



Transforming social care:

Scotland's progress towards
implementing self-directed
support 2011-2018

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Introduction

Since 2010, Scotland has been on a journey to embed self-directed support as Scotland's mainstream approach to social care. The *Social Care (Self-directed Support) (Scotland) Act 2013* was passed to ensure that social care is controlled by the supported person to the extent that they wish; is personalised to their own outcomes (including where they receive services commissioned or delivered by the public sector); and respects the person's right to participate in society.

Implementation of this approach has formed three phases to date.

- 2010-2012: information to promote understanding of self-directed support.
- 2012-2016: development of the *Social Care (Self-directed Support) (Scotland) Act 2013*, guidance and innovation support.
- 2016-date: consolidation of learning from practice and the new context of health and social care integration.

The Scottish Government, working in partnership with COSLA, has taken a collaborative approach throughout. Extensive engagement has taken place with supported people, carers, providers from the independent and third sectors, disabled people's organisations, local authorities and, more recently, integration authorities and national partners.

Audit Scotland produced a progress report in 2017, following an audit of self-directed support implementation in 2014. One of the recommendations was that "the Scottish Government should report publicly on the outcomes ... achieved from the almost £70 million funding it has committed to support implementation of SDS." This transformation funding to support change in the system (£70 million over a seven year period) was in addition to local government gross expenditure of £4.2 billion on social care in 2016-2017 alone.

“ Social care is changing. To get the care that we as a nation need and want, self-directed approaches must be at the heart of current practice and future thinking.”

Minister for Public Health, Sport and Wellbeing

The purpose of this report is to meet that recommendation, identifying the progress made between 2011 and 2018 towards delivery of this transformational change in social care. In producing the report, we have worked closely with our partners (principally Social Work Scotland, who carried out primary research in 14 local authority areas, NHS Education Scotland and Scottish Social Services Council) around the outcomes and learning gained during this period.

The report is set out in four chapters, one for each of the destination outcomes the [Self-directed Support Implementation Plan 2016-2018](#) aims to progress towards. Section headings describe the intermediate outcomes achieved at this point in the journey and short sets of evidence are provided to demonstrate how progress has been delivered. A breakdown of the £70 million Scottish Government transformation funding is provided on page 22.

While this report is a brief high-level overview, it will be supplemented by additional work to share both the [good practice](#) and the 250+ operational tools developed as a result of this funding.

“ COSLA welcomes this report. Councils and Integration Authorities are implementing major transformational reform to support personalised outcomes for people experiencing care. All the while, they face the challenge of delivering these reforms against a backdrop of increasing demand and increasing complexity of need.

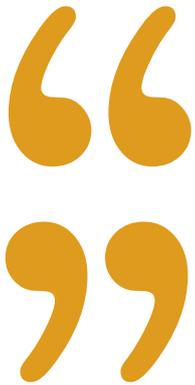
Councillor Peter Johnston, COSLA

Self-directed support is part of a suite of Scottish policies which form a coherent and inter-related whole sometimes known as the Scottish Approach. During the period under discussion, a significant and ambitious programme of work was undertaken to integrate health and social care structures and move to greater emphasis on anticipatory and preventative care. Local/integration authorities also experienced the continuing combined pressures of financial constraint and increasing demand for services, driven in part by changing demographics.

As our understanding of working to shared outcomes across the public sector matures, we increasingly work in ways that break down silo approaches. The approach taken in this report is to describe the changes identified across the system, many of which can be directly attributed to Scottish Government funding for the transformation to self-directed support (see page 22) or were strongly influenced by work done under that funding (such as changes to procurement legislation). Other changes described may have been resourced through other routes in whole or in part, drawing on resources from local authorities, integration authorities or other Scottish Government/public funding.



Transformation in action



We set up an SDS programme board, which was chaired by our Director of Health and Social Care and on that was all of our Heads of Service from across Social Work, Finance, Legal, Contracts and Commissioning, operational Social Work, some Health folk, Internal Audit. Recognising the scale of transformational change wasn't just about social work practice it was everything ... We had HR there, we had the unions...

At every programme board, somebody who used services or a family carer came and told their story. And what that did was bring a lot of the policy and systems stuff to life. Particularly for people who didn't work in social work, the senior managers. So if you were an Audit Manager, a Finance Manager, you were hearing what it actually meant for people.

Social Work Scotland research participant

Social Care (Self-directed Support) (Scotland) Act 2013

Covering all age groups, the self-directed support legislation requires that the local/ integration authority must:

- actively involve the supported person (to the extent that they wish it) in assessing their requirements for social care, identifying the personal outcomes that support is designed to deliver, and in planning and delivering any subsequent support;
- offer the supported person four options over the way they receive support paid for by the Authority. These four options are: a cash payment to spend against agreed outcomes; support organised by the Authority; support directed by the supported person but with finance and paperwork handled by a third party (an individual service fund); or a mix of the above;
- explain the nature and effect of the four options and signpost to other sources of information and additional support;
- take reasonable steps to facilitate the person's dignity and participation in the life of the community.

