gets a budget will have completed a SDAQ by the time they are given their initial budget.
- Most people will get the same budget as they get now. Council sources estimate that 10% will go up and 10% will go down.
- There will be plenty of time for people to make plans and think about what changes people would like to make. Probably nothing much will need to change for about 2 years.
- The council will start getting information together on what services cost so people know more about making choices.
If people do not agree with an assessment result or budget they will be able to appeal to a council panel. If the panel agrees then a reassessment will be carried out. If the panel does not agree, the person will be asked to go through the support planning process and then see whether the budget is enough to meet their needs.

Where individuals do not have capacity to manage their own affairs, Aberdeen would not seek to use guardianship orders if it was possible to use the less intrusive “Intervention Orders”. Where a person had capacity they would be responsible for managing their own support. In other cases it could be a provider organisation or the council that did this.

Aberdeen are also working in partnership with a local university in delivering outcomes focussed training to all social work staff. They have also undertaken development work with key staff in Learning Disability assessment duties to encourage new practice to support the redesign of current intensive support arrangements to increase the happiness of the service users.

In relation to Commissioning activity almost all block contracts in Learning Disability services will cease in April 2013 being replaced with a Framework Agreement aimed at facilitating individuals with an individual budget to purchase their support from providers who have met the minimum standards expected by the council. Over the last 12 months existing providers of these services in Aberdeen have been part of the discussion and development of this approach.

**Aberdeenshire**

The local authority has a team of three staff working on the planning for implementation.

Aberdeenshire used the In Control RAS4 as part of their recent pilot. They are planning to further develop this tool and going to explore the concept of ‘banding’. The report from their In Control Pilot will be published shortly.

[RAS4 uses a representative sample of 100 service users and uses cost of their current service relative to a score of an Self Evaluation Questionnaire to arrive at a single price point. A number of checks are used to test accuracy of system and there is a reduction in the price point to allow for contingencies.]

The RAS used in the Aberdeenshire pilot was based on current spend and there was some difficulty due to calculating unit costs for the in house services. Aberdeenshire are now looking for a RAS which is generic enough to allow individuals to achieve their outcome on first use.

Aberdeenshire have moved from large amount of block funded contracts to spot purchase rates. They have also developed Framework Agreements for both Care at Home and supported Living services.

**Angus**

Self Directed Support in Angus is being progressed by an Implementation Group. Progress includes:
a conference was held for stakeholders and the conference report is now published
a first draft of an SDS policy has been developed and will be reworked and simplified following work by the Extended Management Team.
Two subgroups have been established
Angus is planning to invest in additional staff to support the move to SDS – Care Managers (3 wte), Planning Officer (0.5 wte) and Contracting Officer (1 wte).
Angus is looking to adopt a Self Assessment Tool and have tested 3 different models. An evaluation is being pulled together which also looks at issues around variation on resource allocation and current service package costs.
Some thought is also being given to how to bring support for children into the process.
A Providers Forum has been to support providers to diversify the market place, to identify and share training needs
Progress on development of tools to assist in identifying outcomes has been made.

Angus Council currently commissions a SDS Advisor from Dundee Carers to support people to identify their desired outcomes (support planning). It is anticipated that this service in future target key groups including carers, people with dementia and people from BME communities.

The next stage for Angus is more detailed planning for councillor involvement and decision making, Individual commissioning arrangements, workforce development and service user involvement.

Angus is committed to using Talking Points as part of an outcomes assessment or evaluation.

**Argyll & Bute**

The social work service set up a project team in early 2011 to explore the key aspects of personalisation and in particular the move toward self-directed support in Argyll and Bute.

They are currently considering the set-up of a new self-assessment tool to ensure it will fit within Carefirst.

They have completed a review of their Direct Payment procedures. This includes information for managers and staff and a stand-alone manual for service users and carers. SPAEN has been contracted to produce a toolkit and bespoke training module for service users and carers.

They have co-produced with SCLD a basic awareness training module in relation to outcome based assessment and care planning for all staff.

All new contracts include a requirement to work with the Council to implement SDS. Existing contacts are being adjusted at annual review.

The Council is developing a RAS on the following principles

1. Developing a fair and transparent resource allocation system (RAS)
2. A Guided Self Assessment (GSA) will be undertaken when someone has on-going support needs and is entitled to funded support,
3. Points are allocated at each section of the form according to the agreed score and each point has a monetary value attached.
4. The total points value results in an indicative budget.
5. The budget will remain indicative until a support plan which details how the budget will be used to enable the person to meet their outcomes has been agreed. Once agreed, this amount will be form the individual budget.
6. The GSA will be reviewed annually.

They will test the RAS from the end of January 2013 before it is implemented further.

Social Workers/Care Managers have the responsibility of agreeing that individual support plans will enable people to achieve their outcomes.

- The Scottish Personal Assistants Employers Network will support service users with the process of employing personal assistants.
- Aim to implement and monitor a pathfinder site by the end of August 2012
- They are working with OLM Group

**Clackmannanshire (Working in partnership with Stirling.)**

A steering group is in place across Social Services (Clackmannanshire and Stirling) for the delivery of Self Directed Support (SDS) and there Programme Manager to lead on the implementation of SDS in both areas. The Manager is starting to draw up and monitor a comprehensive implementation plan

They have 4 priority areas

1. Promoting Outcomes & Practice Development
2. Finance, Processes & Outcomes
3. Evaluation & Performance
4. Commissioning

The councils plan to review existing SDS processes and support with a view to

- Identifying suitable Self Evaluation Questionnaire process
- Identifying suitable Resource Allocation System

Clacks is planning a comprehensive computer system that will support the move to SDS. This will include updating SWIFT and other technologies as well as introducing new portals for service user information on planning, outcomes and services.

