Agenda Item 3.1

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**05 March 2025**
Title:	**SDS in Highland**
Responsible Executive/Non-Executive:	**Simon Steer**
Report Author:	**Ian Thomson; Adult Social Care Leadership Team**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

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.

The Adult Social Care Leadership Team believe adopting the ethos of Self-directed support can lead to the development of a healthier population living within more vibrant communities, and is key 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.

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 offering flexibility, choice and control and about people having a decent quality of life. It is ultimately about promoting confidence and wellbeing for adults with social care needs.

However there is recognition that the implementation of SDS is not as far advanced across Scotland or Highland 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 has 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 renewed approach to SDS 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: 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.

Finally we need to ensure the work we do to develop SDS in Highland conforms to the practice principles laid out in the Self-Directed Support Framework of Standards (2024)
Self-Directed Support Framework of Standards (2024) | Care Inspectorate Hub

We have been working closely with our partners in Social Work Scotland, Community Contacts, Health Improvement Scotland's iHub; SDS Scotland and In Control Scotland to shape the culture of SDS in Highland: creating spaces to listen and to learn.

2.2 Background

NHS Highland, The Highland Council and our 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].

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 believes 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.*

2.3 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

[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

need support and partners to ensure they have a greater role in decision-making about SDS, at all levels

Promoting the Personal Assistant Role

We started by working with local partners in Fort William to understand the issues that face people locally in their search to access appropriate Social Care. This work came together in a public “Conversation Café” to offer the opportunity to local people to tell us about what they thought were the important issues and priorities were in respect of social care and Self-directed support.

People told us the priority was attracting and retaining people to provide care and support. They also said we needed to maximise the opportunities afforded by Option 2.

In response we have run a small series of events in Lochaber and Caithness - both online and in person - to tell people about what becoming a Personal Assistant involves and what opportunities are available locally.

The turnout and feedback for these events has been really good - and we are now planning a series of similar events across Highland. We are calling this our "Roadshow"! We know we have successfully formed a number of PA relationship as a result of this work.

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. We have shared our learning with SDS Scotland’s PA Programme Board - Recruitment Subgroup: the aim being to promote our learning alongside that from other initiatives across the country.

Costing Care and Identifying budgets

We worked closely with those managing an Option 1 (Direct Payment) *and* with those with budget responsibilities in Adult Social Care to put in place a more fair, equitable and sustainable framework for the calculation of Individual Budgets. We think this should support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants (PA) is a realistic and sustainable option.

This work of the SDS "Highland Peer support group" and NHSH created an agreed and mutually understood model which recognised 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 has now implemented - ensuring rates now increase along with other parts of the system.

Since implementation we have continued to see a strong growth in Option 1 arrangements. We don’t think this is necessarilt attributable to the fairer rate: but it should support those who use an Option 1 in the absence of an alternative

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

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.

One overarching reflection from the exercise would was 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:

- Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making

- Trialling a different model of “Eligibility”: considering the role of Teams should be to provide appropriate advice, guidance and assistance within their communities

- Exploring new approaches to place-based commissioning to seek to meet local need differently across a defined geography (Local Care Models (see below)).

With an explicit focus on learning the work we took part in formed part of the development of Social Work Scotland’s new Learning and Improvement Framework:
Self-directed Support Learning and Improvement Framework (SDS LIF) and supporting resources | Care Inspectorate Hub

The work was also, in itself, seen as an example of good practice, and more details are available at the Care Inspectorate’s website:
reflections-of-practice-self-evaluation-and-improvement-in-highland-final.pdf

Developing Local Care Models

We have been working with representatives of the local communities in West Lochaber (Urram) and on Skye (Skye and Lochalsh Council for Voluntary Organisations) to explore how SDS might be used to offer a range of opportunities to reshape social care in the area.

As part of this work we have spoken to both residents and staff living and working in these areas to understand how they see social care working now and into the future.

We are aiming that this work might develop into a functioning Local Care model – one which pulls the different parts of the system together behind a common purpose, so that:

- Local people feel more confident and resilient on facing the future;
- They are able to stay in their own home rather than move away into residential care;

- Different conversations are had and different supports are available to reduce unmet needs across the area; and
- People feel they are listened to and understood in the context of their lives.