A supported person should be involved in developing their support plan (as described in Section 9 of the [Statutory Guidance to accompany the Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)), understand the four options available to them, and know the budget available for their social care. Choosing services that are provided, procured or directed by the Authority (known as Option 3 under the legislation) is included within self-directed support where these conditions are in place.

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.

Progress to date

The move towards choice and control for supported people within social care is one that is driven by the voices of supported people themselves. Self-directed support arose from the independent living movement, and is part of an international move towards not just personalisation of services, but greater control over care and support funded by the state.

The number of people accessing social care through self-directed support (all options) increased to 83,770 during 2016-2017. This represents around 70% of all eligible social care clients in that period.

Substantial work has been required to support the general public, a wide range of related professionals, and senior decision makers to understand what the changes mean for them. The activity noted below is in addition to the awareness raising work that Authorities (used throughout this document to mean local authority/integrated authority as appropriate) have undertaken directly with social work and social care staff, related professionals across health and social care, communities and supported people using Scottish Government and their own funding.

An initial platform for shared understanding was created by the collaborative development under Scottish Government funding of a suite of national guidance to provide practical and stakeholder-specific information to supported people, carers, personal assistants, practitioners and supporting staff. A "one-stop-shop" [website](#) has been established to provide information for the workforce, interested parties such as carers and people using social care.

There is a high value placed on opportunities to come together and share best practice or collaboratively explore areas of challenge. This has resulted in current areas of Scottish Government funded activity, such as a focus on developing an accessible and legally compliant Option 2 contract that areas may choose to use and build upon (work currently in progress).

Increased public understanding of self-directed approaches

Substantial work has been done under Scottish Government funding to raise national awareness about the changes to the delivery of social care and support. Since 2015, more than 12,000 people have received information on self-directed support through organisations funded under the Scottish Government's Support in the Right Direction funding alone. This is in addition to the many websites, videos and case studies aimed at different segments of the population (including in British Sign Language) also created under that funding.

In 2015 and 2016, Self-directed Support Scotland successfully delivered a programme of awareness raising and communications. This included two Self-directed Support Awareness Weeks, roadshows, and substantial social media activity. This work is now aligned with the broader [What Matters to You](#) campaign, covering health and social care.

Around half of the total investment from the Scottish Government (£35 million) went directly to local authorities to support the transformational changes in systems and culture required. Each area developed its own implementation of self-directed support, building on local circumstances and strengths, and ensuring flexibility to respond to local demand. Some areas (including East Dunbartonshire, Fife, Perth and Kinross, the Scottish Borders) have chosen to invest in broader public awareness of social care as a means of empowering individuals to think about support before they need it, and to be able to access support when necessary.



Increased understanding within statutory and partnership settings

Fundamental changes to the way in which social care support is conceived can only be delivered with the full scale involvement of all necessary stakeholders. This includes those responsible for strategic planning and the purchase of services within Authorities, finance and internal audit staff, legal professionals, IT, and a wide range of other complementary working roles across statutory, third and independent sector settings. Change encompasses community organisations, advice organisations, scrutiny bodies such as the Care Inspectorate and Healthcare Improvement Scotland (HIS). It affects the way in which the quality of services and support is understood and the kind of data that supports such an understanding.

To support the development of a shared understanding, many areas have used Scottish Government funding to create implementation teams and boards. Progress has been made at national level, with many of the key drivers shaping the strategic landscape now aligned to support this shift. These include the new Health and Social Care Standards, scrutiny methodologies and workforce registration, as discussed later in this report.

There remain differing interpretations of self-directed support approaches between Authority areas, between services, and between teams. Participants in Social Work Scotland's research held strong views on the spirit of the legislation, but framed those views in a variety of ways. Some areas had prioritised community capacity building in their approach, recognising the need for a range of supports, while others employed a more rights-based focus on control over support through the four self-directed support Options.

More high quality advice and advocacy available

Since 2015, £2.9 million per annum (almost a third of national funding) has been directed to 36 independent support organisations under the Support in the Right

Direction (SIRD) Fund. This recognises the key role advice and advocacy play in supporting people's journey through social care and builds on earlier iterations of the Fund which ran from 2011-2015.

In the three years to March 2018, projects have reported on delivery with over 12,000 people. This includes direct client support work (intensive work to identify personal outcomes, develop support plans and put them into action with a wide range of client groups) and awareness raising with affected groups. Projects have developed self-directed support information materials and engaged strategically to embed self-directed support as the mainstream approach to social care.

Service users have highlighted the impact support has had on their health and well-being, with the most commonly reported outcome that "People feel listened to, supported and less stressed". Funded projects also report that their activity is helping to increase equality of access to self-directed support and increase personal aspirations, leading to an increased sense of choice and control.