Clacks have developed use of the Talking Points tool as part of the service review process and plan to build upon this.

Clacks plan engagement with service users to be primarily through existing groups such as the Carers forum run by Princess Royal Trust Carers Centre and the Adult Day Service Development Group. Where required, focus groups may also be set up to help develop engagement.

There is some concern amongst council staff over the complexity of these tasks and how they can deliver this at the same times as the Health and Social Care Integration agenda.
Dumfries & Galloway

Dumfries and Galloway were one of the 3 Test Sites for personalisation organised by the Scottish Government. This has meant they have had some additional resources over the last 3 years to establish basic processes. The local authority has adopted a “slow and steady” approach which had meant that there has not been a rush to develop packages and that person centred planning figures prominently in the design of support packages.

The council promotes a “10 STEPS TO PERSONALISATION”.

1. Individual has easy access to introductory information about Personalisation and Self Directed Support
2. Individual completes and submits Self Assessment Pack
3. Individual creates Support Plan
4. Support Plan is Validated
5. Support Plan is agreed by Panel (Panel way of operating is still under test – prefers “conversation” model rather than panel taking control.)
6. Individual is informed of Panel Decision
7. Individual takes forward
8. Individual is informed of Budget arrangements and payments
9. Individual submits financial monitoring information as required
10. Support Plan is review (initially 3 to 6 monthly – then annually)

The process is managed by Social Work Change Programme Board via a Change Programme Coordinating Group. In detail 4 themed work groups deal with the detail of SDS

1. Personalised Approaches
2. Community Engagement
3. Early Intervention and Prevention
4. Integration

The D & G Personalisation Team supports wider implementation at operational and strategic levels. This consists of:

- 1 x Lead Officer
- 2 x Practice Development Officers
- 4 x Local Area Co-ordinators.
- The Short Breaks Bureau (1 x Project Manager and 1 x admin worker)

The council’s aim is increase the number of people accessing services through Self Directed Support to 5% of the overall number of service users known to social work. As at the end of December 2011 progress across all the localities was at 2.27%.

The Council rejected In Control’s RAS 4 system as they found it did not give realistic amounts for people to plan within and that the issue of informing people about their indicative resource early on in the process created problems. Now they use a banding system which gives people a range to work within but the council approaches this through asking people to explore a range of budget alternatives before settling on a personal budget level.
### Dumfries & Galloway RESOURCE ALLOCATION SYSTEM

<table>
<thead>
<tr>
<th>Total Points from Self Assessment Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Age</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Between 0 and 11 points</td>
</tr>
<tr>
<td>Between 12 and 29 points</td>
</tr>
<tr>
<td>Between 30 and 59 points</td>
</tr>
<tr>
<td>Between 60 and 75 points</td>
</tr>
<tr>
<td>Over 76 points</td>
</tr>
</tbody>
</table>

D & G have replaced some of their block contracting arrangements with more flexible and personalised spot purchase arrangements and continue to have regular dialogue with their marketplace on issues such as how to advertise and market particular services.

It remains a key challenge how to make greater use of outcome measures including talking points to measure the difference being made in people’s lives.

In December 2012, the personalisation agenda in Dumfries and Galloway came under a degree of local scrutiny when it was revealed that spending was £½ million over budget. Rather than saving money as the aim in other areas was it was actually costing the local authority more. The Director of Social Work subsequently spoke publicly saying that while some interim financial controls may be needed to limit spending, personalisation in the long term would save money. What effect this political intervention will have has yet to be determined.

### Dundee City

The council has established a “Personalisation - SDS Reference Group”.

Dundee Developed a Supported Self Assessment tool which is to be tested by their physical disability care management service users from the end of October 2012 through to mid January 2013.

The Council's Social Work Department held a self directed support focus group event on 8th October and plan to meet with this group of individuals for feedback on the tool in February 2013 before finalise the assessment tool.

They have further work under way on information to children and adults with a learning disability.

The council is anticipating a long phase in process for Self Directed Support and have serious concerns over the misappropriation of resources through poorly thought out services.

### East Ayrshire

The Council are establishing a Project Board to oversee the implementation of SDS. A team leader post and a secondary resource worker are being employed to support the process.
The Council have decided that one of the first steps will be to provide a major programme of training and system adaptation to outcomes focussed assessment and planning.

The have made some progress in developing a Resource Allocation System in East Ayrshire with a draft model is currently being tested with the Council’s social work services, internal audit, procurement and finance services, supported by an independent provider. The system calculates individual budget allocation based on outcomes and the Council’s eligibility criteria.

The Resource Allocation System will provide individual budget setting based on eligibility criteria and a range of outcomes. The next phase will be testing the calculations and process with service user and carer representatives.

The Council is keen to support the development of Brokerage in partnership with the Community Brokerage Network.

East Ayrshire are establishing the process to establish outcomes focussed assessment and to incorporate Talking Points into the RAS.

**East Dunbartonshire**

1. A SDS Steering Group has been re-established in May 2012 and is meeting frequently to take forward the SDS work plan. The membership includes team managers from all service user groups, managers from Finance, Planning and Commissioning and also includes representation from the independent Direct Payments Support Service.

A SDS Reference Group was established earlier in 2012 which includes service user, carers and local groups/forums. This group assists the Council to develop SDS materials and explore and debate SDS issues.