The aim of the Local Care model, then, will be to

- Complement our existing Option 3 Care at Home provision with greater levels of Options 1, 2 and 4 - thereby increasing flexibility and choice for people.
- Incorporate greater levels of community support into the whole system of social care
- Establish locally based care co-ordination to ensure the demand for care can be met by all the different strands of available local supports
- Establish a reciprocal relationship between investment in statutory provision and the development of community fabric.

The main aim of creating a Local Care Models is to help those people who need support to receive a constructive, realistic and co-ordinated response to meeting their needs. It is a way of working that focuses on early intervention, maximising access to information, informal support, natural relationships, and community activities. Where formal support is needed, it envisages our community partners working hand-in-hand with professionals from Integrated District Team to identify which of the four Self-directed Support options will offer the most realistic, tangible and timely help.

At time of writing the promotion of the Local Care Model is an approach which we are seeking to secure funding for from The Highland Council. We think the development of the model offers an opportunity to fundamentally transform our approach to the delivery of Adult Social Care.

Independent Support

The Self Framework of Standards 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.

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.

We know however 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.

Linked to the development of Local Care Models (above) we are working alongside colleagues in the Highland Council to explore how Transformational resource might support greater levels of Independent Support and Community Brokerage to underpin the development of different ways of working in test sites

Growing 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.

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 are now set to embark on work with our Contracts Section to broaden the opportunities our Option 2 offer can provide. To be consistent with the ethos of the Social Care (Self-directed support)(Scotland) Act 2013, it would be ideal if new Option 2 Contract arrangements could be:

- reflective of the choice and control individuals receiving SDS have by putting them at the centre of arrangements;
- based on measurable Personal Outcomes which demonstrate the difference made by services and/or supports; and
- clear and concise to support accessibility

To achieve the goal of increasing access to Option 2 arrangements we would hope the format of our Option 2 contract would allow us to enter into arrangements with:

- Both Registered and Non-Registered providers of services and products (including private enterprises)
- Brokerage services;
- Third Sector 'collaboratives' and companies;
- Shared Lives Schemes; and
- any other properly constituted organisations.

Better Systems and Culture

The SDS framework of Standards describe our aspiration that our "practice, systems and processes are clearly understood and are explained in ways that make sense to everyone involved."

However we realise that our Highland SDS policies and procedures have evolved over time - and been added to and amended at different points.

The result is that these policies and procedures are not really aligned to the Framework of Standards.

Given this we have committed to undertaking an improvement exercise explicitly linked to using the new Self Directed Support Learning and Improvement Framework. sds-learning-improvement-framework_r5.pdf

Currently we are at the Preparation stage and bringing our evaluation team together - but our aim will be to follow the stepwise process for making improvements. This will include:

- Collecting Information from people who have to negotiate our processes
- Analysing that data
- Extracting findings
- Learning where we stand against the Standards
- Communicating our findings
- Making improvements and sustaining any changes made.

We are pleased to be working alongside colleagues from across Scotland in this work as part of the Social Work Scotland's National SDS Community of Practice

2.4 Proposed level of Assurance

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

There is a huge degree of stress across the Adult Social Care system in Highland. However a moderate level of assurance might reasonably be given that the improvement work being undertaken is well targeted and well structured.

3 Impact Analysis

3.1 Quality/ Patient Care

Not applicable

3.2 Workforce

Part of the aim of this work is to support the Option 3 workforce with a broader variety of community and independent and third sector inputs.

3.3 Financial

As above; included in the aim of this work is to support the ASC workforce to explore/realise the most personalised and effective care arrangements for Adults in Need

3.4 Risk Assessment/Management

Not Applicable

3.5 Data Protection

Not Applicable

3.6 Equality and Diversity, including health inequalities

The development of SDS in Highland forms a component part of the Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027. An impact assessment has been completed for this and is available.

3.7 Other impacts

Not applicable.

3.8 Communication, involvement, engagement and consultation

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.

In July and August 2023 we employed a facilitated self-evaluation methodology to co-produce improved social work core processes. Within this, we engaged up to 40 participating professional staff across three sites (around 12 each). This included staff from NHSH Integrated District Teams, and professionals from our Carers Centre and our Support in the Right Direction (SIRD) partners. Staff involved were front-line workers and their immediate managers (see text above).

3.9 Route to the Meeting

Not Applicable

4 Recommendation

The Report is provided to the Committee for:

- **Assurance** – the Committee should be confident that purposeful work is being undertaken to ensure compliance with Self-Directed Support legislation and policy.