A [Review of Independent Support](#) in February 2018 based on projects funded 2015-2018, found that, almost without exception, users were very positive about the quality of support. It found that without the information and support received, some people would either have given up on applying for a social care budget or would have chosen a different Option. Users felt that this support was critical in obtaining good outcomes. There were also examples of projects equipping people with the skills or tools that would help them manage their own, sometimes quite complex, support packages, for example support with payroll and employment responsibilities.

The projects have helped people to develop creative and flexible solutions for their care and move away from traditional models of service delivery. The majority

of projects provided some form of brokerage support, working directly with people receiving a social care budget to identify appropriate support and services. The review found a broad consensus across projects, service users, Authority staff and national stakeholder interviewees around the value of this type of work.

Although much of the SIRD funded work has been with people who are applying for, or already have, a social care budget, many projects have also been working with people with social care needs (particularly older people) who are not currently eligible for a budget but who would benefit from support to help them access community organisations or other forms of advice. This preventative activity has a high value for the system as a whole.

Over the life of the 2015-2018 SIRD programme, projects have reported more success when they work effectively within the local context they are operating in. Projects make the most significant impact when relationships are strong with local partners, and with social work services in particular.

Social Work Scotland (SWS) found that in the areas they studied, the work of third sector partners (more broadly than SIRD funded projects) is highly valued by statutory staff and supported people, particularly in enabling supported people to choose a direct payment under Option 1 and in educating the public on self-directed approaches.

Authorities and providers have an enhanced understanding of how self-directed support can work for more people

Additional work has been undertaken under Scottish Government innovation funding to explore the way in which specific client groups can be better supported. Project focuses included older people, people experiencing substance misuse, homelessness, people experienced in the criminal justice system, minority ethnic communities, people with sensory impairments, carers, and mental health, among others.

While knowledge is increasing, the finding is often that more specialised areas of work are dependent upon the broader understanding and practical changes being embedded across the whole of social care, including finance, procurement, and audit systems. Until these changes are fully operational, further impact on specific groups may be limited.

Choice and control for people in care homes

The Self-directed Support (Direct Payments) (Scotland) Regulations 2014 currently prohibit people living in care homes from choosing Option 1 (direct payments). Two small scale pilots in 2015-2017 explored whether increased choice and control could lead to better outcomes for older people living in care homes, using small additional payments to individuals on top of standard fees.

Analysis of the findings shows that by engaging in a collaborative, person-centred process, the projects have been able to create real change in people's lives that improved outcomes. For some people use of Option 1 (a direct payment) was critical for this. For others, good conversations and involvement in outcomes-focused planning was effective in itself.

This is a complex area which Scottish Government and COSLA have committed to exploring further.

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.

Progress to date

The implementation of self-directed support has led to a positive shift towards outcomes-focused and relationship-based work. This has been achieved through investment in training and a growing cultural shift in social work and social care in many areas towards engaging in outcomes-based conversations, increasing personalisation and a recognition of the importance of involving the supported person in support planning. This work is closely aligned to [Social services in Scotland: a shared vision and strategy 2015-2020](#).

“ We’re taking it right back to how we did it 20-30 years ago, looking at community now and individuals’ assets and only using statutory services to plug any kind of major gap... whereas before a lot of people were coming from an age where we just did everything ‘for’ and we built up a bit of an expectation.

Social Work Scotland research participant

Social workers in children and families services have found self-directed support a natural fit with existing policy and practice in many areas. For social workers in most adult settings, and particularly in older people’s services, the self-directed approach involves major cultural change. There is, however, variance across the country, and some adult services (for example learning disabilities) already work to personal outcomes, an important part of implementing self-directed approaches.

The full benefits of flexibility, choice and control for supported people are only realised when there is leadership at every level. Research on [Frontline and Citizen Leadership](#) by the Scottish Social Services Council (SSSC) highlighted the different approach to leadership required for embedding self-directed approaches to social care and informed the refreshed [Social Services Leadership Strategy](#). Published in 2017, the vision of the strategy is for the workforce to recognise, understand, develop and use their leadership capability to contribute to service design and delivery that meets the personal outcomes of people using support.

This emphasis on service redesign is evident in a few areas and providers who are in the early stages of exploring new models of community-based care such as the [Buurtzorg approach](#) or supporting small scale local developments (including but not restricted to micro-enterprises) in rural communities. Initial results are positive, although still at developmental stage. Scottish Government funding has enabled some of this work and evaluated other aspects of it, encouraging the learning to be shared nationally.

Significant challenges in recruiting sufficient social care workers to meet need were described by almost all areas in SWS’s study, particularly in care at home in rural areas.



