NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**08 May 2024**
Title:	**SDS Strategy Implementation**
Responsible Executive/Non-Executive:	**Simon Steer. Director, ASC**
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1 Purpose

This report is presented to the Committee for:

- Awareness

This report relates to a:

- Government policy/directive;
- Legal requirement; and a
- Health and Social Care Partnership Strategy

This aligns to the following NHSScotland quality ambition(s):

- Effective
- Person Centred

This report relates to the following Strategic Outcome(s)

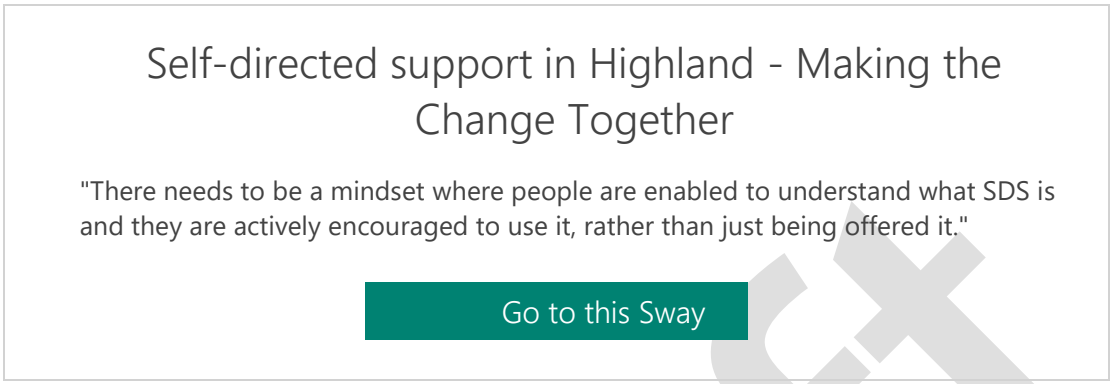
Start Well		Thrive Well		Stay Well	x	Anchor Well	
Grow Well		Listen Well	x	Nurture Well		Plan Well	
Care Well	x	Live Well	x	Respond Well	X	Treat Well	
Journey Well		Age Well	x	End Well	x	Value Well	x
Perform well		Progress well		**All** Well Themes			

2 Report Summary

2.1 Situation

NHS Highland, The Highland Council and a range of partners conducted a significant consultation exercise during July and August 2021 which gathered the views of people who need support - and those involved in its provision - about how we should deliver Self-directed support into the future. Responses were received (via online surveys and 13 targeted focus-groups) from around 200 individuals.

Based on what our respondents told us our SDS implementation group identified 10 key components that need to be realised to make a lasting difference to way we deliver SDS in Highland[1].



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But it was also thought that ***how*** we sought to make the necessary changes is just as important as the content of the changes themselves. Our SDS group doesn't think there is a simple, technical fix to the complex set of implementation issues in respect of Self-directed support – rather it is clear that we need to build relationship across the system to ensure that people who may need support, their unpaid carers and those involved in providing care and support are fully involved in shaping and effecting the changes required. We want to develop networks, share perspectives and build working alliances to ensure the changes we make to the culture of SDS are made *together.*

2.2 Background

SDS is the mainstream, approach to delivering social care in Scotland, with the aim of enabling people to live their life to the full, as equal, confident and valued citizens.

Adopting the ethos of Self-directed support is intended to promote the development of a healthier population living within more vibrant communities, and can contribute to achieving a fairer Highland. We are seeking to put the principles of independent living into practice to enable people to be active citizens in their communities.

[1] 1.Ensure people benefit from a 'good conversation' with a trusted professional: work to enable people to access the support they need, wherever that may come from; 2.Ensure there are independent sources of advice, information and support available to all those exploring the help open to them. 3. Work in partnership with people who need support and partners to ensure they have a greater role in decision-making about SDS, at all levels. 4. Provide (a framework of) clear and simple information about how to identify and secure the resource necessary to deliver the supports that people need. 5.Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support. 6. Maximise people's choice, control and flexibility over the resources available to them. 7. Provide comprehensive information about the full range of choices (support options) available to those needing support. 8. Enable people to access natural and community supports wherever possible. 9. Invest in our community infrastructure so that strong networks can develop across our local partnerships which are complementary and effective in providing informal solutions to community members who need help. 10. Ensure there is a sufficient workforce which has the confidence, competence and capacity to work to these local principles, and the National Standards for Self-directed support

Like the social model of disability the ethos of Self-directed support can be seen to contribute to the reduction or removal of the physical, organisational or attitudinal barriers that many people experience in the world around them. Our approach to Self-directed support is about flexibility, choice and control and having a decent quality of life. It is ultimately about promoting confidence and wellbeing for children and adults with social care needs.

