**NATIONAL SELF-DIRECTED SUPPORT COLLABORATION**

**NOTE OF MEETING – 7TH DECEMBER 2022**

**In attendance by video conference:**

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| Donald MacLeod (SDS Scotland) | Alastair Minty (In Control Scotland) |
| Anne-Marie Monaghan (Scottish Association of Social Workers) | Simon Webster (Coalition of Care and Support Providers in Scotland) |
| Fran Holligan (Coalition Of Scottish Local Authorities) | Gordon Dodds (Scottish Government, Dementia team) |
| James Carle (Scottish Care) | Jaynie Mitchell (Coalition of Carers in Scotland) |
| Innes Turner (Care Inspectorate) | Jill Fraser (Inspiring Scotland) |
| Ali Upton (Scottish Social Services Council) | John Skouse (Care Inspectorate) |
| Hannah Tweed (Health and Social Care Alliance Scotland) | Kayleigh Hirst (SDS Scotland) |
| Kevin Drugan (Glasgow Centre for Inclusive Living) | Les Watson (Personal Assistants Network Scotland) |
| Lyn Pornaro (Disability Equality Scotland) | Morag Duncan (Dundee Carers’ Centre) |
| Pauline Lunn (In Control Scotland) | Rachel Mason (Self Directed Futures) |
| Sandra Campbell (Community Brokerage Network) | Sarah Chapman (Community Contacts) |
| Sharon McLeod (Ayrshire Independent Living Network) | Violet Keenan (SDS Forth Valley) |
| Alan Bigham (Healthcare Improvement Scotland) | Margaret Petherbridge (SDS Practice Network) |
| Donna Mitchell (IJB Chief Finance Officers Network) | Susan Kelso (Personal Outcomes Network) |
| Des McCart (Healthcare Improvement Scotland) | Donna Murray (Social Work Scotland) |
| James McNulty (Scottish Government) | Noleen McCormick (Social Work Scotland) |
| Jane Kellock (Social Work Scotland) | Calum Carlyle (Social Work Scotland) (minutes) |

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| **Welcome** | **Actions** |
| * DMd welcomed the group. * No matters arising * The minutes of the previous meeting were agreed by assent. |  |

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| **SDS Improvement Plan** | **Actions** |
| * DMd and KH gave an update on the development of the new SDS Improvement Plan. A short life working group has been formed and has now met twice. * The timeline is fairly tight, but the hope is to have a draft plan by next week which the short life working group will be able to feed back on. Feedback will also be welcomed from members of the National SDS Collaboration for comment. The intention is to include a feedback mechanism on [the SDS Scotland website](https://www.sdsscotland.org.uk/national-sds-collaboration/) to gather feedback from members. * The aim is to identify and include tangible actions in the plan, and to make sure there is nothing missing, so all comments will be welcomed. * Members were asked to be ready to disseminate the draft plan to members and associates for feedback during January 2023. * Following this feedback process, the plan would come before this group, and then go to COSLA and Scottish Government (SG) Ministers for approval by 8 March. * KH spoke to the gap analysis report, looking at any gaps or outstanding actions that need to be carried over to the new plan, as well as any learning that may have been identified since the previous plan. * There were 36 specific action points in the previous plan, most of which have been achieved, however the follow up and evaluation of these actions isn’t clear. One thing to learn from this is that actions need to have a clear path to show the degree of impact they are making, or are not making. * Some of the actions had been carried through from the Review of Progress with Integration of Health and Social Care, and it has not been clear whether or how these have been achieved, for example Commissioning. * There was a call for greater transparency in the new plan particularly from SG and its reporting on how SIRD funded projects fit together to support overall improvement * Another potential gap is whether or not SDS is on the curriculum for Social Workers. * Another gap identified was the actions relating to the Scottish Personal Employers’ Network (SPAEN), which has now disbanded, and the group may need to consider where this PA and PA Employer work is now being actioned. * It is also difficult to see what will happen regarding SDS in Care Homes and what happens when option 1 recipients go into residential care. * The intention is for a draft plan to be ready for the working group to consider next week, and then this would go out to members of the National SDS Collaboration before Christmas, alongside a facilitation pack, to give some context to the plan as well as the questions for the online feedback form, and this will hopefully allow some time to plan for gathering feedback during January from members and stakeholders, including care providers, groups and people who face barriers to accessing SDS. * It is particularly crucial to get feedback through any umbrella bodies representing the third sector to get feedback from as wide an audience as possible. |  |