Workers receive clear and consistent information, training and capacity building in supporting and delivering self-directed approaches

At national level and under Scottish Government funding, the SSSC established and chaired a self-directed support Workforce Project Board in 2013 and led a programme of activity organised around eight thematic action inquiry work streams. The work streams delivered a wide range of products to address key issues identified by the workforce as impacting on implementation. The SSSC also facilitated action inquiry at a local level with ten partnership areas in 2015-2016. Approximately 180 participants gained relevant knowledge and skills relating to self-directed approaches and evidenced changes to behaviour and practice.

SWS found that local training in the 14 areas they explored had been targeted towards supporting redesigned social work assessments. All participants in their study reported investment of Scottish Government funding in training and supporting staff to have more “good conversations” with supported people, or in similar assessment skills.

Training that has been successful in embedding self-directed approaches and positively received seems to have been mandatory for both staff and managers; based on values rather than processes; described in terms of best social work practice and focused on supporting practitioner understanding of outcomes. Successful training programmes had an in-house and on-going commitment, were delivered in partnership with the third sector, often involved supported people and were responsive to new challenges.

The ways in which training has been approached varies between the areas examined by SWS. Some left participation in self-directed support training optional for staff or outsourced training, which often seemed to have been less positively received.

“ We are managing to continuously grow and recruit and a lot of that growth has been... in these smaller communities where people have a sense of identity [and] care is something they can do within their own communities... Many of these people are not looking for full-time jobs.

Social Work Scotland research participant

However, some outsourced training from expert organisations was very highly rated – the Thistle Foundation's Good Conversations training, which some areas had adapted, was described very positively, as was In-Control's training on outcomes.

Recent national activity (2016-2018), has focused on supporting the workforce to make meaningful connections across policy and practice within the context of health and social care integration. For example, NHS Education Scotland and SSSC published a [knowledge and skills framework for palliative and end of life care](#) and related resources explicitly promoting personal outcomes approaches and articulating self-directed approaches for care planning at end of life. Similarly, [Dementia Promoting Excellence](#) highlights self-directed approaches and [Making it Easier – A Health Literacy Action Plan for Scotland 2017-2025](#) incorporates guidance on supporting people to make informed choices around social care.

Several e-learning resources have been created for use by workers under Scottish Government funding. For example, the Open University's online awareness resource [Foundations for Self-directed Support in Scotland](#) which has been accessed in all 32 local authority areas since its launch and completed by over 1,000 users. Those with a frontline role reported a change in their own/colleagues' practice to bring it into line with the ethos of self-directed support.

The skills and confidence for personal outcomes, open and caring conversations, working with risk, and collaborative working were identified as priorities for adult social care by workers and employers in the 2017 Workforce Skills report. In June 2018, SSSC published an [e-book learning resource](#) for outcomes focused support planning. It articulates knowledge and skills for personal outcomes, good conversations, innovation, and creativity in support planning. The resource is open badged and learning criteria will be

aligned to requirements for post registration training and learning.

Early versions of online training did not always achieve the uptake initially expected. Extensive support to embed resources once they have been developed is required, for example proactively working with statutory, third and independent sector staff to ensure materials are useable, updated and meet expectations.

Qualifying education for social workers has been reviewed and strengthened

The social work landscape has changed significantly since the last formal review of the Framework and Standards in Social Work Education. Shifts in policy, systems, demand and demographic changes caused the SSSC, supported by the Scottish Government, to initiate a review of social work education as part of a new and different approach to professional learning for the social service workforce in Scotland.

After consultation with the sector, the first phase of the review concluded that social work education is fit for purpose but faces challenges similar to the profession as a whole. These challenges were more explicitly identified in the SSSC's [Workforce Skills Report 2016-2017](#), which named "skills challenges and workforce issues which hinder the promotion of self-directed support" as a frequently raised issue across social service workers and employers.

The revised Standards in Social Work Education (SiSWE – to be formally published in September, although higher education institutions are already embedding them into qualifying programmes), is one of the developments arising from the review. Specifically, the Standards have been strengthened in relation to the use of self-directed approaches; positive risk taking; personal outcomes; and participation/co-production. An increased emphasis is placed upon "strengths and assets of people and communities". There was significant stakeholder engagement in the

revisions, and in the final consultation a majority of respondents were confident that courses based on the new SiSWE will equip qualifying social workers for current practice. Other work is being undertaken to progress additional findings of the review.

Providers are better equipped to deliver personalised support

The organisations that deliver social care and support have a key role to play in offering choice and control. The [Providers and Personalisation](#) project, hosted by the Coalition of Care and support Providers Scotland (CCPS) and funded by the Scottish Government, builds the knowledge, skills and resources of support providers to implement self-directed support. Over 90% of the 2,588 participants in the initial phase reported an increase in knowledge and understanding and had identified next steps. Topics included risk, brokerage, marketing, commissioning, procurement, regulation, resource allocation systems, Option 2, finance, relationships, social media, contracts, workforce, HR and Systems.