However there is recognition that the implementation of SDS is not as far advanced across Scotland as it was envisaged (see Adult social care: independent review - gov.scot (www.gov.scot); Thematic review of self directed support in Scotland.pdf (careinspectorate.com)), nor there been the shift in practice to reflect the ethos which its underpinning legislation aimed for i.e. stronger, conversational and relationship-based practice which supports the tailoring of care around individuals' particular circumstances. The development of a new SDS Strategy also needs to be understood within the context of a move toward greater "community led" supports and a shift towards a human rights-based approach (National Care Service - Social care - gov.scot (www.gov.scot) etc.): it is understood that we need to utilise and strengthen the activities and supports that our communities offer to ensure that more people (including those who need support) can be active citizens within them.

2.3 Assessment

Consistent with our approach we have set up a number of initiatives to bring people together to address the implementation issues and progress the actions required. This is meant that work is taking place both locally and centrally to overcome the barriers and improve people's experience of Self-directed support. We think this is consistent with our aim to work in partnership with people who need support and partners to ensure they have a greater role in decision-making about SDS, at all levels

Self-Evaluation and Improvement

The development of a new SDS Strategy for Highland was predicated on the understanding (above) that much of the ethos of choice, flexibility and control had not been fully realised across the operation of our social care system.

We therefore wanted to gauge the quality of our practice in Highland in respect of our delivery of Self-directed support with a view to developing a set of tangible improvement actions.

An opportunity arose (as part of the National SDS Improvement plan) to carry out an Self-Evaluation exercise - supported and guided by partners in Social Work Scotland and the iHub (Healthcare Improvement Scotland) – against the SDS Framework of Standards (Social care - self-directed support: framework of standards - gov.scot (www.gov.scot)).

We used high-quality professional facilitation from In Control Scotland to run a defined set of "Appreciative Inquiry" sessions. With 40 participating professional staff across

three sites, the exercise included: Children's Services and staff from NHSH Integrated District Teams, and professionals from our Carers Centre and our Support in the Right Direction (SIRD) partners etc. Staff involved were front-line workers and their immediate managers.

The task was for staff themselves to determine how well we were practicing against the SDS Standards. The Appreciative Inquiry (AI) did not pre-determine the problem – rather it allowed staff an opportunity to explore and understand the operation of our system. This was an exciting aspect of the work; and it was in stark in contrast to the predetermined, solution-focused work with which we've tried to fix things in the past. This exploration flagged up some of the characteristics – and tensions - within the current system, including

- Professional judgement against rigid systems;
- Rural and urban differences and inequities;
- The need for creativity against the demands of a bureaucracy;
- Information systems which are fragmented and do not allow access to information sharing for all relevant agencies:
- The strong foundation of relationships across families, teams, services, organisations, and partners.
- There is frustration across practitioners that they are part of an unnecessarily bureaucratic machine that prevents them from practicing what they see as 'real' social work; and that
- There are pockets of great practice already in place in teams that we could/ should learn from.

Taking these key themes together one overarching reflection would be that:

- the core purpose of adult social care is often seen to be diluted to become a transactional process of 'assess to assist', and this is where practitioners spend the majority of their time. Within this, there was a question about how we invest in workers' ability to advise, support, guide, and walk alongside people of all ages, needs, and abilities as a true partner in supporting them to live a fulfilled life, rather than concentrating workers time on meeting the system's requirements

From these themes a small set of focused improvement actions (experiments) have emerged. These ideas were co-designed by participants from their shared understanding of the system they worked within. The areas identified for piloting by identified Teams are:

1. Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making
2. Trialling a different model of "Eligibility": considering the role of Teams should be to provide appropriate advice, guidance and assistance within their communities

3. Exploring new approaches to place-based commissioning to meet local need across a defined geography

Planning is well underway, and we aim to run these pilots across the calendar year. Progress will be monitored and supported by a Programme Board (see below).

Growing Intelligence

Hearing the issues

We have been working with local partners in Fort William (Age Scotland, Highland Senior Citizen's Network, Community Contacts, people who manage Option 1s as well as statutory partners) to understand the issues that face people locally in their search to access appropriate Social Care. This work has been quite diverse, and has involved implementation group members making contacts at a across the social care system. This work came together in a public "Conversation Café" last year to offer the opportunity to local people to hear about the work we were doing and to give them a space to tell us about they thought the important issues and priorities were in respect of social care and Self-directed support.