A SDS Stakeholders Group (current recipients of SDS) meet with the independent Direct Payment Support Service several times per year. This group is also attended by the Council’s SDS Lead Officer and debates issues which are then fed back to the SDS Steering Group.

A SDS Practitioners Group (this was formerly the Direct Payments Practitioners Group) was re-established in May 2012. This group involves representative practitioners from all service user teams. These individuals are viewed as ‘champions’ and the group discusses, debates and explores practice issues relating to SDS which are then fed back to the SDS Steering Group.

2. Information is distributed widely through an SDS Newsletter (twice yearly) and a dedicated SDS page on the Council’s website.

3. The Self Directed Support Strategy (2012 to 2015) and SDS Communications Strategy (2012 to 2015) was approved by the Social Work Committee in October 2012.

4. Information Awareness/Briefings sessions have taken place throughout 2012 with local groups and forums. These sessions have provided opportunities for local East Dunbartonshire residents to receive information about SDS and advising individuals that while there is work ongoing to establish systems for Individual Budgets, Resource Allocation Frameworks etc, the Council is keen.
to progress SDS packages for service users at this present time. These information sessions are continuing throughout 2013.

5. ‘Introduction to Self Directed Support’ training sessions have been taking place for staff teams since June 2012. Further service user group specific training (for staff teams) will be delivered in early 2013.

6. An Outcomes Focused Support Plan and Review paperwork and toolkits was mainstreamed for adult service users in April 2012.

7. The Self Evaluation Tool (S.E.T.) was developed and consulted on in summer 2012. This revised version will be used to test out the current draft Resource Allocation Framework December 2012 to January 2013.

8. Self Directed Support Pilots – we have been undertaking some work with different groups of service users in relation to assessing for self directed support packages. These include service users from a local older people’s day centre, children approaching transition from children to adult services and service users attending the local day centre for people with learning disabilities.

EDC have also worked with existing Direct Payment users to develop flexible support packages/individual budgets (which are outcome focused) have been established through the use of established Direct Payment rates/equivalent costs for service provision and the majority of these individual budgets are being managed by the service user or their carer.

East Lothian

East Lothian Council has set up an implementation group with 5 work streams

1. strategy development across the council departments
2. stakeholder engagement,
3. the development of tools
4. financial sustainability,
5. readiness of the independent sector and ELC provision

The Council plan a standard SDS assessment questionnaire, RAS and support plan formula. Personal Budgets will be calculated from the results of the assessment questionnaire. The council have developed an assessment tool and prototype RAS scoring mechanism and are undertaking a series of table top exercises to test these by assessing current clients using our new tools and reviewing their current packages against the RAS result.

They will use a talking points system to assess outcomes.

East Lothian is still at the early stages of planning this process. They have a particular interest in the application of SDS to young people and children.
East Renfrewshire

East Ren have a view that SDS needs very much to be owned by front line workers and as a tool for delivering outcomes.

They are developing a Transformation Programme with SDS at its core which has a range of SDS work streams. The SDS work streams include specific projects on Finance, Individual Budgets, Customer Journey, Assessment & Support Planning, Risk Enablement, and a full review of SDS process and support requirements.

To deliver change they have an SDS Implementation Manager post and 2 Project Management Officers who are leading on transformation project management. The project is led by a Head of Service (Candy Millard) with senior management lead for the transformation project.

They are redesigning assessment tools to support an outcomes focus approach.

They have rejected the ADASS RAS model and other allocation models as incompatible with an outcomes-focussed assessment approach. They are developing a simpler approach - equivalence - and are using it to determine the available amount of resource for an individual budget. This is being tested across 3 work streams for Rehabilitation and Enablement, Learning Disability & Mental Health, and Children & Families.

ER is supporting bridging arrangements for alternatives to services currently block funded or historically not available for Direct Payments – what this means is that high cost services will not be left to face reduced budgets if people opt out until there is an opportunity to commission service differently.

ER is piloting a Public Social Partnership approach for Learning Disability and Mental Health Supported Living which should see new services delivered and greater efficiency.

They will use a talking points system to assess outcomes.

Edinburgh

Edinburgh is approaching Personalisation quite slowly. They have set up a project board to progress this.

Their work will focus on 7 key areas:

- developing and implementing a prevention strategy.
- developing and redesigning core social care services
- Ensuring that the Council’s commissioning and contracting frameworks are fit for SDS
- ensuring that the Council’s financial frameworks are fit for SDS
- changing the organisational culture and working practices
- Good communication with service users, carers and other partners
- Ensuring that supporting infrastructure such as IT systems and performance management frameworks reflect the change to personalised and outcome focused care
They have previously used a Self Evaluation tool and resource allocation as a pilot for a group of young people with learning disabilities in transition or in respite care. No firm view has been taken on how this will be stretched out to include others.

They are developing a Funding Allocation System instead of a Resource Allocation System to avoid any assumptions about the details of the system. A further pilot will be arranged to test this.

One senior manager is in post to help progress this. Plans are in place to recruit 3 – 4 more managers. The view in Edinburgh appears to be that they need to get internal systems in place to be able to progress SDS. For example, they want to look at “market shaping” as an early stage – this is about making sure that there are different types of service and support available to purchase before people have individual budgets.

Edinburgh plan 2 major web based SDS initiatives. First is a web-based (universal) social care market navigation system, detailing qualitative and cost information about local services. This will help people including those self funding make realistic choice about how to allocate their resources.

Second will be an online assessment and decision making processes for non-complex care and support.