In 2014, a [Provider Readiness Survey](#) found that most of those responding had begun organisational change. Significant priorities for providers were changes to workforce and finance systems. Most providers felt they already delivered a high standard of personalised and outcome-focused support; staff were receiving training in self-directed support awareness and outcome-focused planning and staff contracts were being reviewed to make them more flexible.

In 2015, [research](#) was commissioned by CCPS under Scottish Government funding to identify the progress providers had made in changing their systems, workforce, finance, support provision and organisational culture for delivery of self-directed support. It also identified contextual factors that support and inhibit provider change. The research discovered a range of creative responses to the challenge of increased flexibility under self-directed approaches, such as frontline staff directly negotiating hours and timings with the supported person and their families rather than this being mediated by manager. It also identified greater service user involvement in recruitment.

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.

Progress to date

Whilst changes in social work practice are a vital step towards successful implementation of self-directed support, they are only one aspect of delivery. Commissioning and procurement practices also need to support flexible and person-centred approaches. There is some evidence of change from traditional tendering to collaborative approaches which enhance choice and control for individuals, but it is not yet widely embedded across all areas and services.

Good commissioning is co-produced and involves all partners, including supported people and providers. A human rights-based approach is now promoted across all procurement activity, and with specific reference to health and social care, under the [Procurement Reform \(Scotland\) Act 2014](#). This legislation was developed with input from self-directed support partners under Scottish Government funding, and both the legislation and the accompanying [statutory guidance](#) emphasise additional flexibilities open to Authorities when contracting for health and social care. The quality or availability of these services can have a significant impact on the quality of life and health of supported people and their carers, and support increasingly requires to be personalised to better match individual needs. For these reasons, section 12 of the Act exempts contracting authorities from the requirement to advertise for contracts under €750,000.

Where commissioners take an active role in collaborating and negotiating with providers, flexibility is possible within contracts (including block contracts and Service Level Agreements), with providers contracted to tailor their services around personal outcomes. The guidance referred to above is

considered to be a powerful and enabling tool in those areas that wish to explore different approaches.

Some areas within SWS's study sought to make major changes in their approach to commissioning and relationships with providers at an early stage of implementation. In other areas, there is less evidence of changes to commissioning practice for a number of reasons, including difficulty disinvesting in existing services or increases in demand.

In areas with more traditional commissioning practices, SWS found frustration among some frontline social work staff, with a view that creative assessments could not be realised and that the cultural shifts made began to feel aspirational rather than grounded in real world delivery.

Good examples of changes in commissioning were found by SWS in South Ayrshire, East Ayrshire, and East Renfrewshire, where managers had understood the need for new approaches to social care delivery. In these areas, a strategic approach was taken and dialogue opened up between supported people, frontline staff, managers and providers of care and support in order to create new ways of working together.

SWS's research identified that substantial work was required to change these traditional commissioning relationships and shift the balance of power and responsibility between agencies. One area described significant efforts in this direction, while acknowledging that despite all the work, a flexible Option 2 arrangement (the person directs the support, and the budget is held by a third party) was still not in place.

While Scottish Government funding has facilitated many shared discussions between providers and relevant authorities, and providers have noted a positive shift in tone, the majority of social care

contracts in Scotland are still two stage competitive tenders, usually on to a framework. Guidance issued as part of the [Procurement Reform \(Scotland\) Act 2014](#) endorses a different approach, building on substantial pre-contract market engagement to avoid over-specification, which then reduces flexibility.

In contrast, short break provision has been successfully personalised in many areas in order to provide supported people with a more enjoyable experience, and carers with meaningful respite.

“ [Three friends with learning disabilities] went and rented a log cabin and used their budget to pay for the accommodation and pay support staff to go away with them as a trio and then do stuff ... and the feedback I had from that was that it was just amazing. They felt like they'd had a holiday and their parents felt like they'd had proper respite ... it also then connected all these families and they built a kind of network.

Social Work Scotland research participant

For some types of specialist support there may be a need to consider the appropriate balance of rights and risk enablement for individuals, or the statutory duty to evidence Best Value. This is summarised by [Audit Scotland's Auditing Best Value in Councils](#) as:

“Each council is obliged to:

- work with its partners to identify a clear set of priorities that respond to the needs of the local community
- be organised to deliver those priorities
- meet and clearly demonstrate that it is meeting the community's needs
- operate in a way that drives continuous improvement in all of its activities.”

Under their revised audit approach, Audit Scotland place an increased focus on quality of services, performance and outcomes for communities.

People work better together across internal and external boundaries

Working in partnership is one of the key tenets of the Scottish Approach to public policy. Some reference has already been made to the complexity of stakeholders within Authority settings, to which must be added provider organisations (both third and independent sector); supported people themselves; related voluntary sector organisations such as independent support; national bodies supporting and scrutinising social care, and a host of others.