Across this engagement there seemed to be agreement that we weren't making full use of the opportunities that SDS offered. There was also recognition that attracting and retaining people to provide care and support was the biggest issue. Those involved in managing an Option 1 said that travel costs were not reflected in the Direct Payments we made to them – which made it doubly difficult to attract and retain personal assistance locally (given rurality there are often significant journeys for PAs to get to their employer's home). Local people told us we needed to "open the doors into care" - to make the links between the different efforts being made locally to increase recruitment into Social Care. Examples would include: NHSH Recruitment, Schools and Colleges, Chamber of Commerce, PA Network, SDS Scotland etc.

People also told us they thought we needed to increase flexibility in Option 2 to explore how to increase the range of services able to be provided as an Individual Service fund (see section on "Option 2" below).

Personal Assistant events

As a response, in part, to what people were telling us about social care in Lochaber we ran two events that sought to highlight the opportunity that becoming a Personal Assistant (PA) might have to offer people.

The first – "Becoming a Personal Assistant in Social Care in Highland" - was an online event explaining the role of a PA and where people could find information online. SDS Scotland facilitated this event, and it brought together others seeking to promote the role of PAs; including the PA Network and Community Contacts to explain what part they play.

The second, drop-in event –"Promoting PA Employment Opportunities Locally" - was a chance for those interested in becoming a PA to chat face to face with relevant

organisations such as Community Contacts, PA Network, and SDS Officers from both NHS Highland and Highland Council to learn what becoming a PA involves and what opportunities are available locally. It was also a chance for existing PAs and PA employers to get advice and support and to tell those who might be interested about their experiences.

The turnout for these events was good - with a high percentage of attendees looking to become PAs. Feedback was positive, with attendees leaving feeling informed and supported. Our plan is now to initiate a rolling programme of events around Highland.

We have learned, however, that having local connections in situ is crucial: linking in to the local press and being able to spread the word to the right people is key. Simply “parachuting” an event into a local area is likely to be much less successful. Our next planned destination is Thurso – here both Children’s and Adult services have good link to local partners.

Personal Assistant support

We have explored a small set of opportunities to support the Personal Assistant (PA) workforce in Highland. We have linked in with SDS Scotland to offer events for PAs and PA Employers in Highland to learn about the newly developed PA and PA Employer Handbooks. Although there was interest in this, our hope that this would offer a good opportunity to encourage more PAs to "join our conversation" about how to develop SDS hasn’t been realised: regular slots for discussion and peer-support haven’t got off the ground.

We have also sought - alongside our PA Network colleagues - the targeted engagement of existing Personal Assistants in Skye and Lochalsh: here we wanted to explore how we might develop networking and peer-support for this group. Unfortunately this engagement has not been a great success either.

We recognise we need new ideas about to engage, support and grow this part of the social care workforce. However we in Highland continue to be represented in National PA workforce groups and will continue to explore ideas and opportunities as they arise.

Independent Support

The Self-directed Support Framework of Standards published by the Scottish Government outlines the right to independent advice, support and advocacy for people and carers who need it. This support is to ensure people feel confident that the SDS they receive is right for them and tailored to their specific and/or specialist needs. The standards also make clear that independent support, advice and advocacy should be provided as early as possible to support the processes of good conversation, assessment, support planning and review. Support is also important to help personal assistant employers manage what can – sometimes - be an exacting task.

Highland is fortunate to benefit from the independent support services offered by Community Contacts. Funded centrally via the Support in the Right Direction (SIRD)

initiative, service user and carers and statutory services all benefit from their advice and assistance in exploring the SDS options available in any given set of circumstances.

However we know that as staffing and budget pressures impact significantly on the availability of traditional Option 3 services many more adults in need are required to explore the opportunities that another Option can afford. This is often not the Option that individuals would have chosen.

Given the above we know that the demand on Independent Support is growing: growing from greater numbers of people for whom an organised Option 3 is no longer available; and growing in respect of individuals who need, but who are not really choosing, to embark on the journey of finding the personal assistance and/or other activities they require to meet their needs and outcomes.

We know also that for those individuals awarded an Option 1 who cannot find appropriate assistance or support financial balances accrue. Work is at an early stage to develop a scheme to recycle some of these balances. The ideas is to use some of that resource in specific geographical areas where assistance is particularly difficult to find to purchase additional independent support and to use as a catalyst for the development other community based services or supports. The specification for such a model of independent support should encourage as much flexibility as possible, ensuring it can not only accompany people along their journey to getting the help they need (including practical help in identifying, recruiting and managing personal assistance) but that it should also encompass developing peer support, increasing support for personal assistants, and maybe an element of mediation.