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| **Updates** | **Actions** |
| **SDS Community of Practice**  JK updated on the National SDS Community of Practice, which includes membership at all levels from all Health and Social Care Partnerships (HSCPs). There have been two meetings so far this year (2022-2023), with attendees being engaged and positive, and supportive of the approach, to get quite quickly to an understanding of the difficulties local authorities (LAs) are finding in SDS implementation.  Nine priorities were identified through the initial meeting, and at the second meeting the community members were asked to prioritise these, and they are listed here in order of importance and urgency, with 1 being the most important, with some additional comments following each one in italics. The SDS project hope to look further at the top four priorities with a view towards development.  1. Relationship-based practice – this is about moving from care management to relationship-based practice that focuses on what matters to the supported person, and plans for good person-centred outcomes – *This was the clear front-runner in importance, and we recognise the importance of moving from a care management approach into an approach that embeds good outcome-based planning.*  2. Consistency and roads less travelled – this is about consistency of approach within each local area and across Scotland, and of making sure that all client groups have access to SDS – *We are finding that there often isn’t consistency within individual LA areas, partly because there are different methodologies and opportunities available to different client categories. The project team intends to do some more work around these “roads less travelled” to ensure that everybody who should have access to SDS does have access.*  3. Resource allocation – this is about reviewing our approach and resource allocation systems – *Resource allocation does need to be looked at, and we feel that there may be shared learning that could be applicable across multiple LAs.*  4. Practice development & coaching – peer support, nurturing confidence and reflective supervision – this is about developing supportive approaches that nurture confidence in our workers - *There is already a piece of work on training being taken forward within the project. Good quality training needs to be available in an accessible and sustainable way.*  5. Budget approval process – this is about redesigning processes so that approval for personal budgets is straightforward, and delays are designed out – *Similarly, budget approval processes could be improved to make it less cumbersome, time consuming and difficult to get budgets approved.*  6. Review of local policy and procedure – this is about developing what good looks like for local SDS policies and procedures that supports effective frontline SDS practice – *Local policy and procedure may need to be overhauled in many areas to bring it into line with statutory guidance and good practice.*  7. Local implementation planning & leadership – this is about what good looks like in leading and implementing SDS locally – *The project team are keen to look at what the ask is of leaders with regard to SDS.*  8. Worker autonomy & delegated authority – this is about how we empower autonomous workers – *This is about professional autonomy as well as having delegated authority to approve personal budgets.*  9. Specialist in-house roles and social worker remit – this is about getting the balance right for social worker job roles, and ensuring that we have the right paraprofessional / specialist roles in place to deliver good SDS  *Comments and questions:*   * RM – Resource allocation systems need to be more transparent to people who will be Self directing those budgets, so they know they are adequate to meet need and flexible enough to achieve outcomes * AU – The value of identifying and reinforcing the motivational drivers for people to come into practice (relationship- strengths-based approaches) is important to recognise and build on, and supports staff retention.   + JK – The Social Work Scotland report ["Taking The Wheel"](https://socialworkscotland.org/reports/settingthebar2/), which is the follow up to last year’s [“Setting The Bar”](https://socialworkscotland.org/reports/settingthebar/) report, has just been published, which goes into these kinds of questions in more detail. * JC - We need to ensure there is no artificial link between SDS and availability of resources. An increase in numbers taking up option 1 may relate to a lack of available resources preventing uptake of option 2 (which could be more appropriate) * SK - This is the same feedback from the Personal Outcomes Network members, focusing on outcomes and relationship-based approaches reconnects them with why they came into the profession/s   JK asked that members continue to consider any synergies with their own work, to support potential collaborative working in these areas going forward.  **Evaluation Survey**  **(double click to access the document)**  The SDS Evaluation subgroup met this morning (7 December 2022) and are seeking to develop a draft self-evaluation toolkit including a set of how-to documents, which sits within a broader implementation and improvement agenda, to support teams and leaders in their SDS implementation. The above report was prepared for the group by JS and was well received as a springboard for this work. DMd added that SDS Scotland will also be doing a parallel piece of work on evaluation in the Independent Support Organisations.  The aim is for the group to have a final draft for testing by the end of March 2023.  **PA Programme Board update** (DMd/AMM)  The Training subgroup are developing a training framework. SG have now agreed to fund the proposed training work, which will support a national training framework for Personal Assistants (PAs) and PA employers, as well as identifying and supporting career pathways for PAs and other social care workers. The funding will support two posts, with recruiting for these soon to be underway.  **Feasibility of Recruiting PAs** (DMd)  The PA Programme Board is also looking into the recruitment need for PAs. There are currently approx.. 2,500 users of the PA Handbook, and SDS Scotland now have a refreshed “find help” search function [on their website](https://www.sdsscotland.org.uk/find-local-information-and-support/), which is more visual, gives more information on organisations, and will provide better analytics.  **Direct Payment Collaborative Agreement Update** (NM)  The Direct Payment Collaborative Agreement subgroup, under the PA Programme Board, has now met twice. A survey is being developed, to go out to HSCPs in January 2023, to gather updated data on the details of Direct Payment delivery and the support processes that are in place.  A delegation from this subgroup will also meet quarterly to ensure consistency with representatives from the Fair Work and Pay team within Scottish Government, who are working on: pay day, effective voice, sectoral bargaining and terms & conditions.  *Comments and questions:*   * AMM mentioned that factors can affect people employing PAs in unintended ways, giving an example about mileage. The budget for mileage for PAs is lower than the mileage received by Health staff, and this means that when PA employers pay for mileage costs, the additional uplift for their staff comes out of their personal budgets, putting them at a disadvantage. AMM said that this came through SASW’s work with experts by experience, and this speaks to the importance of having the voice of lived experience coming through the work. Will the questions include that kind of nuance to draw out those kinds of disparities?   + NM - Yes, this is the reason the survey is taking a bit longer than anticipated to get ready. The survey will break down, as much as possible, the individual components of a Direct Payment, and will be checked by the group’s expert panel before going out to HSCPs. * RM – In England, there has been a lot of pressure on LAs to move from Direct Payments (ie option 1) to Individual Service Funds (option 2), however when this happens, the number of people taking Direct Payments will decrease, and this results in the LA being challenged rather than celebrated.   + JMy - The statutory guidance update says that: 'There should be no assumption that the Scottish Government, local authorities or Social Workers consider any option as a preferred or default option, only that the supported person can choose the option that works best for them, in accordance with the level of choice and control they want to have'   + MP – Within LAs we are very much not putting pressure to increase uptake of option 1 because choice should be made on the basis of a good assessment and good information being provided, and option 1 is definitely not the best option for everyone. * MP - Positive choices under Option 3 should also be recognised. Many people prefer this if it works for them. There are many reasons why option 1 wouldn’t work for some people. The main question is: are people able to choose based on what works for them? * MP - The lack of capacity among providers at the moment also often means people have to take option 1 when it’s maybe not what they really want. * LW - All the options are viable options. The important thing is that people are given the correct information on all the options. * JC - Lots to be applauded, but reduced budgets do impact on choice. * PL - We've been working with a group of parents in one area who are told there are no option 2 or 3 providers, and there are no plans to develop this market for children's services so option 1 is the only option available. * NM – We want to be clear that this work is about supporting people who are receiving a Direct Payment, not about promoting option 1 as such. There’s no intention for this work to disrupt people’s relationships or to encourage people to take an option that doesn’t suit them. |  |