The work developed under Scottish Government funding enabled CCPS and HIS to model the collaborative behaviours required to effect change, working with areas to support them in thinking differently about their commissioning practices. CCPS have also run a well-received series (Coping with Cuts, Coping with Complexity) focused on a shared audience of commissioners, providers and others (Care Inspectorate, the Scottish Government, carers

groups etc.). These have been effective in building trust and a shared understanding across stakeholders.

Although commissioning was once seen as almost exclusively linked to the procurement practice of competitive tendering, there has been some expansion of commissioning and procurement practices which reflect the collaboration and partnership emphasis identified throughout the [Guidance on the Procurement of Care and Support Services 2016 \(Best-Practice\)](#). Commissioning and procurement professionals have an increasing range of tools to promote more collaborative and person-centred practice – some are highlighted below. Work continues on supporting professionals to use the flexibilities open to them.

While there is an increasing understanding of the need to work across boundaries, many sources of evidence (including the Audit Scotland progress report) have identified other drivers that make this difficult in the short term. These include the impact of financial constraint measures on budgets and, particularly in children's services, substantial changes in legislation which require time to understand and implement. The integration of health and social care, while expected to substantially enhance cohesion and joint working in the medium to long term, has required intensive investment from senior managers as organisational structures have changed.

There is continued improvement in some areas in the dialogue between Authorities and providers. Some Authorities are becoming more confident about challenging the "more with less" approach of the last decade of procurement. In particular, these Authorities have a focus on identifying true measures of quality of care which take into account quality and sustainability as well as price. The Living Wage has also prompted helpful discussions about hourly rate transparency and understanding the true cost of care within procurement and contracting, although work remains to be done.

Collaborative commissioning models being explored in Scotland with support from Scottish Government funding include:

Public Social Partnerships

The Public Social Partnership approach is increasingly being used across many public sector commissioning settings, with specific support available to use it effectively in health and social care settings. For example, three have been created in West Lothian within preventative support for older people, drug and alcohol recovery services and community transport. Support was provided under Scottish Government funding with a focus on supporting change to practice.

Used well, a Public Social Partnership approach can help achieve service delivery models that better meet the needs of those using them. There are important lessons across these examples of the need to have clear objectives, strong and preferably mature relationships and the genuine voice of those who will use the support.

Alliance Contracting

Through Scottish Government funding there has been identification of collaborative options such as [alliancing](#), a form of collaborative contracting that places "best for the person" at the heart of commissioning and procurement and promotes collaborative behaviours and decision making. Scottish Government funding has supported the developing [Glasgow Alliance to End Homelessness](#), one of only two alliances in Scotland.

Innovation Partnership Procedures

Introduced by the 2014 procurement reform legislation, the Innovation Partnership Procedure (IPP) allows providers and commissioners to work together to develop new solutions to problems. Unlike some other collaborative processes, the IPP recognises the need to resource the co-production/design phase. This approach is being trialled within Digital Health and has possible applications for social care in the future.

Flexibilities within procurement legislation are being used to develop more innovative approaches to delivery

Substantial work at national level has gone into supporting the provider-purchaser relationship in social care commissioning and procurement. There is increasing understanding of the factors that lead to effective co-production/collaboration, and increasing knowledge of possible alternatives to current processes.

The self-directed support legislation recognises that not everyone will wish to take control over their support. Option 3 (taking in-house/commissioned services) exists for that reason and Authorities recognise the need to make it a positive choice for people. Some areas are working to ensure that their Option 3 services offer personalised support in line with an individual's personal outcomes, understanding that for those who do not wish to direct their own support, "Option 3 is a perfectly legitimate choice for individuals and ... it should continue to be so" (Social Work Scotland research participant).

Understanding of flexibilities in procurement is increasing, however it has not always proved straightforward to make the shift to more collaborative and flexible forms of commissioning and procurement on a larger scale.

SWS found that leadership within Authorities is of key importance. Management input was important to make changes that enabled staff and supported people to work together effectively to create flexible care and support packages and to divert budget to make creative purchases or access activities in the community. Lack of flexible provision and inability to develop flexible partnerships with providers could effectively stall progress in implementation of the core principles of self-directed support.

The role of the community in social care is being strengthened

Part of the self-directed approach has been an emphasis on community building so that there are opportunities to divert from traditional social care provision. Stronger communities offer greater potential for people to access meaningful activities and supports of their choice. In some areas, seed funding was provided to kick start "bright ideas" for community activities and initiatives.

“ We worked with our local volunteer organisations... and one of the high schools, and we had a couple of young girls [who] set up a drama group for our children with disabilities ... it was probably one of the most humbling things ever... that whole social inclusion, getting the chance to be part of something...”

