



Healthier
Scotland
Scottish
Government




2010-2020

Self-directed
Support Strategy

Implementation Plan
2016-2018



COSLA

A young man with short hair, wearing a black tuxedo jacket, a white dress shirt, and a dark bow tie, is sitting on a brown leather sofa. He is holding a white baton in his right hand. The background shows a living room with a framed picture on the wall and a floral patterned pillow on the sofa. The overall scene is lit with warm, indoor lighting.

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Self-directed Support can let you do your absolute favourite things and lets you live the life you want.

Lewis Drummond, 19

Foreword

When he was four, my son Lewis was diagnosed with moderate learning difficulties and hypotonia (decreased muscle tone). Lewis always had an avid interest in music and singing – musical instruments and nursery rhymes always held his attention when not much else would. When he was growing up we took him to all the free music events we could – bagpipe championships, choirs and hymns at church. But as a teenager Lewis needed more in his life than his family and school, and that's when his social worker introduced him to Self-directed Support and the Community Brokerage Network.

Self-directed Support has been crucial in helping Lewis excel in his talent and experience many new things. He has learned so much over the last couple of years, not just musically but socially too.

Information, advice and encouragement from the Brokerage Network helped to match opportunities to Lewis' individual wishes and interests. They played a huge part in this success for Lewis.

Lewis now attends the Royal Conservatoire of Scotland with a support worker. This gives him time away from the family environment with peers who have much the same interests. Lewis can finally have meaningful conversations about in-depth classical music notations, scales and compositions. His musical composition lecturers commented on how much he has matured over the last year, that he is more able to listen and he is calmer.

**Gillian Drummond,
Kilmarnock**

I would like to see my pieces being performed by a band or orchestra. I would like to go to the Royal Conservatoire of Scotland full time – although I don't know what Ayrshire college would do without me! I still need to learn important things in college like following the law and learn how to do a job, hopefully in music. I'm hoping to learn to go out by myself and how to look out for traffic without any help. My main wish is to go to RCS full time.



Lewis Drummond, 19

Introduction

What is Self-directed Support?

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

Local authorities have a legal duty to offer people who are eligible for social care four options about how their care and support is delivered. Local authorities must also ensure they have access to support to help them make informed choices. The options are (1) a Direct Payment (a cash payment); (2) funding allocated to a provider of your choice (sometimes called an individual service fund, where the council holds the budget but the person is in charge of how it is spent); (3) the council can arrange a service for you; or (4) you can choose a mix of these options for different types of support.

The principles of choice and control should apply to any assessment process, contact with universal public services and engagement with voluntary organisations about care and support.

You can find out more on the dedicated Scottish Government information site
www.selfdirectedsupportscotland.org.uk.

The Self-directed Support Strategy

The National Self-directed Support Strategy 2010-2020 is a joint Scottish Government and COSLA 10-year plan, dedicated to driving forward the personalisation of social care in Scotland. In the first phase of the strategy, from 2010-2012, we developed information to promote understanding of Self-directed Support. The second phase, 2012-2016, was focused upon development of the Social Care (Self-directed Support) (Scotland) Act 2013, guidance, and supporting innovation. We have now reached the third phase, and there is still a lot more to do.

A wide set of public service reforms have been taken forward since the Strategy was launched in 2011, most notably health and social care integration. Set in this

“ People must be empowered to make choices and have greater control over their lives. Our shared journey to creative and flexible support has started, but we need to continue to work together to make this a reality for everyone.”

Aileen Campbell, Minister for Public Health and Sport

context, the priority for 2016-2018 is to **consolidate the learning** from innovative practice and the application of guidance; and to embed Self-directed Support as Scotland's mainstream approach to social care. Since 2011 Scottish Government has invested £58.8m in facilitating this transition.

Thousands of people across Scotland have worked tirelessly to create the changes that have already been achieved. This includes people from disabled peoples' organisations, social care providers, independent support and information organisations, local authorities, health boards, regulators, and of course people who use social care services and support.

The Scottish Government, COSLA, Self Directed Support Scotland (SDSS), Social Work Scotland, Scottish Social Services Council (SSSC), Coalition of Care and Support Providers in Scotland (CCPS), Care Inspectorate, Scottish Care and Healthcare Improvement Scotland have worked together to produce this plan; and we will continue to work together to deliver the actions.



Councils and their integration partners are committed to reforming health and social care services and changing the way we think about care and support. We want to build on people's strengths and I'd encourage all stakeholders to support this by focusing on how they can help deliver the outcomes set out in this plan.