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| **24/7 Grid Test of Change in Moray HSCP** | **Actions** |
| RM gave a presentation about the current test of change of [the 24/7 Grid](https://www.247grid.com/) which is ongoing at sites within Moray, East Ayrshire, and Perth & Kinross. Please see below for the accompanying slides.  **(double click to open the documents)**  A version of this presentation can be viewed [as a video as well, at this link](https://tec.scot/programme-areas/digital-social-care/current-activities/digital-social-care-test-change-case-studies).  RM welcomed expressions of interest and any other queries by email, from LAs interested in trying this tool: [rachel.mason@selfdirectedfutures.co.uk](mailto:rachel.mason@selfdirectedfutures.co.uk).  *Comments and questions:*  GD – That includes a great example of someone living with dementia getting better outcomes and more choice and control. That will be good for my policy team to know as well as part of developing the new dementia strategy. This tool seems like it would be useful for unpaid carers as well, it could be helpful in so many different areas.  PL - There was a brilliant bit of practice in Wales on their reorganisation of homecare in rural Gwynedd ([A people-centred approach to commissioning in Wales](https://www.iriss.org.uk/news/feature-articles/2022/05/10/people-centred-approach-commissioning-wales)).  VK - The issue of 'live in' carer requires some consideration. The risk of someone being available 24/7 for weeks on end.  AMM - Every time I hear about the 24/7 grid, it just gets better and better. I know the community brokers have loved using it as a tool.  MP - How is it funded for the individual?  RM – The licence for one LA, including Adults’ and Children & Families, is currently about £2,900 per year, for a three year licence. The cost for a supported family is then £10 per year, with LAs buying vouchers to cover that. If this had support more centrally, from Scottish Government or from NHS Scotland, then there is the potential for it to be free at the point of use.  HT - This is a great example of proper flexibility, trust, and person-centred efficiency (but where the person's outcomes are the focus and impetus, rather than the efficiency).  AMM – Individual trust-based micro-commissioning is a fantastic idea, however it can get complicated in practice because of the way budgets are calculated (time and task). It’s a challenge when you are trying to meet outcomes but budgets are allocated on tasks and hours of care. You need to make the hours up to accommodate the flexibility. The system encourages people to lie!  RM – That being true, once the budget is calculated, and it’s then over to the supported person to manage it, the 24/7 Grid can be used to meet your personal outcomes, which can give the freedom to spend more or less on one aspect of the support, or to reduce costs overall. Trust is key in this. You can make a start on working out what the budget might be by going through a typical day or a typical week and adding up all the associated costs of that.  AMM - Trust is key, there are too many perverse incentives in the current arrangements.  RM – In four and a half years of using this tool, my family has not needed to have a social care review, since we send regular visual reports from 24/7 Grid to the Social Worker on how we are using the budget.  JMl – Is there the potential for LAs to use this to decrease personal budgets? At the moment there is considerable inequality in the system, because of charging, which is inconsistent across the country, and it often comes out that the more disabled a person is, the worse off they are because they have more chargeable support.  RM – The terms and conditions of the software prohibit LAs from using 24/7 Grid to reduce personal budgets, and the licence can be terminated if there is any indication from end-users of that happening.  JK - We will take that point on when we scope out the SDS Community of Practice workstream around resource allocation.  MP – Can the colour-coding be configured in such a way as to indicate the impact changes could have on charging?  RM – Absolutely, the colours can be changed to look at what’s free, and what’s being charged for. You can do different versions of the grid to identify many different things that could identify how a person’s support could make their life more meaningful.  RM - Is there any digital national SG funding for a Scotland wide licence for all councils to have it as an SDS tool?  AMM – I’m ever the optimist but I would advise you to do your sums now and be ready should that opportunity ever present itself, given that we are trying to get consistency across the country but not lose flexibility and local control. This would be a great tool to retain both. It could also help with the portability of support moving between local authority areas. |  |