They plan to establish a Public Social Partnership (PSP) for brokerage services with a view to progressing the design, piloting and evaluation of one or more self-directed support orientated service models.

Edinburgh Council and its NHS partners are focusing on a medium and longer term strategy on redefining the way services are described and organised.

1. Universal - sign-posting, information and advice for people.
2. Preventative – to maintain existing skills and life styles
3. Short-term intensive - to avoid admission to or get back home
4. Longer-term - help to stay in their own home or with their own family
5. Intensive/specialist - 24 hour assistance to help people live safely.

Publication of a Market Position Statement in spring will signal the start of a formal 3 month period of consultation with service users, carers and providers over their purchasing plans and approach to procurement during the period 2013-18.

The Council recognises the choice to retain the services people already receive is a legitimate choice with the personalisation process.

**Eilean Siar**

The council plans to set up an Officer Working Group, involving membership from the Social and Community Services and Education and Children’s Services Departments to progress SDS in Eilean Siar. They are working on a 5 year strategy. The money from the Scottish Government will help at first and then the strategy will be underpinned by savings from the implementation of SDS.
The local SDS Strategy aims to prioritise the following areas

1. Transformation  
2. Communication  
3. Infrastructure  
4. Commissioning

They plan to establish Pathfinder project which will involve a minimum of 30 service users from across service user groups. As part of the Pathfinder project, aim to develop a fair and easy to understand Resource Allocation System (RAS).

In the interim the Council is reviewing its Direct Payment rates to allow for greater flexibility for group purchasing. This is a local solution to population distribution in the council area. Published rates include

<table>
<thead>
<tr>
<th>Nature of support</th>
<th>Rates</th>
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<tbody>
<tr>
<td>Standard Rate - per person for non specialist activity suitable to be run in groups (max of 8)</td>
<td>£7.32</td>
</tr>
<tr>
<td>Specialist Rate - per person for specialist or training activity suitable to be run in groups (max of 8)</td>
<td>£9.58</td>
</tr>
<tr>
<td>Day Care for Adults with Learning Disabilities</td>
<td>£21.96-£28.75 Half Day</td>
</tr>
<tr>
<td>One-to-One Personal Care Rate</td>
<td>£12.60 per hour</td>
</tr>
</tbody>
</table>

**Falkirk**

Falkirk Council has in place a Programme Manager leading on the implementation of Self Directed Support. So far in 2011 they have developed self directed options for people through the use of Direct Payments. They plan to pilot more flexible options on the basis of Individual Budgets.

Falkirk have neither assessment questionnaires and Resource Allocation systems in place and do not expect to have these in place in the near future either. Instead they will focus first in developing innovative and personalised approaches to care and support and only then move on to assessments and RAS.

Falkirk ran a pilot in 2011 using vouchers for respite care for adults with mental illness which extended the flexibility of the Short Breaks Bureau and allowed service users to ‘buy’ their respite support as and when they required it – rather than simply having an ongoing planned programme of respite.
**Fife**

Fife Council has been developing its SDS Strategy since 2010. The focus of the Council’s approach is to learn by doing through small scale test sites namely:

- 3 ongoing test sites covering Transitions, Day Care and Direct Payments
- One joint test site with provider Barony Housing Association for adults with mental health issues.
- NHS Fife Council Test Site for adults with acquired brain injury

Fife strategy is controlled by

- Fife’s SDS Implementation Board – a senior management multi-agency group, which coordinates the development of Fife’s SDS strategy.
- SDS Reference Group – a group of service users, carers and advocacy/groups which support individuals who are participating in the Test Sites.
- SDS Governance Group – group look at continuity, risk assessment and to develop good practice.

Fife Council is currently researching and reviewing options for developing a Resource Allocation System. In the absence of a RAS the current test sites are based on existing Direct Payment arrangements. Current emphasis is also placed on how other non financial resources can be tapped into to help achieve outcomes for individuals.

Fife Council has also been involved in the SHINE project with NHS Fife to develop a person centred approach for older people who have recently been discharged from hospital. SHINE is working with BRAG (a social enterprise support organisation in Fife) to develop micro-providers to help deliver the person centred support requested by individuals.

Fife has used a Self Directed Support Self Assessment Questionnaire in its test sites to assess needs. It is aware of its requirements for a Single Shared Assessment and a duty of care. No final decision has been taken over how needs and outcomes will be assessed as are awaiting information from test sites.

**Glasgow**

Glasgow had introduced individual budgets for lots of people. The process is the most advanced in Scotland.

**Progress Update**

- 905 people with learning disabilities who receive support in their own home or are recent school leavers have individual budgets.
- About 200 people who went through an SEQ at the same time have not been progressed and are still waiting for final budgets.
- About 600 of the first thousand people are going through the second stage review.
- About 40 people are still waiting for the Risk Enablement Panel since the start of the 2012 but new REP meetings are now scheduled. Senior management has been given more discretion recently to manage risk.
- The earliest date for SEQs to start for people with learning disabilities living with family carers is Feb – Mar 2013.
• 772 people with physical disabilities have started the assessment process and of this 593 have individual budgets in place.
• 688 people with mental health issues have started an SEQ and of this 236 have individual budgets in place.
• 72 people have taken a Direct Payment as part of the individual budget process.
• Of the people given budgets so far, 301 have been “new demand” and the council expect a further 100 “new” cases to be dealt with during the next year.

SDS will be rolled out to Children Affected by Disability in the summer of 2013. This will involve the amendment of the SEQ to make in GIRFEC compatible.