Councillor Peter Johnston, COSLA Health and Wellbeing spokesperson

About this plan

This implementation plan reinforces the human rights based values and principles enshrined in the Social Care (Self-directed Support) (Scotland) Act 2013.

Values

Respect
Fairness
Independence
Freedom
Safety

Principles

Involvement
Collaboration
Informed Choice
Participation
Dignity

The content of this plan is drawn from evidence produced in the first two phases of the strategy, practice evidence and analysis of 18 months of engagement activity.

Renews our vision that:

The lives of people who require support are enriched through greater independence, control, and choice. This leads to improved or sustained health and wellbeing, and the best outcomes possible.

Self-directed Support is the mainstream approach by which we deliver social care and support, ensuring people can make real informed choice which enables them to achieve their identified outcomes.

Set against four **strategic outcomes**, this plan sets out what has started to change, what national partners will do during 2016-2018 to address the **challenges** that have been identified, and what success will look like. It ends with how we will evaluate impact.

Who is the plan for?

This plan is for people who believe in the values and principles of Self-directed Support and must continue to make the changes necessary to realise the vision. It should be read by people leading strategic change within health and social care partnerships, social workers, people who manage social care services,

care workers, supported people, commissioners of social care support, organisations providing information and advice, centres for inclusive living, allied health professionals, unpaid carers and those working in national organisations that support improvement in, and provide regulation of, the social care workforce and services.

Your action counts

The vision and strategic outcomes will not be realised through the actions in this plan alone. It will take the commitment of many more partners working collaboratively within local communities and nationally to achieve this. There is a key role for local authorities who hold many statutory duties under the Self-directed Support Act 2013. They will continue to take a lead role in collaborating with a full set of local partners, including the arrangements put in place with NHS Boards for integrated health and social care, to drive the changes necessary within their local authority areas to deliver the strategic outcomes and realise the vision in this plan.

To date there has been considerable innovation driven by voluntary organisations and local communities, working together with statutory partners. Learning from this and creating more of it will make a significant contribution to the success of this plan.

While the actions detailed in this plan will be led by the named partners, your contribution to this work is essential. You will find details of how you can get involved on our website.

You can also share practical tools, stories of change, and evidence of what you are doing by sending them to us.

Website: www.selfdirectedsupportscotland.org.uk

Email: selfdirectedsupport@gov.scot

Twitter: [@SG_SDSPolicy](https://twitter.com/SG_SDSPolicy)

Strategic Outcomes

The following **strategic outcomes** relate to the ambitions of the Self-directed Support Strategy and set out the changes we want to see in making Self-directed Support a reality. These outcomes contribute to all of the Health and Wellbeing Outcomes.

1 Supported people have more choice and control

Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.

2 Workers are confident and valued

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

3 Commissioning is more flexible and responsive

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

4 Systems are more widely understood, flexible and less complex

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

Challenges

At this stage in the 10-year strategy it was important to take stock of what has been achieved and what has been challenging to achieve.

People told us these are the things that continue to be challenges to making Self-directed Support work for everyone who receives social care support:

- **Commissioning** – How to develop good flexible commissioning and procurement arrangements which place people at the heart of decision making.
- **Risk enabling practice** – How we better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.
- **Working with limited public resources** – How we better manage demand and expectations through effective use of resources and develop a shared understanding of how this can be achieved in the context of reduced public funding.
- **Knowledge and awareness** – How we increase awareness and understanding of Self-directed Support amongst the workforce, supported people, carers and communities.
- **Major system change** – How we understand and work with other public sector reform agendas to ensure that Self-directed Support remains a high priority, particularly in the new integrated arrangements.
- **Systems and processes** – How we develop systems and processes for delivering Self-directed Support which are easy to navigate, transparent and focused on the person.

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Having greater control
of your life and decision
making leads to improved
health and wellbeing.



Strategic Outcome 1

Supported people have more choice and control

Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.

What has changed?

Over phases 1 and 2 of the Self-directed Support strategy we have observed that:

- There is a greater understanding of Self-directed Support and how it can lead to positive outcomes.
- There is greater use of local facilities, community groups and personal networks as part of people's care and support.
- There are better conversations between workers and supported people that help to understand what matters to them.
- People are seeking and receiving help and advice from a variety of sources, including independent support organisations and health and social care services as well as their social workers.
- More social care providers are offering flexible, personalised and outcome based support.
- Supported people, their carers and family members are increasingly being recognised as equal partners in decisions made about their care and support.
- Technology is being used more effectively to give people greater choice and control over their support.