Social Work Scotland research participant

“ [Self-directed support] is predicated on the notion of a supportive community with activities within it and that you can access, and that you can use a [direct payment] to do something there... we're not always masters of our destiny in that regard and we have to work with other people and recognise that ... you have to have supportive communities, communities you can do something in.

Social Work Scotland research participant

Community leadership was recognised as another important factor, and where there is a lack of community resources and assets, this can have substantial impact.

The [Community Led Support](#) programme has engaged four Authorities in working collaboratively with communities, partners and staff across the whole system (not just within social care) to design health and social care that works for everyone. Between June 2016 and November 2017, East Renfrewshire,

Borders and South Ayrshire (alongside additional sites in England) invested into a programme led by National Development Team for Inclusion and including Scottish Government funded support from HIS to develop this approach using community hubs. Fife has now also joined the programme.

Evidence from the evaluation sites indicates that up to 75% of people accessing community hubs did not require any additional social care intervention. Waiting times between an initial first conversation and accessing support of some kind were reduced for those who did require support. Providing community options led to better outcomes for people at the same or lower cost as standard services and support.

Key factors for success included devolving financial decision making to community teams and frontline practitioners, leading to timely decisions; and staff and people developing holistic solutions together.

Many areas outwith this programme report that they have successfully increased or hope to build community resources locally, and understand the need for stronger, more supportive communities. Promoting active citizenship and community assets is a priority in some areas and some money has been invested into seed funding for increasing community assets. There is a growing cultural desire to change, and particularly in some more remote locations, a strong wish to invest local money into the local economy and small organisations.

Areas included in the SWS research are still at the early stages of identifying where (and when) they may be able to disinvest in existing services or underused assets to focus on alternative approaches.



Systems are more widely understood, flexible and less complex

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

Progress to date

Successful implementation of the legislation requires extensive partnership working between Authorities, delivery partners, supported people and communities. As Audit Scotland recognised, there is limited evidence of large scale system change as yet, but even within the context of the current tight fiscal environment, substantial progress has been made in some areas.

Many factors impact on the design and implementation of systems supporting the delivery of social care. Authorities are responsible for a wide range of such systems, some of which may be inter-dependent (such as initial assessment and calculation of a budget). Systems relevant to social care may include:

- Initial assessment and review
- Eligibility criteria for accessing social care support
- Resource allocation (i.e. setting a budget whether using equivalency, resource allocation systems or something else)
- Charging and contributions policies
- Authorisation processes for budgets and packages
- Performance data/reporting
- Audit procedures
- Commissioning and procurement practice
- Risk management
- IT systems to support some or all of the above

The reduction of bureaucracy remains an aspiration but is proving difficult to address. System “ownership” is often diffuse, with multiple stakeholders having an interest and responsibility for underpinning IT platforms sitting in a different place. There is renewed interest in taking a “systems thinking” approach and considering these challenges as facets of wider project planning, rather than addressing aspects in isolation.

Where there is national evidence of systems change at local level, it is most frequently in addressing the challenge of adapting IT systems to cope with more creative assessments, co-produced support plans, and personal budgets. Even where IT systems have been adjusted away from recording hours and a focus on “time and task” to reflect new approaches, the processes underpinning the data can remain complex.

Once support is agreed and in place, there are growing efforts to reduce the administrative demands on supported people and third sector support organisations under Option 1 (direct payments), and on providers under Option 2 (person directs the support, budget held by a third party) in terms of providing receipts and an audit trail.

Many areas are moving towards the use of a payment card for individual budget or support fund transactions, and seeking to minimise active reporting by individuals. East Ayrshire provides support from their own specialist Finance Officers who will make home visits and sit with supported people to help them to do their direct payment returns.

CIPFA Guidance

In 2014, the Chartered Institute of Public Finance and Accountancy were commissioned by the Scottish Government to develop a national financial management framework to support the implementation of self-directed support across Scotland. As well as the [core guidance](#), a package of professional training and support was provided to enable professionals to understand the background to the changes and to implement the modernised financial framework.

Standards and scrutiny support self-directed approaches

In recognition of the changing landscape, in 2014 Scottish Ministers committed to review the 23 National Care Standards. The new [Health and Social Care Standards](#), entitled 'My Support, My Life', were introduced on 1 April 2018 and apply to planning and commissioning as well as to the delivery of services and support. The Standards seek to provide better personal outcomes for everyone and to ensure that the basic human rights we are all entitled to are upheld.

The new Standards are wide reaching, flexible and are focused on the individual experiences of people using support. They are underpinned by five principles: Dignity and respect; Compassion; Be included; Responsive care and support; and Wellbeing. In addition to shaping inspection and scrutiny, they should be used to continually improve the quality of services across health, social care, early learning, childcare, children's services, social work and community justice.

The Care Inspectorate and HIS now take the new Standards into account when carrying out their inspection and quality assurance functions, and when making decisions about registered health and care services.