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| **Scottish Government Updates** | **Actions** |
| **Scottish Government Dementia Strategy** (GD)  GD gave an update on the dementia strategy. The draft strategy for dementia is currently under development, with the consultation having just finished. This has included an effort to meet supported people, carers and groups in person as well as online. The feedback will be collated and analysed, and the intention is to have a draft strategy for dementia for Scotland ready for further comment in January 2023. Further to that, the final strategy will be developed, and will hopefully be finalised and approved by the Minister by April 2023.  GD agreed to talk at greater length on the dementia strategy at a future meeting and this was welcomed.  **SDS Statutory Guidance & SDS Improvement Plan** (JMy)  Following input from the SDS Improvement Plan short life working group, JMy is in the process of drafting an initial draft of the new SDS Improvement Strategy for further consideration by the group and their wider contacts. Some stakeholder mapping has taken place to ensure that this engagement is as wide as possible.  The [newly revised SDS statutory guidance](https://www.gov.scot/publications/summary-version-statutory-guidance-accompany-social-care-self-directed-support-scotland-act-2013/) was published last month and seems to have been received quite well. There is now a video and a letter from the Minister endorsing the new guidance which can be used in information sessions in the future, and more detailed feedback will be sought in 2023 from those using the guidance.  **GIRFE Update** (JK)  JK reported that the GIRFE team will be initiating a number of Pathfinders around April 2023, as reported at the most recent meeting of the SWS Adults’ Standing Committee to develop the GIRFE model, and there will be some training sessions delivered before that by the Office of the Chief Designer to prepare the Pathfinder sites. JK has met with Grant Laidlaw who leads on GIRFE within SG and made the point that GIRFE needs to have SDS fully embedded in order for a multidisciplinary approach to social care to be successful. The risks of not doing this are that we duplicate work, or that there are gaps and missed opportunities, or that the two initiatives won’t be compatible with each other. The Care Management approach is fundamentally incompatible with relationship-based practice, and this should be borne in mind throughout this development. So far the SDS project team and the national SDS collaboration have found it difficult to engage with the GIRFE team within SG.  DMd and JK will meet with Grant Laidlaw in January, and the intention is for some how-tos to come out of that meeting on how to align the work of the national SDS collaboration and SDS community of practice with the work the GIRFE team are doing. Members were invited to comment directly to DMd or JK if there are any specific points you feel should be made at that meeting: [donald@sdsscotland.org.uk](mailto:donald@sdsscotland.org.uk) or [jane.kellock@socialworkscotland.org](mailto:jane.kellock@socialworkscotland.org).  *Comments from the group:*  MP – We need to include the Care Inspectorate as well so there are realistic expectations of what’s possible for the LAs to deliver. The Care Inspectorate are very keen to focus on SDS delivery, in the context of the legislation and the safeguarding duties that LAs have. There is room for a wider discussion of how this relates to regulation for example.  JK – Yes, the Care Inspectorate are fully involved in the self-evaluation subgroup, committed to supporting a learning based approach, also, there is the independent review of scrutiny that we can feed into, DMd is a member of the reference group.  HT suggested writing to the chairs of the National Care Service (NCS) committees and agreed to meet with JK and DMd next week to discuss this.  JK – All it would take would be for a representative from the National SDS Collaboration to be included in each of the relevant groups, to articulate our shared position, which is an offer we have been making for several months.  PL - There are enough of us in the collaboration to make sure we're always represented too, just need to get our lines right.  JMl – It’s frustrating not to be included in these kinds of developments, considering there is legislation to support SDS. Adult Protection legislation, for example, wouldn’t be deprioritised in the same way. This is also a concern about the development of the NCS. Why do we keep having to raise SDS when it should be at the core of all of these developments?  DMd – We met last week with Anna Kynaston who leads on the development of the NCS, who reiterated that SDS will be central to that work, which was reassuring.  JMl – Even so, we keep hearing that they want to replicate the NHS, when we should actually be talking about the social model of disability rather than a medical model. Maybe “Social Care” should be in the title of the NCS. |  |

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| **Any Other Business** | **Actions** |
| The next meeting of this group will be on **Wednesday 11th January** at **1pm**. [**Click here to join the meeting**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDFmMGY1N2UtOTU1Zi00N2VkLWExYzEtZWEwMWI4N2RkMjRi%40thread.v2/0?context=%7b%22Tid%22%3a%223f56ffd8-b90c-4687-b8ed-f572197e94cf%22%2c%22Oid%22%3a%226b5f8009-5ce2-4c65-922f-43460a4bf777%22%7d).  Please note that the meetings for January, February and March 2023 will all fall on the second Wednesday of the month, rather than the first. |  |