**NATIONAL SELF-DIRECTED SUPPORT COLLABORATION**

**NOTE OF MEETING – 5th JULY 2023**

**In attendance by video conference:**

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| **Donald Macleod (SDS Scotland) (chair)** | **Mark Han-Johnston (SDS Scotland)** | **Gaby Nolan (Lothian Centre for Inclusive Living)** |
| **Gail Carstairs (Enable Scotland)** | **Les Watson (Personal Assistants’ Network)** | **Joanne McGee (Glasgow Centre for Inclusive Living)** |
| **Philippa Harrop (Voice of Carers Across Lothian)** | **Sarah Anderson (SDS user, SW student and Community Broker)** | **Hannah McShane (Scottish Government)** |
| **Robert White (Independent Living Fund)** | **Sheila Hanney (Key/Community Lifestyles)** | **Violet Keenan (SDS Forth Valley)** |
| **Jack Blaik (City of Edinburgh)** | **Pauline Lunn (In Control Scotland)** | **Jill Fraser (Inspiring Scotland)** |
| **Lisa Ehlers (Inclusion Scotland)** | **Elspeth Critchley (Encompass)** | **Margaret Petherbridge (SDS Practice Network)** |
| **Donna Murray (Social Work Scotland)** | **Jaynie Mitchell (Coalition of Carers)** | **James Cronin (Scottish Government)** |
| **Ali Upton (SSSC)** | **Carrie-Anne French (East Ayrshire HSCP)** | **Sandy Hunter (Wheatley Care)** |
| **LizAnne McCahill (Ark Housing)** | **Laura Finnan Cowan (Social Work Scotland)** | **Jane Kellock (Social Work Scotland)** |
| **Morag Duncan (Dundee Carers’ Centre)** | **Sam Cairns (Equal Say)** | **Ashley Drennan (Inspiring Scotland)** |
| **Becs Barker (Community Contacts)** | **Des McCart (Healthcare Improvement Scotland)** | **Anne-Marie Monaghan (Community Brokerage)** |
| **Brett Rogers (In Control Scotland)** | **Laura Hendry (Cornerstone SDS)** |  |

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| **Welcome and Matters Arising** | **Actions** |
| Welcome  - Actions from last meeting  - Any late AOCB items  Donald McLeod welcomed the group.  Apologies were noted from: Iain Ramsay; Ed Inglis (SDS Forum ER); Calum Carlyle (Social Work Scotland); James McNulty (Scottish Government); Gordon Dodds (GCIL) Fran Holligan, Frank Reilly, Ashley Mazs and Joyce Johnston.  **The previous meeting minutes:**  There were no actions identified in the last minutes other than there will be a focus on the Evaluation of the SDS Improvement Plan in today’s meeting, which will be the main focus.    Since the last meeting there’s been a meeting with the new Minister for Health and Well-being with members of the National SDS Collaboration. The new Minister is also working on a new video to accompany the new SDS Improvement Plan.  For the next meeting of the National SDS Collaboration, we’ll be looking at the Brokerage Framework and Scotland Excels work on 2 national frameworks, for Care at Home and Care Homes. They will be reporting on their consultation findings regarding performance in relation to SDS and explore with us ideas for best practise in commissioning.  Donald asked if people had any last minute items to add to the agenda but there weren’t any. | Add 2 items to the next meetings agenda:   * Brokerage Framework * Scotland Excel 2 national frameworks and consultation |

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| **SIRD: Inspiring Scotland Update** | **Actions** |
| **Refresh of SiRD funding 2024-2027: Jill Fraser**  SiRD fund to open for applications next week until mid-September. All relevant information will be posted on the Inspiring Scotland website. They will be sharing the link with everyone once this is live. Inspiring Scotland will also be holding surgeries where people can book an appointment to discuss any application to the fund. They will also be producing a Frequently Asked Questions (FAQ) document on their website.  **Showcasing Independent Support:**  Equal Say Advocacy: Sam Cairns – is SiRD funded and works in the North Lanarkshire area. Have been around since 1995 when they were primarily working with people with a learning difficulties.  They provide advocacy support to:   * Adults up to 65yo * Children and young people in transitions   There is a 2nd SiRD funded service provided by the North Lanarkshire Disability Forum, which provides support for people who are not eligible for SDS funding. They try to connect people with other support in their local community. People are often referred between organisations when needed.  In 2017 Equal Say received SiRD funding. This pays for 2 advocacy workers and increases the focus on SDS in the project. There was already an awareness of certain groups of people needing extra support, including:   * Young people going through Transitions who have high support needs. * People who have experienced significant health issues, such as a stroke   Equal Say provide 1-1 advocacy support until their issue is resolved, for about 140 people per year.  Can provide support for any part of the journey through SDS. Support can last for as long as people need it, which can be up to 18 months.  North Lanarkshire Council use of a ‘Guided Self Assessment’ form which people can work through themselves or with support.  Locally there is a crisis in recruitment of social care staff for agencies. People needing support are being encouraged to take a direct payment. Some of the consequences of this has been that hourly rates for PAs are increasing which is asking a question of Local Authority funding. Also the increased responsibility that comes with being a PA employer is quite daunting for some people. Equal Say support people with any aspect of the process, whichever SDS option people choose.  **Case Study 1:**  A mum needed support due to the pressure of her caring role which was having a significant impact on her mental health. The ladies daughter is 15yo and has very high support needs, in terms of her health and challenging behaviour. Support outside of school was being provided by a specialist health care provider at a cost of £34 per hour. There were issues with sustainability and consistency of staff, so mum decided to take a direct payment and manage the SDS budget and employ PAs for her daughter. She thought this would help improve her daughters health and well-being as well as her own. The process also involved a TUPE transfer of existing staff. This was a complex and time intensive piece of work which involved supporting mum to choose a payroll provider so that she only needs to send PA timesheets in. 4 out of 5 existing staff moved over to become PAs and received increased pay as a result. The SDS budget enabled mum and her daughter to pay for more things and the Local Authority still saved money on the original cost of the package. Long terms, mum is considering moving away from the family home so that her daughter can live there with 24/7 support which doesn’t involve her mum providing this.  **Question from Anne-Marie Monaghan:** Does Equal Say provide end to end support? Does this support extend to pre-assessment, during assessment, post assessment, support planning and payroll services? Yes, they provide the end to end support that covers all of these except payroll services, which is provided by a specialist payroll provider.  Sam outlined how their service has supported someone with housing issues where the person was living in unsuitable housing without the support they needed. Support is on-going until the person’s issues have been resolved. In this case, Equal Say also provided support to move home, which is not something they would normally do, but there was no-one else available to provide this support.  Sam also highlighted another Independent Support organisations which is commissioned by North Lanarkshire Council. There are times when Equal Say will provide some of the support and Take Control provide the rest, depending on circumstances and the nature of the support needed.  One area of difference for Equal Say was with Sam’s experience of managing a TUPE transfer, which requires quite a bit of specialist knowledge. There may often be PA employment issues that they are supporting people with.  **Question from Becs Barker:** How does Equal Say work with the other SiRD funded projects in the North Lanarkshire area, so people can access the right support for them locally?  Funding for Advocacy support is based on age – different organisations provide Advocacy such as Equal Say, Who Cares Scotland and Equals Advocacy Partnership. There’s clarity amongst the Advocacy providers about who does what and a certain degree of flexibility when needed (eg when someone’s going through transitions).There’s a regular network meeting of local Advocacy services. In terms of the North Lanarkshire Disability Forum who support people to connect with opportunities in their local community, they are working with people who don’t meet local eligibility criteria for SDS funding. Their service involves ‘community connectors’ and is due to receive increased funding from the Local Authority for this. There are cross referrals between the services.  **Question from Janie Mitchell:** The Advocacy background is incredibly important. Having the ‘grit’ to support people effectively. How can we make sure that Advocacy is part of any future SiRD funded project?  The way in which advocacy works differs in North Lanarkshire as there is often a positive response when Equal Say get in touch with the Local Authority on someone’s behalf. Much of that reflect a positive senior leadership role which filters through to front line practise.  A key approach has been Navigation, Participation, Representation.  The advocacy role often involves working with people who don’t understand how the system works and how to navigate, as well as strengthening their own ability to do things for themselves. A positive relationship with the Local Authority is key.  In contrast, they have supported people to access support when moving Local Authority areas. They recently discovered that West Lothian Council have a system where you leave a voice message and someone rings you back, so Sam had to google the Chief Executive and email them instead, which resulted in a reply the following day.  **Ashleigh Drennan:**  To highlight that Equal Say is one of 6 SiRD funded Advocacy organisations, who provide ‘formal’ Advocacy support and are registered with SIAA. Other SiRD funded organisations provide ‘informal’ advocacy support as well.  Scottish Government is looking to build Advocacy into the new National Care Service, in addition to and alongside wider Independent Support. | Inspiring Scotland to advertise the reopened SiRD fund next week.  Inspiring Scotland to give an update on applications to the Fund at the next meeting. |

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| **In Control Scotland** | **Actions** |
| **Programme of work includes:**  3 sets of Action Learning Sets:   1. Commissioning and Procurement 2. Option 2 3. Resource Allocation Systems   There have been 2 sessions on each piece of work.  Learning Reports will be produced as well as potential Guidance for future practise.  Lou Close: Undertook Option 2 research last year which produced 6 case studies which looked at Local Authorities experiences of trying to embed Option 2 into their practises and processes.  Lou will also be undertaking a similar piece of work in relation to Option 3, to explore how Local Authorities have created flexibility, choice and control. There are now 4 Local Authorities signed up for this. They will be looking quite widely at Option 3 – how to make this more personalised. Anyone who’s interested in taking part can contact Pauline by email here: [Pauline.l@in-controlscotland.org.uk](mailto:Pauline.l@in-controlscotland.org.uk)  Publication of this work will be around the autumn of 2023.  In Control was part of a UK wide project last year called Impact, which was a project looking at choice and control for people living in supported living accommodation. This year they are doing another project which focuses on people with Autism and learning disabilities who are stuck in hospital. In Control are also part of a project called New Routes Home who are specifically looking at this problem. They are looking for members of that Impact project with the first meeting at the end of July  **Working Together for Change:** Brett Rogers  A pan Ayrshire project is starting at the end of August. There is also a national project which is for everyone involved in social care, eg practitioners, supported people, carers and advocacy projects.  There is an application process to get involved. The programme runs for 6 months and will involve both in person and online sessions with guest speakers. |  |

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| **National SDS Stakeholder Brief Updates** | **Actions** |