Option 2

Potential providers of an Option 2 via NHS Highland are limited by our current, internal contractual arrangements. Only Adult Social Care (ASC) Registered Services with existing contacts can currently be used deliver Option 2s. Effectively, then, our base of Option 2 providers is a sub-set of our Option 3 providers list.

Yet there is a pressing need to maximise the range of choices that individuals have available to them to meet their identified outcomes and to realise personalised and effective care/support planning.

There are reducing numbers of providers of ASC in Highland. In the most rural and remote areas the reduction of Option 3 providers is most pronounced; however individuals continue to require personalised and effective support solutions across a range of need. Given this, we have seen significant increases in the numbers of Option1s. There is a significant resistance, however, on the part of many individuals and unpaid carers to take on the responsibilities of becoming a Personal Assistant Employer.

It is understood that good Option 2 arrangements do have the capacity to deliver outcome-focused, personalised and effective care and support and that the use of brokerage and sub-contracting by Option 2 providers can increase this capacity.

Imposing limits on the numbers of potential Option 2 providers appears to be counterproductive. Many adults in need do not require – or not only require – assistance with personal care etc., people's personal outcomes may be met by accessing a much wider range of services and supports – including, potentially, across the leisure, well-being and catering sectors. Therefore we think who can hold an ISF (be an Option 2 provider) should be expanded beyond traditional Option 3 providers.

We now wish to explore, organisationally, whether the outline of work below will help us broaden the opportunities our Option 2 offer provides:

- Our current tri-partite agreement should be reshaped to align to good practice models (e.g. CCPS Tripartite Agreement) that promote personalised and outcome focused arrangements
- We should develop a "boilerplate" contracts (utilising standardised clauses) to underpin Option 2 arrangements across a much wider variety of services and supports
- We should develop a specification with an appropriate contract and terms and conditions for organisations other than those providing care and support to hold Option2s for people – thereby also developing a brokerage model.

Place based commissioning – West Lochaber

We have seen significant systemic challenges in the West Lochaber area (as we have in many other Highland Communities) to deliver traditional Option 3 services sustainably. Dail Mhor Care Home has been unable to maintain safe staffing levels and the system of Care at Home is stretched.

We have been working with representatives of the local communities in West Lochaber to explore how SDS might be used to reshape Social Care in the area - to explore what role SDS can play in ensuring a full range of opportunities can be stimulated and made available for people in in some of our most remote communities.

A small project team was formed by bringing statutory partners together with Urram (a local community organisation) and In Control Scotland. The aim was to explore what local people thought about social care and – importantly - what options might exist to do things differently

In this first stage the project team visited 5 local lunch clubs, in Lochaline, Ardgour, Strontian, Acharacle, and Kilchoan. The conversations were relaxed, in line with the 'community conversations' that these spaces offer locals, and focused on gathering insights into residents' experiences of social care so far, and their worries and aspirations for the future. A separate session was held in Strontian which was targeted towards local community organisations and key stakeholders, which took a slightly more formal approach. In this session participants worked to produce an analysis of the range

of resources and support available in the local communities. Taken together the learning from these exercises was really rich.

One of the strongest themes throughout all of our conversations is that these are close communities that know their members well, and that they have a strong perspective on their challenges as well as their potential solutions. We heard repeatedly about the strength of informal support that neighbours, families, and friends offer to each other, and how this helps to significantly plug gaps in service provision. However we also heard about how fragile this capacity to provide support might be. In the results of a recent survey by Urram, which focused on housing, an additional question was asked: 'do you have unpaid caring responsibilities?' Almost all respondents said yes – indicating that spare helping capacity might be extremely brittle.

We also heard that centrally managed services could be frustrating for Health and Social Care staff - some of the simplest and most human elements of care and support were felt to be impossible to deliver within the current time and task models of care, such as stopping for a chat, nipping in to help with a stocking, or preparing a meal. Those working in services felt that increased flexibility and local coordination would bring real strength, and had ideas for what this could look like.

Currently there appear to be various components of our health and social care system which work in isolation, or in non-complementary ways. Our team thought that there is learning from models such as Buurtzorg and Community Led Support that could be applied to develop a new way of arranging and coordinating care on West Lochaber. A well-coordinated, local, multidisciplinary team comprising statutory, voluntary, and community services over a tightly drawn local geography is an idea we are actively exploring.

A model like this could include a great many small-scale elements, such as: a coordinated social care delivery team that wraps around the community; a community on-call or relief service that includes training; a multipurpose local hub which could provide a base for day opportunities and help meet physical support needs like bathing; support for and recruitment of PAs and self-employed PAs; brokerage, advice and information on SDS; aids and adaptations like telecare; opportunities for volunteering and accessing voluntary supports; and how all of this could link with local further education to promote social care as an attractive career.