Glasgow is currently in the process of assessing all its service users to give them an Individual Service Fund with which to buy/purchase their own service. Glasgow is using a points based Self Evaluation Questionnaire and an established RAS with set values for each point score. Initial budgets are used to draw up outcome plans and then plans are considered by the Resource Allocation Screening Group. This group can raise the budget and where concerns that this budget may still leave people at risk a further referral can be made to the council’s Risk Enablement Panel.

There has been a change in the process to address the need for senior management to be applied when viable plans could manage risk and meet need within acceptable cost levels.
This is complicated by the council’s plan to make a 20% saving overall through this change. The way that the RAS has been established helps to see a reduction in budget for those who have been through this process. There are a number of safeguards but questions have been asked about how effective this is.

There are concerns about the Assessment which is titled Self Assessment Questionnaire but in reality has sometimes been completed by untrained care staff in day centres and private care agencies. As a result it is possible the assessments will not reflect the complexity of people’s lives.

As part of the review process under way, Care Managers are working to help service users make positive choices about how they manage their support to meet the outcomes that they have chosen.

Highland

Highland have a 5-year plan looking at embedding the ethos of self-directed support into the way they deliver social care services. Much of this is developed from their experience as a “Test Site”.

The SDS Team consisting of 5 full time staff is the main resource and has transferred to NHS Highland as part of the Health & Social Care Integration plan. To progress there has been temporary additional input:

- X2 community nurses
- X1 social worker
- X1 business support officer
- X1 independent consultant (x9 months contract)

Highland use a Supported Self Assessment Questionnaire (SSAQ). There are no point scores attached to the questionnaire. Currently social workers work with service users/carers to complete the SSAQ (in conjunction with the existing Single Shared Assessment (SSA) document) and identify the level of care required, i.e. hours support, hours personal care, weeks respite etc., then cost the package based on equivalency – what it would cost Highland to provide the same level of care.

All their current packages are costed on the basis of equivalency. But a Resource Allocation System is currently being developed in Highland and will be rolled out for older persons from April 2013. A similar system for children and families is under development. [It is not clear whether this will override the “equivalency” principle.]

About 235 people are in receipt of a Self Directed Support package. This figure comprises 179 adults and 56 children and young people under the age of 18. Work is being taken forward in partnership with Highland Home Carers and Key Community Solutions (part of Key Housing) to introduce Individual Service Funds. A third organisation – Glenurquhart Care will also become part of this initiative.

They are currently developing the personal plan in Highland to incorporate an additional page for the RAS and an outcome sheet. This will eventually be the new outcomes-focused assessment tool in Highland and is currently being trialled in Lochaber.
**Inverclyde**

Inverclyde CHCP have recently appointed a Self Directed Support Lead who is pulling together an action plan to encompass resource allocation and assessment, but this hasn’t yet been completed and will be part of Inverclyde CHCP’s overall approach to implementing the Self Directed Support Bill.

A CHCP SDS Steering group will be established and will be responsible for approving the project plan and SDS strategy and overseeing its implementation including consideration given to the resourcing of workstreams, with particular emphasis on identifying and supporting any cultural and change management requirements.

They will be developing a network of 3rd sector partners who would contribute to the effective roll out of the SDS bill within Inverclyde Area.

**Midlothian**

SDS in Midlothian is very much still in the planning stage.

The implementation of the SDS programme plan in Midlothian will be overseen by a programme board, which is anticipated will include senior managers within the local authority as well as a range of other stakeholders representing service users, carers, service providers and other organisations supporting people, such as advocacy groups. Specific aspects of the plan may be tasked to sub-groups reporting to the programme board.

3 specific staff will be appointed:

- a lead officer will facilitate the programme board and co-ordinate the programme plan;
- a workforce development post will address the range of issues and training needs for staff teams;
- and a further post will coordinate activity around ensuring local authority administrative processes are fit for SDS implementation.

Midlothian see the continued integration of assessment, support planning and review into personal outcomes approaches as critical to ensuring that individuals are supported to exercise direction around their support but note that to fully achieve this they have to ensure that individuals are more empowered in the assessment and review processes.

Midlothian have a concern that in SDS implementation that while time, care and attention is given to structural issues such as development of the RAS, this may mean losing sight of the broader context - which is about shifting power, choice and control in a way that allows for meaningful and informed involvement.
Moray

In Moray there are now 43 clients going through the SDS process. 31 support plans have been approved and the remaining 12 have had their self assessment approved and their support plans are currently being developed. These are mainly people with physical disabilities.

A temporary part time administrative assistant / financial monitoring assistant has been recruited to assist with the monitoring of Direct Payments, which has been funded through the Scottish Government allocation for SDS.

There is an SDS Steering Group leading the process and a reference group which includes service users and carers.

North Ayrshire

North Ayrshire Council is proposing that personalisation will contribute a total of £1,181,000 to the savings targets set for the service. It is envisaged that the redesign of Learning Disability services will contribute savings of around £286,000 in provided day services and £59,000 in purchased services to the total.

A Pathfinder project ran from January until August 2012 involving 49 service users from all service groups. Professor Pauline Banks of the University of West Scotland evaluated the North Ayrshire Personalisation Pathfinder for a cost of £24,981.

They used a Self Assessment Questionnaire as part of their “Pathfinder” pilot project. This is different from other SEQs in that it draws a number of questions from a separate tool called the Indicator of Relative Need (IoRN). This tool has been originally used for older people getting SDS support. IoRN is usually used as a level of banding.