| **Social Work Scotland: Workstreams are all reflected in the SDS Improvement Plan (Donna Murray)**  **Workstream 1: Review of Standards: Donna**  A lot of people have already volunteered to be part of the review of the Standards. The group steering the work will be meeting in late July.  **Workstream 2: SDS Practise Resources for Local Authority Practitioners**  We have co-produced a Toolkit and this is now with designers to see how this can be updateable and downloadable. This is the first step in a suite of resources to come. They are also looking at how HSCPs and Local Authorities can use the toolkits developed, especially with existing Intranets.  **Workstream 4: The National Direct Model Agreement:**  This is the agreement that looks at how it can best support the PA Employer and PA relationship.  There was a survey of Local Authorities and 29 responded. There is lots of evidence on current practise in both children’s and adult services, covering such things as:   * Direct Payment rates * Including a training budget * Recruitment cover or sick cover * Redundancy   There have been lots of discussions with PA employers and payroll and insurance providers. They’re now looking to have sessions with Social Work practitioners  There is now a Local Authorities group, with 8 having come forward, to be an expert group. They will support any testing of a National Model Agreement to make sure the agreement proposed is useful and helpful for Local Authority colleagues.  **Workstream 4.2: PA Well-being:**  Really committed to supporting PAs as part of the Social Care workforce so they have access to resources and help that will ensure that they keep well, as well as supporting employers to maintain their PAs well-being.  We’ve got the 2 strategic coaches from Impact, so that’s the same programme as In Control. We’ve got 2 researchers – 1 has started and the other starts in August. They will be growing support for PAs at a grass root level and will be based with the PA Network Scotland and Cornerstone SDS. They will also be helping with the PA subgroup findings.  **Workstream 5: Relationship cased practise and assessment**  This hasn’t quite started yet but will develop once we have more learning from the review of the SDS Standards.  **Workstream 6: Budget approval processes**  We’re attending the sessions being run by In Control Scotland on resource allocation systems.  **Workstream 7: Training and practise development**  We’re looking at drawing up a brief to commission somebody to look at where the SDS training resources are.  **Community of Practise:**  Had a seminar on Human Learning Systems. We had 70 people come along. This was about the Noticing Framework and how we begin to understand evaluation.  We had another Community Of Practise session looking at digital approaches in SDS and eligibility criteria. We had 102 people attend this and as a result there are a number of Local Authorities getting together to share practise and look at a ‘test of change’ and rethink ideas about eligibility criteria.  Through the SDS Collaboration we have the SDS Improvement Plan – so looking at what that means for us all.  **Further Updates:**  There was no-one from the ALLIANCE available.  **SDS Scotland:**  **PA Programme Board:**  Donald McLeod shared some slides from the last PA Programme Board meeting.  Last week there was an open meeting of the PA Programme Board. 70+ people signed up with an additional 43 people who hadn’t been to previous meetings.  Donald shared an Infographic to update on the overall progress so far of the workplan. This highlights the 4 main objectives that we have for the Programme Board:   * Supporting the PA and PA Employer relationship * Developing the workforce * Valuing employers * Sourcing PA workforce data   We’ve had 166 of the Workplan Actions completed so far.  57% of the make-up of the group are PAs, PA employers and Independent Support organisations.  Recent successes:   * The PA Newsletter is now produced by and large by PAs and the most recent one was opened by 3,500 people in June * The PA and PA Employer Handbooks: 3,400 odd people are making use of these * The IMPACT awareness raising campaign for PAs – we had a focus on radio and social media. This helped to increase traffic to the My Job Scotland page by 3000%   **PA Programme Board Training sub-group:** this group looks at the issue of training for PAs. SDS Scotland now has 2 part-time workers recruited to work on developing a PA training network (Emmanuelle and Johanne). They’re currently meeting with a wide range of people as part of this work. By April 2024 they will have a proposal to develop a national PA training resource. They aill be looking at sustainability within this as well.  **Direct Payment National Agreement Subgroup:**  We had a great response from the survey that we carried out. 29 Local Authorities responded to this.  **Communication and Information sub-group:**  This group has reviewed the Handbooks and the Newsletter and communicating the work of the PA Programme Board. Recently they developed a content review process for the Handbooks. They’ve also been reviewing Articles in the Handbooks and reviewing the Terms of Reference for the group.  **The Recruitment Subgroup:**  They were involved in developing the IMPACT campaign. The Scottish Government are currently looking at more capacity for the My Job Scotland website so we can get people in front of PA adverts within a few clicks and not lose them in the process.  **The Wellbeing subgroup:** has already being covered by Donna.  Other things that we are working on:  **PA Survey:** the 2nd Annual PA Survey. We’ve had some really interesting feedback but we’ll provide more information on this at a later meeting. We’re planning to publish the Survey results at the end of August. |  |

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| **Evaluation of the National SDS Improvement Plan:** | **Actions** |
| When there was a Working Group looking at the Plan we agreed at that point that the National Collaboration should be involved throughout. We can’t have co-production without co-responsibility so we want to start that process today. Looking at some of the questions to answer, they could include:   * What would success look like for this plan? * How would we evaluate it?   Des is going to take us through some of that that process to help us arrive at a methodology that comes from this group.  **Des McCart:**  Sam talked about Human Services System which was quite interesting language to use. How do we shift our thinking about evaluation based on our learning around Human Learning Systems? The core of it is: the current way that we understand whether things are going well or not is (in the public sector), driven by performance indicators, such as League tables, which don’t tell us very much at all, other than numbers that are going up and down. They don’t really give us an insight into what is actually the problem. It is very easy to have numbers which go up and down in a good way without knowing what is behind those numbers. Principally it’s measures of your current system. Our current system is broken. What we’re trying to do is to change the system. So how are we going to change the health and social care system, if we continue to measure it’s performance as it stands at the moment? It just tells us how well or how badly things are doing. There’s no insight there. There’s nothing that helps actually identify how do we get ourselves out of this and how do we start improving things? This needs to come from building on ‘What Matter to You’ in Scotland. So we’re often having good conversations with people but the rest of the system is one where ‘computer says no’, whether that be the allocations policy or other things. So we have a system that needs to change. So how are we going to change it, we need to start bringing some information/evidence forward that gives us insight collectively and individually where we can start to make changes.  **Human Learning Systems: Creating Outcomes in the real world (see Des’s slides)**  Better governance comes from understanding learning. It doesn’t mean you need to throw away data, it means how you use data and how you use the different sets of data. So you’ll see it’s Human. Learning. Systems. – that’s because human beings have to learn their way through the system. The system is as it is and you have to find the front door of A and E, you have to know roughly what’s wrong with you before you visit anywhere, somebody has to tell you – ‘well maybe that’s mental health’. You have to find your starting point, then you have to find your front door – and people often default to the front doors that they know like their GP. The assumption therefore is the system is right and if people succeed or not is somehow down to them. So how do we actually turn this round, so the system learns from human beings and begins to change.  We categorise things (eg social isolation or mental health) to be able to manage them better.  The obesity map was drawn up by health professionals to identify all areas that might affect someone’s experience of obesity. They identified 108 factors. Any one person’s experience is then a mixture of all of the relevant factors. We talk about people with complex needs, which suggests there is something different about this. Everyone has complexity in their life. The notion is that those without complex needs are somehow simple, which is not the case. Out of the 108 factors, only 4 are healthcare and treatment options. Therefore, the chances of those 4 factors fixing anyone’s obesity would be very slim. What you can do is to get good professionals there, alongside the person’s own expertise in their own life. Asking the question what matters to you, you begin to understand the person’s experience of all these things and how we might help them to find the solutions that work for them? You become an enabler but you can’t be a fixer.  We can get into a way of thinking and a methodology, especially in terms of Commissioning, that we then evaluate the success or failure of services on that basis, on their performance against those matrix. So we’ve simplified the problem to something which doesn’t relate to what people’s experiences are and then we evaluate and we wonder why figures don’t necessarily go up. Would we say that across the board we’ve got great figures in terms of health and social care in Scotland. Well there’s a lot of worrying figures in there but we don’t have insight into them. So this isn’t about saying that current services are good or bad, it’s just saying the system we’re all operating in isn’t really helping us to make the best connections.  Recognising that there is no such thing in this as a simple problem, actually what we’re saying here is that they’re complex. The ‘Butterfly Effect’ is strong here. At the moment we’re system led and people have to find their way through that maze to find a solution that works for them. It’s incredibly hard and trying to navigate those systems at a local level is incredibly difficult.  **Evaluating the SDS Improvement Plan:**  So with all of that in mind, looking at the evaluation of this Plan, we need to be thinking about not having a performance matrix which is about the current system, for all the previous reasons.  So in evaluating the Plan, what are the pieces of evidence that we can bring forward that start bringing forward genuine learning and develop our individual and collective understanding, so we begin to understand these complex problems more fully.  A lot of us have a good sense of what the problems are but there’s not really the place to bring that forward. We are again, benchmarked against whether we are performing financially, in terms of risk tables and all these sorts of things, which can be helpful but when they become your focus, when the focus is the measure itself – and there is a quote by Deming: ‘When the focus becomes the measure itself you’re doomed to failure’. You will not succeed, because you’re missing the person, you’re focussing on the count. Delayed Discharge being the obvious example. Yes delayed discharge is important because people are staying in hospital for too long has serious detrimental affects on their health. But when you focus on the delayed discharge as your figure it does bring forward behaviour such as – just buying a few more care home beds and getting people out of hospital. So it doesn’t really help understand the problem.  So, what we’re wanting to do is to ask: ‘What would we measure?’ ‘How would we bring forward different measures?’ ‘What would we put forward that is a far more compelling set of evidence about understanding whether it’s working or not – SDS implementation in Scotland?’ ‘Whether the SDS Improvement is working?’. So if you’re looking at things like that whole system in the SDS Improvement Plan, thinking from supported person and carers choice over their support, how do we know that? Is it just about measuring numbers of things or is there actually something else we bring forward? I don’t just mean stories but I do mean the understanding that comes from people’s experience.  So ‘Better systems and Culture’ – how do we know we have this? Again, is it about numbers or is it about understanding what it’s like to go through that system? What is the culture like? How are we changing that? How are we seeing better leadership? So what kind of measures can we use within that?  The way forward on this for us, with the 3 test sites, looking at the Implementation Standards and the self evaluation framework, we’re helping them to think about this. So at a personal level, if you have a good conversation, where you understand the person, understand their relationship with their clinicians, with their support worker, with the people around them and family – what is their system like, their universe?  