This is clearly an ambitious idea, but one which feels entirely achievable given the small size of the communities. Given this, our small team now planning to co-produce such a model in one village, as a test of change. This will involve co-producing an experiment of what this locally coordinated team could look like, describing the enablers and barriers to this and how these could be maximised or overcome, and exploring how it will work in practice. This must be led locally, and given the strong local reputation of Urram the team are hoping that they will take the lead on co-producing this project, with our support.

Costing care and identifying budgets transparently

A group of people with an interest in managing an Option 1 (Direct Payment) has been working with officers in NHSH to see if they could, together, describe a fair, equitable and sustainable co-produced framework for the calculation of Individual Budgets. The aim being to support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants (PAs) is a realistic and sustainable option in our communities.

This work of the SDS "Highland Peer support group" and NHSH created an agreed and mutually understood model which recognises the direct staff costs of employing a PA in our urban, rural and remote geographies with an agreed "business overhead" rate in place. After many good conversations, a co-produced model was recommended and agreed by the group and it was supported at The Highland Health and Social Care June 2023 Committee and was implemented from 02/10/23. The new hourly rate payable to each recipient of an Option 1, is determined by the individual's postcode by using the Scottish Government urban, rural and remote classification and application of the agreed model.

Given the above, Option 1 service users all received a substantial above inflationary increase during 2023-24 due to the significant investment from NHSH to level up the previous low baseline hourly rate.

This year's Scottish Government (SG) funded increase, taken together with the previous year's significant uplift in October 2023, will ensure that Option 1 service users can pay all Personal Assistant / Carers the minimum wage of at least £12.00 per hour. Rates for purchasing personal assistance support in 2024-25 have also been updated and the allocated funding from SG passed onto Option1 recipients.

Taking a Programme Approach

With the breadth of the challenge of addressing the culture and practice of SDS in Highland, improvement efforts have necessarily been wide-ranging, identifying a number of key opportunities for, and barriers to, change. Realising these opportunities – and, where relevant, overcoming cultural and organisational blockers –requires input, identified capacity and co-ordination across the Social Care system.

Given this, a co-ordinated Programme approach is being taken to seek to ensure progress in the work outlined above is monitored at an appropriate level and, where necessary, supported by identified Scottish Government Transformational funding.

This Programme Board started originally to bring together the key areas of the original SDS Implementation plan where the need for significant system change and/or development required systemic support. The focus for this work covered the work above: support improved professional core processes; increase flexibility in care planning; increase the levels of independent support available across the Options; and to use collaborative commissioning approaches to realise the aspirations of our local

communities. However, over time, other work has, or will be, included within the Programme Approach which is understood to be consistent with the ethos of Self-directed support and complementary to initiatives already in progress. Currently initiatives identified for inclusion are: Shared Care; Collaborative Commissioning for Unpaid Carers and Community Led Support.

Community Led Support

Community Led Support (CLS) seeks to situate early and preventative help and signposting into the heart of our communities. Linking the skills and knowledge of a range of professionals across the health and social care system to work closely with existing community groups, and using platforms like ALISS for signposting, this approach has been able to provide valuable guidance and support to the communities we serve.

The success of CLS initiatives in Highland can be attributed to a unique approach to community engagement. By partnering with existing groups such as lunch clubs and mother and toddler groups etc., community led approaches have been able to integrate seamlessly into the community fabric. In Caithness, for example, the collaboration with the NHS to set up pop-up hubs initially faced challenges in community attendance. However, by shifting the focus to working with existing community groups, the initiative has seen greater success in reaching and supporting the community. This highlights the importance of adapting strategies to meet the unique needs of each area and fostering collaboration between different sectors.

Our task going forward will be to integrate Community Led Support approaches and principles with the practice of SDS. If we can shift the focus of advice, guidance and, where necessary, assistance, towards early intervention and prevention we should be better able to help communities members access the right support at the right time.

2.4 Other impacts

Workforce

The Strategy seeks to support the workforce to work in line with the National Standards for Self-directed support. It also seeks to support the workforce to have the skills, knowledge and values to realise the ethos of Self-directed support.

Financial

The Strategy cannot affect the financial resource available to Adult Social Care. However the Strategy is explicit in seeking to ensure that all resources are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support.

Equality and Diversity, including health inequalities

A draft EQIA is in situ and records the assessment that the Strategy is likely to have a positive impact on Equalities and Disadvantaged groups. This is predicted on the reasoning that an explicitly value-led, person-centred and strengths based process should promote equality and challenge discrimination for those individuals we work with.

2.4 Recommendations

The Committee is asked to **Note** the work being done.