North Ayrshire has provided us with both the SAQ and the points system. The SAQ is included in a much longer document that collects a range of evidence. There is space for 3 different answers to each question – the individual, the carer and the assessor. There is also a section for talking about outcomes that you want.

Initial lessons learned include

- A single RAS would not be possible, at least initially, and that the RAS would have to have an adjustment (a budget deflator or inflator) dependent on the care group until financial resources can be aligned between different care groups.
- SDS will only work if the individual’s position is stable and not at the point of crisis, which is often when people seek Social Services’ help.
- Regular reviews need to be undertaken and for service users to have completed enablement before an individual budget is calculated.

A separate RAS will be developed for each care group but this will be managed to keep the total resources used within current expenditure.
A full review of purchased and provided Learning Disability services will be undertaken and will include the development of a social enterprise approach towards providing supported employment opportunities for people who seek employment as an alternative to traditional services.

The development of SDS in North Ayrshire is being linked to the increased use of reablement to make sure people with physical disabilities and older persons are in more stable situation prior to the offer of individual budgets.

**Implementation Plan**

Stage 1 (April - September 2013) will include training for staff in eligibility criteria, new forms and processes and outcome-focussed support planning. Also during this time there will be a focus on the culture change required to make Self-Directed Support successful.

Stage 2 (September 2013 - March 2014) will see SDS implemented for new service users.

Stage 3 (April 2014 - April 2015) will involve the implementation of SDS for all service users.

**North Lanarkshire**

SDS is well developed in North Lanarkshire and as a result all group living accommodation has been decommissioned for people with learning disabilities, physical disabilities and mental health problems; and 10 of 14 local authority residential homes for older people have closed with the remainder being redesigned form intermediate care purposes.

They offer an individual budget to support people if they:

a) have relative settled but ongoing unmet needs  
b) have had opportunity to experience enablement or reablement  
c) meet the service’s eligibility criteria and/or  
d) have requested a direct payment.

In the North Lanarkshire approach people are supported to complete a guided self-assessment. The guided self-assessment generates a score that is converted to a financial value based on a resource allocation system. The amount represents an indicative budget for that person and becomes the presumed available resource for meeting their eligible needs.

The current allocation per point is £530 per year. Other personal factors such as “institutionalisation” can see a multiplier of between 1.5 and 4 times applied to the total budget. A multiplier is used to inflate the indicative budget, only in circumstances where someone's support needs are deemed to be considerably adversely affected due to historical, domestic, social, legal reason or recent major trauma, which means they require support well beyond what would be expected for someone with a similar range of support needs.

An internal council moderation process known as a risk enablement panel checks the indicative budget and receives the completed plan, satisfying itself that the person's eligible needs and specified outcomes can be met within designated resources. At this point the indicative budget becomes an allocated individual budget, to be drawn down as the person wishes.
The Self Directed Support Enablement Group (risk enablement) meets every fortnight on a Wednesday morning. It aims to ensure continuity of decision making while cascading down knowledge about how to manage risk. The SDS enablement group is not really about looking at individual cases. Instead it looks at the broad parameters of risk. They also look at demands for new services on SDS that might come forward this or next year to ensure proper financial planning in particular localities. This process is able to cascade down decision making so that local managers are able to work within these regional parameters and know what risks are manageable locally and what are exceptional risks to be referred back to the SDS enablement group.

Figures on the implementation of SDS date back to 2011.

- Ave indicative budget – £39,424
- Total no of people in the supported living review – 489
- Total guided self assessments completed – 475
- Total indicative budgets agreed with providers – 376
- Total self assessments agreed through enablement group – 307
- People with fully implemented individual budgets – 119
- Budget in the form of a direct payment – 31

The current plan is that 524 people will have individual budgets introduced in 2012/2013. Most of these will be young people going through the transition process from children’s to adult services.

Our understanding is that North Lanarkshire is not expecting service users to make a client contribution if they have an SDS package.

However in December 2012, NLC decided to review some SDS budgets over the next 2 years with a view to saving up to 10% of the payments. This is part of a general financial review within the council.

**Orkney Islands**

Orkney Islands Council are working to implement Self Directed Support. The process is led by a SDS Development Group consisting of service leads & finance leads who meet 4-6 weekly.

They have recruited a project development worker to work on Self Directed Support systems and processes within Orkney Health and Care. They are looking at commissioning issues and how they integrate the support of SDS with other issues that they have to address. OIC are also seeking to

- Develop systems and processes to support the operation of self directed support.
- Development of a local RAS based on their existing IoRN system
- Develop systems to provide financial information about service costs.
- Gather and collate data about self directed support and using this to review and further develop local systems and processes.
- Analysis of local options to liquidate budget for SDS whilst retaining choice to use existing services;
• Consideration of appropriate support service for SDS users

Orkneys are working in a Public Social Partnership with Enable Scotland to develop personalised approaches to the care of individuals. But Orkney are aiming to produce a draft joint commissioning strategy by the end of 2012. The strategy has been developed taking account of the views of the local 3rd sector.

Orkneys plan to introduce a service charge (client contribution) to free up local funds.

Orkney is keen that the Scottish Government should advise councils about lessons to be learned around the best approach to RAS and if possible, a national standard approach should be developed in order to mitigate against post code lottery issues.

Perth & Kinross

The SDS Development Group was set up in January 12 and comprises staff from Community Care Services, Education and Children’s services and the voluntary sector. All adult care client groups are being included in the SDS model, and children with disabilities. Up to 10 WTE staff will be recruited to help implement the process.

Perth And Kinross is piloting SDS in the North Locality Area of Perth.