Co-design – that is about the expertise of clinicians and others and care workers to say – ‘I know things that can help’ alongside the expertise of the person saying ‘I know what helps me’. So you then experiment – it is about saying, ‘Lets test that, we think that’s gonna be pretty good, rather than saying this service will fix you’. But there is something about services in job done almost.  What becomes important is how do you feed information from the upper level so you begin to think – ‘What’s this telling us about how we do things like resource allocation?’ ‘How do we do Commissioning?’ If one of the things is about lack of choice, are we seeing a growing range of support services? Is that an indication that the system is improving, that people are getting more choice through non-traditional services? What does that mean for us as a system? How do we start understanding that?  See the ‘What it is and What it is not slide’  The approach is about being alive to ‘continuous change’.  Coming to these questions we had a chat with James and colleagues about what this means for Scottish Government. What is it that matters to them? What is it in terms of their understanding that they need and let us think how we might bring that to you in a different way than you’ve had it before?  See ‘What Matters – To Scottish Government’ slide  There are 2 key questions:   1. What evidence do we need to show that the SDS Improvement Plan is being effectively implemented? 2. How do people (citizens) know things are getting better?   Also importantly, we always think performance is about how we show this to people above us to our local politicians or to Government. It should really be directed towards people. If SDS is about anything it is about empowering people. So this is about bringing evidence that people in our communities should be able to look at and go – I get that, I understand that. I understand why it is doing well or not doing well and we can do it better.  **Question from Jaynie:**  For me one of the big things is how do we know that it’s working, is that we don’t have distressed families and disabled people saying it’s not. So there needs to be a way of measuring this (eg Inclusion example). I don’t know how you do this. I think it needs to be less systems centred, so that folks like me, when I’m wearing my mum hat, isn’t banging my head against a wall trying to teach Social Workers what Self-directed Support is. Is it that we have less complaints? For me it’s not about counting numbers that the system wants us to count.  **Des:** I hope that wad the point I was making, at the moment we’re measuring what matters to the system rather than what matters to people and we need the system to recognise what matters to people. What would we bring forward as evidence that the system is or isn’t working. Because it will be whether people are actually seeing those benefits in their life  **Jaynie:** I will personally know if it’s working when I am not dreading being allocated another Social Worker who will try and cut my son’s budget. That’s the reality for lots of families. It’s working just now because we’ve not really got Social Work involvement.  **Des:** Maybe that’s an interesting one, maybe that is an indicator when people are living independently of the system in that respect because actually you’re comfortably living without somebody telling you that you’ve met your outcomes.  **Jaynie:** And now we’re gonna stop the budget or whatever. That’s the reality for myself and loads of the families I work with, that they live in fear of support being taken away.  Anne-Marie: I think we can all ask the same question about ‘What does good look like?’, but I guess it depends on the lens you’re looking through to see what good looks like. So when the Scottish Government are looking at good, to take Jaynie’s example of inclusion, they might say inclusion looks really good as we’ve got half a dozen youngsters with disabilities incorporated into a school. So they’re looking at the numbers and they’re not looking at the quality of life in the way that Janie is as a mum. So right away you’ve got 2 different sets of people looking at the same ‘What good looks like’ through a different lens coming to a different answer almost, even if they’re travelling in the same direction.  So part of the challenge that we’ll face is ‘Who is the audience?’ in this? Are we trying to meet indicators for the Scottish Government or are we trying to meet the indicators for people who live their lives every single day. And we need to be really clear about, is it one or the other or is it both and how can we do both? Because whatever way this works, needs to be built up from people’s lived experience of all of this and what’s going on for them, rather than fitting into some kind of model or framework of what other people think it should be, like other organisations or institutions. So there’s just something about being clear about ‘Who’s good is more important that anybody else’s in this?’. Is it ‘What good looks like for parents?’ more important than ‘What good looks like for the Government?’ and somehow we need to try and reconcile that – and I think that’s the challenge that we have.  **Des:** I think that’s great Anne-Marie and I completely agree. At the moment we try to aggregate things and it’s not helpful, because you’re right, what the conversation about what I know about my families life experience is different. You can build on similar data but what actually makes sense at a personal level versus organisation. So at a personal level yes absolutely, is my life better, am I getting those kinds of choices? An organisation needs to know, are we able to organise in a way that makes that possible? At place level you think, have we got the infrastructures and relationships between the organisations? Are IJBs working in a collaborative way that makes it possible for all that to happen? So you’re inverting this. If you think of the SDS map that Lorna did quite a while ago, it inverted it. It had the person at the top, surrounded by family, surrounded by community and it turned it around and that’s the way it should be.  The data that should matter to Government should be about how do they know that at local levels the systems are in the right place to allow organisations to do the right thing to allow people to live their best lives. I absolutely agree is that we need to not think in that single way of one set of data will meet all of it, it won’t. I totally agree.  **Jane:** I think what everyone is saying is the right sort of stuff and it sounds as though we’re all on the right page. I am sensing a bit of a fear I guess, that we’ll get pulled into the performance management type of approach and I think that’s what I’m keen that we position ourselves so that we don’t get sucked into that. And the way that I understand it, it’s about the way we think about things, the way we think about evaluating and looking at the success or otherwise of a plan of action. I think we’ve got a unique opportunity here as the National Collaboration. We’ve come together, we’re only a year and a bit old, but already we’re quite a strong collective force, sitting alongside Scottish Government. If you look at the national Improvement Plan, you’ll see us in there as being the ones that will take forward and shape up the evaluation of the Plan. I think we’ve got a really good opportunity here to be resisting getting pulled into that counting and we’ve already done a bit of resisting and talking with Government about the way we think about these things and we’ve articulated that quite well today.  Talking as a qualitative researcher, we don’t have to measure things, we don’t have to come up with numbers and I think collectively here in this space we have the sort of expertise that we can use to build a design and evaluation methodology that is sympathetic to what it is we want to evaluate. We want to look at what’s the right stuff to know about and to be doing that in the right sport of a way. So what you’re saying about lets not measure the statistics. Well let’s resist any attempts to do that because it’s not going to tell us what we need to know. The stats that are drawn from surveys of supported people that ask them to tick boxes about whether something is the case or not the case. Regardless of what those numbers say it gives us no insight into what’s actually going on at a local level for people. You can make no sense out of that data regardless of how representative it is. It gives us nothing in terms of our learning journey. So I do think we need to resist that.  If Government wants ultimately to look at that it may well do because it’s probably part of a bigger suite, then that’s fine. But we need to counter that with a narrative that tells people about what is actually going on in the parts of the system that we’re trying to make change in. I think we’ve got a good opportunity collectively here.  **Becs Barker:** Thanks, Dez. And thanks, Janie and Jane and Anne Marie. I agree with everything that you've just been saying. Jaynie, as you were speaking, I started reflecting on a very recent and current piece of work that I'm involved with and that's supporting an individual carer who has managed. So this carer’s been put in this situation where she's had sleepless nights and untold anxiety because she's been challenged by the local authority for misspending the direct payment, because she authorised for her daughter's personal assistance to spend money on tea and coffee as part of one of the young lady's outcomes, and that is to learn to socialise and to do so in public places and in company and it's clearly stated in her plan, it's still clearly stated everywhere that this is okay.  My reflections then went on back to the point of today of actually how disempowered a series of people have been in that particular example. The mother, the personal assistants, the woman who requires support, the social worker who's been trying to support the family, the social work manager who's been trying to support the social worker, the finance team, who are completely disengaged from the process and the bureaucracy behind it.  What it brings me back to having heard all of you speak is actually this is about relationships. This is how we all work together and how each part of that system, that upside down triangle that Des just showed, how we connect with each other. It's not about those separate parts of the triangle being disengaged or separate from each other, but what is it that we can learn from each other and how do we enable those learning things to happen without people being fearful of getting into trouble or doing something wrong? Which is the bottom line of this story? That's what everybody is fearing that they're going to get into trouble around the spending of two or three pounds in a coffee shop every now and again. So you know, it's just so clear to me that that's what it's all about. It's about those relationships. It's about getting back to people and it's about us appreciating each other.  **Des:** Absolutely, very well said Becs.  **Sarah:** If you asked me a year and a half ago what good looks like for me it would be to have a shower every day. If you asked me now what good looks like for me, it’s not that, I would say that’s actually poor. The starting point that I was starting at compared to where I am now is just so widely different. So my concern is that it can’t be literally about numbers, it has to be about the person’s story and it also has to keep in mind that if SDS is actually working, that it’s a really really good thing to say something is now poor because that actually shows that it’s worked.  **Des:** One of the key things about shifting our focus to learning is that you don’t close the door to things which are, in performance language, seen as failure. Because actually so much of our understanding things that either don’t work, that’s why it’s a continuous improvement, that’s why it’s a cycle. You’re absolutely right that things can’t turn around that way. It’s a really helpful point Sarah  **Anne-Marie:** My head is still in that place of thinking about ‘What good looks like?’ and the different lenses as we look at that and I can’t help but think about it in the context of SDS. We always talk about the success of SDS will be about people’s having choice and control. What do we mean by choice and control? Which part of that system or that process, where in that process do people really have choice and control? I’m thinking about somebody having an assessment of their needs and they would be involved in that whole experience. Then through that assessment there’s outcomes that are agreed and that’s what any funding allocated will be used for. A very simplified way of looking at it. But that space between the assessment, if it’s agreed, and the outcomes that are agreed, that whole space in there is where people should have ultimate choice and control. That’s where they should spend the money and any resources allocated in any way that they see fit to meet their outcomes. And the problem that we have with this is that people are having to go back all the time and get that permission. It’s somebody else that needs to agree it. What we need to do is to turn it on it’s head completely. People don’t need to go to Social Workers to ask for permission to spend the money. The assumption should be that The assumption should be that they can do whatever they like with that money as long as it meets their outcomes. And actually, if Social Work or anyone disagrees with it, it’s their job to explain and justify why they disagree with it, not the way it currently stands at the moment, where the power lies with the organisation, the institution and those employed in it and not with the individual themselves. There’s something about shifting that whole power back to individuals themselves and until we do that and we trust individuals, then we’re always going to fall into that trap of somebody else making a judgement about a decision you’ve made about your life. And that’s one of the biggest challenges in this, that real lack of trust.  **Des:** I know you’ve said that many times Anne-Marie and I so agree with you. And I think it goes back to Jane’s point about all the more reason we need to be really pushing to bring forward different evidence, because our current sets of evidence will only talk about the current system. You’re absolutely right, how do we bring evidence forward. I think the outcome of today’s conversation is there is a group, are there people who want to be part of a smaller working group to think about exactly that. What would we put forward? Everything that people have said today is really evidence that the world is changing. It’s not current system improving it’s paradigm shift. It’s a new system, something which really reflects the aspirations of SDS, community empowerment, realistic medicine and a whole load of policy which really points towards empowered citizens, but our current system is not going to do that, will never do it. How do we start? It’s revolutionary rather than evolutionary.  **Devon Integrated Health and Social Care slide**  So this was an example of someone dealing with chronic and on-going pain. So what matters to Anne? And it’s really interesting the way this sentence is written. I need help to live as normal a life as much as possible and then I need help dressing, cleaning and house and cooking.  So I would say our current system would have turned that sentence the other way around and almost able to talk about the things rather than the impact and outcomes. What was interesting when they did this piece of work you can see in the blue box the kinds of things that changed. So they found that, the valuable works, the things that actually mattered, there was more of that. Not an awful lot more, but there was more of it. So they took a bit more time and stuff as valuable. But they ditched and this is when you think about bureaucracy and paperwork, they ditched 9 hours worth of waste work.  You’re talking about continuity of care for that person involving 19 people down to five people, continuity of care and really working with people. Handoffs, 17 down to zero, that whole thing. Oh that's another department there’s somebody else you need to go. Zero hand offs compared to 17. So think about this meant to the person. Documents: 33 documents 132 pages down to three documents. Doesn't say pages mind you but that experience of documentation or how that drives so many behaviours what that must be like.  The person receiving that still has 6 IT systems. Is there still something about that still needs to be looked at? Or maybe it's just a fact that actually all six IT systems were updated and it would still okay?  End to end time, 100 days down to 10, so finding things that worked around finding something that helped Anne achieve those things that matter to her. Ten days instead of 100 days.  The outcome, the first one, no real improvement in my life. And this is a real example. If you look at the case study online you'll see all the rest of the data behind it. The outcome, I manage my problem size exactly what Janie said. I manage my problems myself now. Genuine empowerment.  So that's a personal level. Spinning it up to this was 35 cases looked at, complex needs.  Number of assessments down 64%. What does that mean for Social Workers? Doing a lot less assessments. Great system improvement. Number of people involved end to end down 32% - loss of duplication. People really being involved in ways which are productive and not overlapping.  Number of referrals down 41%, again reducing bureaucracy and traffic.  Total number of hours spent on a case down 14%. So actually, overall spending less time on the concern and that's important because the concern has been that we've now got time to have lots of good conversations with people. Well actually it goes back to that end to end time thing that actually when you get the right conversations at the right time then you actually reduce the amount of time that you need to do that. Again frees up to be able to support more people. And we know there's lots of demand out there. FaceTime as a percentage of total time from 46 to 60. So people in those supporting roles doing a lot less paperwork and a lot more being with people. Estimates of the demand returning to system from 71 down to 0. Again these are 35 real cases. So when you you look at the evidence and how you count and understand what matters at personal level does, have a relation to the next level but it's using data in a different way and it begins to talk about a system that is then enabling the blue thing to happen.  So hopefully that helps you to kind of say that, you know, when people have kind of taken this forward, there are ways that we can use data much more powerfully and much more proportionately and much more meaningfully.  **Jane Kellock:** Quickly to pick up on Paulie’s point, the Framework of Standards is a co-produced piece of work, we’re reviewing it in a very sympathetic and thorough way and if we do that review in the right way and we think about the re-wording of the Standards and the core components, then we can think about having some way we can demonstrate what that might look like in practise. So that there are tangible things that people can look at and say ‘Is this actually happening in my local area?’ ‘Is this happening for everybody who should have access to SDS for themselves?’ So if we can redesign the Standards in that way then we can use them in terms of orientating ourselves towards what we can demonstrate from them. Again we need to bear in mind what impact the Plan has and what we’re funded to do within the Plan (all of us), so that we’re not over-reaching, not trying to say that we’ll do the impossible, but still the Standards are there to show us what good should look like.  **Donald:** Looking at some of the comments in the chat, Margaret had made a comment earlier on about it’s both, it’s looking at the system and the personal experience, ultimately success is people having better lives. What Anne-Marie’s saying, it’s what happens out-with the system that we need to report on. In our discussions the other day we were saying that, part of this and whatever the Working Group does, we’re not going to arrive at a methodology today, is looking at what we don’t currently measure, the evidence that we don’t have. We’ve got loads of system related stuff. The irony is that this will help the things that Government need to sign off on. It will impact on the success of the system in terms of people using it less. The next stage is getting a group together to focus on this to help pull together a methodology. Some of us are funded to do different parts of this picture but there are big gaps.  **Joanne:** I think we’ve got a system is based on fear. The whole thing from start to end. Clients are fearful, no even of misusing their money but not going directly with what’s been prescribed from the Social Worker. They cannot deviate from that at all. I think Social Workers also are scared. They don’t have the autonomy to sign off small budgets and we have cases now where people want to use a small amount of money that does meet their outcomes but doesn’t say this directly in the Support Plan. We’ve Social Workers who say they’re only allowed to have 8 hours a week so why are they only using the 6. In our area the Local Authority are looking for how many people you’re working with, really that’s it. I always put in as I call it the softer skills, validation for the client, what’s worked well, a success story, because that’s all missed, that’s the important stuff and all they want to know is the numbers, how many you’re working with, how many have you closed and how many are in transition. And that’s it. So I think there’s a lot of issues there but I think that’s one of the big ones, is the fear factor.  **Des:** Usually articulated in the language of risk, but a misunderstanding I would say, on what we really mean by risk. Risk should always be a balance of doing and not doing on. We focus on the risk of ‘if we do that what might happen’? It does sound as though there’s a huge kind of agreement that we do need to challenge the current status quo in terms of how we understand and evaluate. So is it correct Donald that you would look for anyone who would be interested in being part of a Working Group to look at that and to look at how might we do this differently?  **Donald:** I think just write into the SDS Team email address that this invite came from and we can take if from there. Jane summarised some of the conversation today about what we need to focus on in designing an evaluation methodology. So have a look at that while we move on and consider if you want to be part of this. Or get in touch with anyone of us to have a chat over the next few days so that we can get a group together as soon as possible.  **Margaret:** Something that was really interesting to me is when we were talking about not measuring in terms of numbers. Almost every single FOI request that we get is asking ‘How many people have you got on Option 1, 2 and 3?’. ‘How much budget are you spending?’. ‘How much money have you had back?’ So I think the perception, right across the board, people somehow think these numbers tell you something and they actually don’t. Present company accepted, but that come quite a lot from the voluntary sector, as well as journalists and other kind of media. We’re all thinking in those terms. I think it’s a change in mindset but it’s right across the board. I absolutely take the point about national and local government dealing in those terms, but I think the whole society’s dealing in those terms and we need to get away from that.  **Jaynie:** I’m involved in a lot of the stuff with the National Care Service as well and I think it’s incredibly important that we do this work, because it keeps getting mentioned that SDS is the cornerstone, or will be one of the cornerstone’s of the National Care Service. So that’s some of the stuff that we’re grappling with as part of that picture as well, about how do we make sure it’s person led or person centred, whatever the latest buzz word is. So I think this is incredibly important cos I think this could inform some of the stuff that I’ve been involved with the NCS as well.  **Donald:** That was really useful Des and helped me get my mind round to a different way of thinking. Finally, Hannah can I come to yourself for a Scottish Government update. | For anyone who is interested in joining a Working Group todevelop the approach to evaluating the impact of the SDS Improvement Plan, to contact the SDS Collaboration via the email address used today. Or to get in touch by phone for a further chat. |
| **Scottish Government update:** | **Actions** |
| **Hannah McShane:** Thanks to Des for that cos that was really helpful and everyone’s comments are really helpful as well. So there’s definitely a lot to take away from what everyone’s chatted about there. In terms of my team, a very quick update. We do have some videos. We’ve got a couple of recordings done this week which I was just looking at as this meeting was going on. So we’ve got a video recording from Miss Todd the Minister and from Councillor Kelly from COSLA as well that we’re just in the process of getting uploaded onto YouTube and then we can send out the link so that people can have that on and add it onto socials as well. I’m working on that as we speak if we can get the two video’s added together. So we’re doing a bit of work on that.  And obviously we’re doing a lot of work on the monitoring and evaluation as well in the background in the next couple of weeks. If anyone is trying to get in touch it’s just me in this week, Beth Anderson my colleague is back next week and James is off for the rest of the month. So if anyone has emailed in for our team just to keep that in mind cos you might not get a reply quickly. | Scottish Government to upload 2 SDS Improvement Plan videos onto You Tube. One from the Minister for Social Care, Mental Wellbeing and Sport Maree Todd. The other from Councillor Paul Kelly from COSLA. |
| **Any Other Business:** | **Actions** |
| The next meeting of this group will be on **Wednesday 2 August 2023** from **1pm-3pm**.  The couple of things we will be looking at are the Brokerage Framework and also looking at Scotland Excel around the national frameworks for Care at Home and Care Homes.  In the meantime, please do write in and keep this going so that we can help get a methodology together for evaluation for this. |  |