Regulation of the workforce

The SSSC revised the [Codes of Practice](#) for registered workers and employers in 2016. These changes aim to reflect personalisation, promote leadership in practice and support the rights of people who use support to control their lives and make informed choices about the support they use.



Immediate next steps

- The demand for greater creativity and flexibility in how workers and services operate is highlighting challenges with the existing categories for registration set under the *Public Services Reform (Scotland) Act 2010*. The Care Inspectorate, the Scottish Government, SSSC and other stakeholders are exploring the benefits and consequences of reviewing and changing the legislation.
- There is substantial interest in sharing the good practice identified in this report in more detail. A recently published [SWS report](#) expands on the research carried out for this report, and regional events will share practice further. The 250+ tools created under Scottish Government funding will also be made more visible and promoted more strongly.
- Building on an evaluability assessment currently in progress, the Scottish Government will review and refine the existing evidence framework and identify what data and evidence is required to evaluate the implementation and impact of self-directed support. This will include reviewing the utility and quality of existing evidence and making proposals for new data as necessary.
- The Scottish Government, COSLA and partners will report on progress towards implementation on a regular basis.



Conclusion

The development and embedding of large scale approaches to choice and control across an integrated health and social care landscape is underway.

This has been a complex task both in itself and in the context of the significant changes to social care and related systems since 2010. These wider changes have included legislative changes, structural changes, financial pressures and increasing levels of demand and expectation. Despite the challenges, valuable progress has been made and stakeholders are keen to both showcase the advances made in their local areas, and to hear about and learn from the ways that implementation is being approached in other areas.

The challenges in implementing self-directed support are being recognised and tackled at all levels, and there have been substantial changes across the policy landscape to support transformation. The [Health and Social Care Delivery Plan](#) is a platform to embed person-centred approaches across a range of policies and achieve greater policy cohesion. The recommendations in the joint Scottish Government and COSLA [Health and Social Care Workforce Plan part 2](#) bring a renewed focus on professional values and on improving recruitment and retention outcomes.

The shape of our population is changing, and health and care needs will continue to evolve as medical, social, and technological advances push the boundaries of what was possible in the past. Our system must adapt to more people accessing support, and often with more complex needs. The Scottish Government and COSLA are jointly developing a programme of reforms for adult social care, working closely with individuals and stakeholders with different experiences and expertise.

This process is taking a whole-system approach in considering the activity required to comprehensively reform the way in which our adult social care system

operates and is understood so that it can best support an integrated health and care experience for people, and so that we can ensure that access to quality support is sustainable for the future. This will include aligning current activity to a common goal for adult social care and designing and taking forward new reforms.

This report marks a significant milestone in the journey towards the full implementation of self-directed support as Scotland's mainstream approach to social care. The impact and learning of the last seven years of investment evidence the beginning of a clear shift towards social care that offers genuine choice and control to supported people and their families.

“...actually you can do more if you think in a different way and work in a different sort of way, and to some extent are prepared to take risks and let people take responsibility for their own lives.”

Social Work Scotland research participant

Scottish Government transformation funding 2011-2017 – detail of spend

| Programme | 2011/12 (£m) | 2012/13 (£m) | 2013/14 (£m) | 2014/15 Act came into force (£m) | 2015/16 (£m) | 2016/17 (£m) | 2017/18 (£m) | Total (£m) |
|--|--------------|--------------|--------------|----------------------------------|--------------|--------------|--------------|-------------|
| Local authority transformation | 1.1 | 6.8 | 11 | 6 | 3.5 | 3.5 | 3.5 | 35.4 |
| Support in the right direction Fund (independent support) | 1 | 1.5 | 2.6 | 2.3 | 2.9 | 2.9 | 2.9 | 16.1 |
| Provider and Workforce Innovation Fund | 1 | 1.8 | 1.8 | 1.6 | 1.2 | 1.2 | 1.2 | 9.8 |
| Strategic support (including national partners and projects) | 0 | 0.3 | 1.1 | 2 | 1 | 1.2 | 1.6 | 7.2 |
| Total | 3.1 | 10.4 | 16.5 | 11.9 | 8.6 | 8.8 | 9.2 | 68.5 |

1. Includes cost of Scottish Government staff, websites and travel.
2. Activities including website, publications, a self-directed support awareness week, e-learning.
3. Project evaluation activities, commissioned reviews of evidence, and knowledge management.
4. Work to embed culture change in the workforce (Scottish Social Services Council); to support providers to make the change in their systems and train staff (Coalition of Care and support Providers in Scotland; Scottish Care); to support a shift to collaborative commissioning and support focused around outcomes (Healthcare Improvement Scotland; Coalition of Care and support Providers in Scotland); to offer support to self-directed support leads and teams in relevant authorities (SWS); to ensure the regulatory landscape reflects SDS (Care Inspectorate and new Health and Social Care Standards).



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Any enquiries regarding this publication should be sent to us at
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