The first step in the Perth process is an Outcome Planning Assessment. They have taken the view that if people understand better what they want from support then it will be much easier to apply.

Perth has originally planned to use a points based Self Evaluation Questionnaire and Resource Allocation System but have decided not to do this.

• The system produce poor financial calibrations for most existing cases on existing cases
• There was concern about the management of risk
• There was concern about the affordability of the RAS
• There was concern over perception around ‘entitlement’ to the level of funding indicated by a scoring system.

An alternative system using scored assessment, support plans and “authorisation tables” are to be used. Service users and families will be closely involved in drawing up support plans. Social Work managers can authorise spending up to certain levels, if more money is needed, a higher level manager will need to authorise. Each social work manager has a duty to scrutinise for “value for money”. The aim will be to meet the agreed outcomes safely for the lowest budget but if this cannot be done then an equivalent spend will be acceptable.

Cornerstone, PAMIS and Alzheimer’s Scotland have been funded by the Scottish Government to provide support and advice to individuals and to carers. There is also an in house team developed from the old Direct Payments team doing a similar job.

The council is producing a Directory of Services which will be available for clients, social work staff and others, to enable informed choices about providers, if a managed or mixed package is being considered.
Renfrewshire

Renfrewshire is at the strategic planning stage

They have established a temporary post of Self Directed Support Manager and a programme board led by Senior Manager meeting monthly to oversee work streams each led by a named individual. The work streams cover:

- Communications:
- Cultural Change Programme:
- Finance:
- Providers: Establish a forum with providers to build a three year provider plan both for services provided internally and also those purchased externally which gradually personalises all service provision.
- Social Capital and Existing Community Based Resources: Create an effective resource directory of community resources and assets that people can use to help sustain their lives.

The Council plan to employ 5.5 workers in the Self Directed Support team. They are sampling existing SEQ and RAS systems with a view to using best practice to implement system for Renfrewshire

The next stage for Renfrewshire is to do a ‘test’ for where a specific number of people are offered a different experience based on connecting people to community resources, respond to peoples short term (crisis) needs with short term effective services that cease quickly (e.g. reablement) and where long term support is needed offering people this through self-directed support and a personal budget. SDS will thus be part of an overall approach to social care and not a single strand.

Scottish Borders

The Borders SDS project has a board and working groups which include membership from the Council (social care and health, integrated children’s services, legal, contracts and finance section), NHS Borders, and provider, carer and user representation. A number of staff are in post to support the process

- A Project manager
- Support to care managers/staff development (part-time)
- Finance assistance (part –time)
- Support planners (2.5 fte) across local offices to support care managers with the transition

Borders Social Work has been running a pilot for one year to learn about self directed support. People have been allocated a budget to meet identified outcomes that will address their eligible support needs. 40 people took part between April 2011 and April 2012

There are seven key steps in the Borders SDS journey:
a) A Supported Self Assessment Questionnaire is completed, identifying the person’s support needs identify risks and as a result, allocating the person an estimated budget. The RAS is a ‘price point’ based system, with each price point representing an amount of money.

b) The person plans their support arrangements with support from the Care Manager, based on the identified outcomes they wish to achieve to meet their needs and manage risks. The person then identifies how they will spend the estimated budget to meet these.

c) The person plans how they want to manage their support and budget based on one of the four options

d) The support plan and use of the individual budget are agreed with Social Work and any risks identified and managed.

e) Support is arranged

f) The person lives life

g) The support and budget are reviewed after the first 6-8 weeks and then at least annually to ensure the person’s outcomes are being met and there is effective use of the budget.

Presently the focus on SDS is on Community Services – it will not apply to a number of people using services including payments for residential care and people who lack capacity to manage their own affairs.

We do not yet have the actual price point from Borders (subject to appeal) but they are using a price point based on 60% of the social care budget at the time the RAS was undertaken (2008). Their view is that a 60% price point enables the majority of people to meet their needs. [Note - this is not 60% of the budget. This is due to the increase in points as the assessment has developed, and the changes to the social care and health budget over 4 years.]

The price point can be adjusted to reflect the cost of specialist services. Within the pilot this was mostly for a few people with a learning disability with complex needs. There is one price point for all client groups.

The Council is proposing the widespread use of the 60% price point without a client contribution. In other words no charges will be applied to individuals who accept a 60% price point.

Borders are proposing to adopt the following phased approach but it may be reviewed depending on experience:

a) Between July 2012 and March 2013 SDS options will be available to people who select this arrangement (similar to the SDS Pilot) and also for people with a learning disability currently involved in the review of day opportunities.

b) From April 2013, in addition, SDS would be provided to all people newly referred for a social work service (with some exceptions eg emergencies/immediate assessments in hospitals/people in care homes etc).

c) People currently using social work services would be phased in to SDS at a later stage, following review of the above stages.
Borders Independent Advocacy Service has funding from the SG for 3 years and is providing advocacy and information on SDS to individuals.

The council are using Talking Points outcomes to evaluate the views of service users who have engaged with SDS.

**Shetland Islands**

Service users can receive funding in lieu of services provided or purchased by the local authority and use this money to arrange their own care or support services in line with their individual assessed needs. The council currently use the “With You For You” process to assess need.

Self Directed Support will continue to be promoted in Shetland alongside other services provided or purchased by the statutory agencies. There are currently no plans to de-commission services in favour of the introduction of Self Directed Support on a large scale.

**South Ayrshire**

South Ayrshire are proposing to implementation SDS as part of a whole systems approach in response to the modernisation of social work services, shifting the balance of care and supporting individuals through transition points in their lives.