What we will do during 2016-18 to facilitate change

- Scottish Government will implement new human rights based National Health and Care Standards across health and social care services.
- Scottish Government will continue to invest in the 34 projects of the Support in the Right Direction programme. These are building the capacity and availability of independent information, advice and support services across Scotland to enable more people to exercise choice and control.
- SDSS will support more user-led disabled people's organisations to build their capacity and standing within the localities they operate.
- Scottish Government will evaluate the role of quality information and advice to enable people to make genuine individual choices and promote independent living.
- Scottish Government and SDSS will lead a national communication group to promote a clearer, shared understanding of Self-directed Support across Scotland.
- SDSS will carry out a survey of service users experience of Self-directed Support every two years.
- We will share learning from tests of direct payments within residential care homes across Moray and East Renfrewshire.
- All partners will continue to capture and share stories and evidence, of what is working well, and what still needs to change.

Success

We will know this outcome is being achieved when:

- There is a shared understanding across supported people, carers, care providers and commissioners of what Self-directed Support is and how it can work.
- More people report they had a good quality conversation about what matters to them with workers, that enabled them to make genuine individual choices, empowered them to take control and promoted independent living.
- Specific tests teach us how Self-directed Support can work for more people, for example, people with mental health problems, children and families, people who are homeless or recovering from addictions.
- Care Inspectorate and Healthcare Improvement Scotland Inspections of registered services demonstrate more people experience the principles of the new National Health and Care Standards: dignity and respect, compassion, be included, responsive care and support and wellbeing.
- Strategic Commissioning plans help us better understand how major system changes such as integration of health and social care support the implementation of Self-directed Support.

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Citizens are engaged, informed, included and empowered to make choices about their support.



Strategic Outcome 2

Workers are confident and valued

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

What has changed?

Over phases 1 and 2 of the Self-directed Support Strategy we have observed that:

- Workers and operational managers tell us they have increased skills, knowledge and confidence in implementing Self-directed Support.
- Workers and operational managers are recognised and supported to deliver strength based, outcomes-focused support for individuals.
- Social care providers are changing the way that they organise and deliver support, adopting a more person-centred, outcomes-focused approach.
- Organisations have fostered a culture of continual learning and development and reflective practice.
- Technology is being used more effectively to share information and innovations across a diverse workforce.

What we will do during 2016-18 to facilitate change

The Scottish Government will:

- Continue to invest in SSSC Integration and Self-directed Support workforce development programme to build the confidence and capacity of workers in health and social care partnerships for problem solving and improvement approaches.
- Continue to invest in Social Work Scotland programme to support the integrated partnership workforce to better understand and implement Self-directed Support.
- Continue to invest in Providers and Personalisation (P&P), a policy and practice change programme hosted by CCPS. The programme will deliver workshops and events to share practice; discuss and address challenges; and explore the application of Self-directed Support in new service areas www.ccpscotland.org/pp/.

- Continue to invest in the 21 projects of the Innovation Fund to enable third sector organisations to promote culture change that will enable more flexible and creative social care support.
- Review the actions in the **Vision and Strategy for Social Services** to create a socially just Scotland with excellent social services delivered by a skilled and valued workforce.

Success

We will know this outcome is being achieved when:

- There is a shared understanding across the whole workforce, including for example finance and administration, of what Self-directed Support is and how it can work.
- The workforce and supported people feel more confident in managing risk together, and develop a culture that supports innovation and creativity. This will balance the need for protection and compliance with legislation.
- There is an understanding of how to support practice which is focused on assets, personal outcomes and prevention is widespread, within the context of reduced public funding.
- More communities will be engaged in addressing needs within their communities.
- There will be a sustainable social care workforce who are equipped and endorsed to work collaboratively and develop partnerships at both a local and national level.

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Good conversations empower people to take control and promote independent living.



Strategic Outcome 3

Commissioning is more flexible and responsive

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

What has changed?

Over phases 1 and 2 of the Self-directed Support strategy we have observed that:

- Commissioners, providers and communities are working together to create more innovative approaches to ensuring greater choice of support, for example, through the development of micro and social enterprise.
- We have seen increased interest in collaborative approaches to commissioning including alliance contracting and public-social partnerships.
- New social care procurement legislation and guidance promotes flexible contracting which will facilitate more choice and control for supported people.
- There is now more understanding of Option 2 (Self-directed Support Act 2013) by commissioners and providers and more flexible approaches to support provided through Option 3.
- There is significant interest in making Option 2 work from a commissioning and procurement perspective.