South Ayrshire Council has not developed a RAS and is currently exploring alternative resource allocation frameworks for all service user groups.

They are carrying out local awareness raising and workforce planning events have made a series of presentations specifically to Community Care staff teams and service providers within South Ayrshire.

They will be adopting a similar Reference Steering Group – Management Group approach.

Plan to employ 4 staff members with Scottish Government money to progress SDS locally.
**South Lanarkshire**

South Lanarkshire has set up an Implementation Board to lead and manage the development of SDS. It will produce a template for the delivery of SDS. There are 9 named local officials plus a representative from SPAEN.

- Plan to develop, test and implement outcome focused assessment
- To consider, develop and implement a transparent and equitable RAS. Social Work Resources are currently evaluating models of resource allocation systems.
- To produce new contractual policy for SLC to allow for development of SDS option.
- To review charging policy

They think that technology can play a big part in SDS and have a special work stream on this issue.

Once strategy is in place they will move to trials of support planning and the use of personal budgets in each locality. This will be with a small number of people – probably focussing on younger adults with a physical disability or long term health condition and families with children with additional support needs. It will allow the exploration of the use of personal budgets and support planning, determining the benefits for people, testing process and considering the impact on both Council run services and those provided by the independent sector.

Work has been piloted to generate a basic RAS model which will be refined and tested. But South Lanarkshire are keen to consider the consequences of legal challenges which have been brought particularly around the use of a RAS, the basis of calculations and whether the allocation of funds is in line with the statutory duties to meet assessed need.

**Stirling (in association with Clackmannanshire)**

A steering group is in place across Social Services (Clackmannanshire and Stirling) for the delivery of Self Directed Support (SDS) and there Programme Manager to lead on the implementation of SDS in both areas. The Manager is starting to draw up and monitor a comprehensive implementation plan.

They have 4 priority areas

1. Promoting Outcomes & Practice Development
2. Finance, Processes & Outcomes
3. Evaluation & Performance
4. Commissioning

The councils plan to review existing SDS processes and support with a view to

- Identifying suitable Self Evaluation Questionnaire process
- Identifying suitable Resource Allocation System

Stirling is planning a comprehensive computer system that will support the move to SDS. This will include updating SWIFT and other technologies as well as introducing new portals for service user information on planning, outcomes and services.
Stirling have developed use of the Talking Points tool as part of the service review process and plan to build upon this.

Stirling plan engagement with service users to be primarily through existing groups such as the Carers forum run by Princess Royal Trust Carers Centre and the Adult Day Service Development Group. Where required, focus groups may also be set up to help develop engagement.

There is some concern amongst council staff over the complexity of these tasks and how they can deliver this at the same times as the Health and Social Care Integration agenda.

**West Dunbartonshire**

WDC have set up a Self Directed Support Team of existing staff with a seconded Service Manager, and Independent Living Fund development worker, and two part time Direct Payments Workers.

Their first step is an SDS action Plan. Their first actions are an exit plan for ILF holder and a review of Direct Payments.

RNIB, West Dunbartonshire Council and Lomond & Argyll Advocacy Services are developing a pilot for Self-Directed Support in West Dunbartonshire. The key aims of the pilot are to

- Develop, pilot and evaluate a revised Self Evaluation Questionnaire (SEQ) which will include both Health and Social Care components including questions on visual impairments.
- Develop integrated Health and Social Care pathways for this assessment process.
- Revise ‘Talking Points’ outcome evaluation toolkit to better sit within a personalised system.

The project’s key groups are Adults with a Learning Disability, Adults with a learning disability living with Older Carers and Young People with a Learning Disability in Transition. It is envisaged that the tools developed will be transferable with little adjustment to other adult service users.

WDC are working in partnership with RNIB at developing a specific RAS suitable for the council and its resources.

A Service User and Carers focus group has been established.

**West Lothian**

West Lothian are currently preparing an SDS Programme Plan. Key actions for West Lothian will be:

- Establishing a Programme Board of senior staff to lead on SDS developments
- Establishing a Programme Steering Group for implementation
- Reviewing current assessment policies, procedures and tools to ensure that the SDS framework provisions are embedded in practice
• Reviewing social care procurement practice to ensure that contracts and commissioning work incorporates the requirements of SDS
• Reviewing IT provision to inform the development of infrastructures to support SDS implementation
• Analysis of financial and resource information to develop resource allocation systems (RAS) consistent with SDS

It is their intention to develop both a self-evaluation process and resource allocation system drawing on existing models.

West Lothian are also committed to using Talking Points as part of a Outcomes Focussed approach.

Conclusion

Self Directed Support is developing steadily across Scotland. It is likely that the SDS Act will be fully implemented in April 2014 and that a further five years will be given to allow full implementation of its terms.

At the end of this process, everybody who receives social care will have been offered an Self Directed Support option. The options available to people mean that not everyone will have taken up either a Direct Payment or an Individual Service Budget.

However it is likely that almost everyone will have a Notional Budget that determines the values of the various supports that they receive and that there will be some use of “outcomes” in determining what support they receive.

Self Directed Support is being approached differently by EVERY local authority and given different importance by each as well. Some treat this as a central development; others see it as one of a number of modernisation initiatives. Some are enthusiastic while other remain sceptical about what change will actually develop.

Over the next 6 years this is likely to see quite divergent systems begin to emerge in different local authorities within Scotland. Orkney Islands Council flagged a serious problem when they said there was a real danger of a new postcode lottery in social care emerging.