What we will do during 2016-18 to facilitate change

- The improvement hub (ihub) at Healthcare Improvement Scotland and the Care Inspectorate, will work with the health and social care partnerships and national bodies to support co-production, and engagement of local communities, in the provision of social care services. This will help ensure that a range of services are available to people to meet their needs.

- Coalition of Care Providers in Scotland will deliver events and workshops for providers and commissioners to share learning about commissioning, market facilitation and the impact of procurement on Self-directed Support Option 2.
- CCPS will deliver a collaborative learning programme to bring together providers, commissioners and service users to discuss working within financial constraints.
- Care Inspectorate and Healthcare Improvement Scotland will scrutinise strategic commissioning as part of their joint inspection programme.

Success

We will know this outcome is being achieved when:

- More health and social care partnerships are taking collaborative approaches to commissioning to deliver more flexible and responsive support and services.
- The flexibilities available within new procurement legislation are being used to develop more innovative approaches to delivering social services, including models of care developed by and for local communities. In particular, where there is a shortage of providers within an area.
- Health and social care partnership strategic commissioning and implementation plans clearly support flexible and innovative services that promote Self-directed Support.

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People are able to live their lives and achieve the outcomes that matter to them.



Strategic Outcome 4

Systems are more widely understood, flexible and less complex

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

What has changed?

Over phases 1 and 2 of the Self-directed Support strategy we have observed that:

- Social work services, commissioners and providers are re-designing their assessment and support systems to focus on people's strengths and on the outcomes they want to achieve.
- We have better information about the choices people are making through Self-directed Support, and can use this to help plan flexible services for the future.
- Statutory services and care providers are beginning to work more effectively together to provide earlier interventions, build relationships with people who are disengaged or isolated, and deliver more personalised care.
- Health and social care partnerships are working with communities and providers to plan for more joined-up health and social care support which gives people greater choice and control.

What we will do during 2016-18 to facilitate change

- Scottish Government will invest £3.52m in local authorities to embed culture change and continue to develop simple and effective systems which are easy to navigate and enable people to access the support they need.
- Scottish Government, COSLA and Social Work Scotland will carry out a survey of local authority implementation of Self-directed Support. The information gathered will help shape improvement support.
- CCPS P&P programme will continue with their three-year commissioned research project into provider experiences of implementation of Self-directed Support and the sector's responses to this.
- Scottish Government, COSLA and Social Work Scotland will lead a project to support local authorities, health and social care partnerships and providers to overcome barriers to system changes.
- The Care Inspectorate, Healthcare Improvement Scotland, SSSC and NHS for Education Scotland will support social care and primary health care leaders to develop more integrated services and commissioning arrangements, which support the implementation of Self-directed Support across the health and social care system.
- SSSC will facilitate the co-design of a Self-directed Support Systems Map and resources that will help to overcome barriers to system change.
- Scottish Government and the Care Inspectorate will work with three localities to test and refine a national outcomes based improvement framework for Self-directed Support.
- The Care Inspectorate will highlight successful practice, and areas for improvement, in the implementation of Self-directed Support across social work, social care and commissioning practice.

Success

We will know this outcome is being achieved when:

- Local authorities, partnerships and providers have effective systems and processes which are easy to navigate and enable people to access the support they need.
- Input of the whole workforce, including finance, legal and procurement staff, is valued and its impact on how people experience support is recognised.
- The information we have about the choices people are making and the difference that this is making to their lives is improved.
- Scrutiny evidence demonstrates improved outcomes for people.

How will we know?

We will review a full range of evidence to evaluate impact across the four strategic outcomes including:

- Social Care Survey.
- Health and Social Care Experience survey.
- Survey of local authority implementation.
- Support in the Right Direction six-monthly programme reports.
- Innovation Fund six-monthly programme reports.
- Self Directed Support Scotland survey of service users experience.
- Audit Scotland Self-directed Support Audit
- Care Inspectorate and HIS Service Inspection Reports.
- Care Inspectorate and HIS Strategic Inspection Reports.
- Scottish Government-led evaluation of the role of information and advice to support people to make informed choices about their care and support.
- Evaluation of specific projects and programmes.
- Health and Social Care Partnership Strategic Commissioning Plans.
- Health and Social Care Partnership Performance Reports.
- Ongoing review of learning from activity contained in this plan.



 **Scottish Social
Services Council**

 **Self Directed
Support Scotland**
the organisation of choice

 **CCPS**
COALITION OF CARE AND
SUPPORT PROVIDERS
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