

Health and Social Care Alliance Scotland

‘Creating the CALL (Connections At Local Levels)’

Report from Aberdeen



Introduction



One of the central areas of contention in Aberdeen is the issue of ensuring a co-productive approach to the implementation of Self-Directed Support. In the spirit of Self-Directed Support there have been calls from the third sector, providers and individuals for the council to increase the nature of their consultation with those who are going to be the main stakeholders of Self-Directed Support in Aberdeen. There is concern that the process being undertaken by Aberdeen City Council may be limited to a financial consideration of Self-Directed Support implementation, which may undermine the intention of the Social Care (Self-Directed Support) legislation.

By holding ‘Creating the CALL’ in Aberdeen, the opportunity was there for stakeholders to discuss these concerns with the council present to address some of the key issues for the people of Aberdeen.

Aberdeen Council Perspective

Peter McDonnell and Jenny Rae gave an account of the work Aberdeen City Council is undertaking in preparation for the implementation of Self-Directed Support. Their primary focus was work going on behind the scenes to ensure that the delivery of Self-Directed Support is effectively implemented. Much of which has meant that Aberdeen City Council has predominately focused their attention on the upskilling of staff through various engagement events, such as World Café initiatives,



supporting staff on the Open University course, and training for trainers. In parallel to this they have been reviewing and updating their resources in accordance with national guidance from the Scottish Government and Social Work Scotland. The intention of this was to advocate a common message on its process of implementing

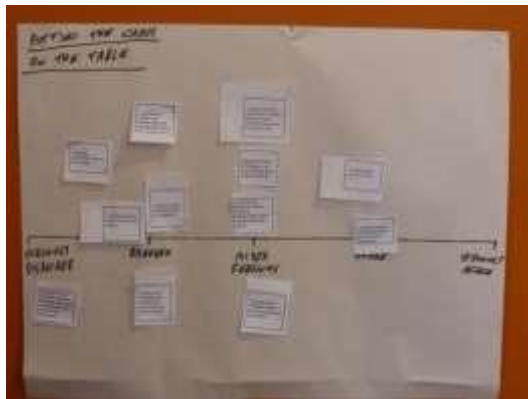
Self-Directed Support in accordance with the Social Care (Self-Directed Support) (Scotland) Act.

Asset mapping

Creating the Connections At Local Levels depends on constructive conversations between all partners involved in shaping the future of health and social care services in their areas. To facilitate the start of this conversation, Peter Ashe of the ALISS project instigated an asset mapping session by asking delegates to consider what kept them well. While it is important to consider the strategic implications of Self-Directed Support in making its delivery successful, it is imperative that all partners do not lose sight of its ambition: to achieve the outcomes of individuals with social care needs. Therefore the asset mapping session provided a supported opportunity for people from all spheres to concentrate on what outcomes they want and what in their local community can help them to achieve them. Getting away from thinking about traditional services, delegates were prompted to consider local amenities and daily activities that improve their wellbeing.



Putting Cards on the Table



Encouraging delegates to open up about their perceptions and feelings towards SDS, they were invited to place statements along a continuum from strongly disagree to strongly agree. The statements were purposefully evocative in order to encourage a debate about the perception of Self-direct Support in Aberdeen.

Comments passed on the statements included:

- Tension between the aspirational objectives associated with Self-Directed Support and the reality of diminishing budgets to support such a structure. It was thought that, while Self-Directed Support was not a disguise for cuts, that the timing of both agendas risked conflict.
- Concern about the supervision of Self-Directed Support in preventing people from either being abused or abusing the system. While there is a strategy coming from the Scottish Government to promote risk enablement – the idea that individuals should be supported to take acceptable, proportionate risk in their daily lives – there was disagreement that Self-Directed Support would be a lever to increasing individuals' opportunities to take safe risks.

- Questions over the appropriate use of Self-Directed Support were debated. Delegates on the one hand argued that, in the context of austerity, Self-Directed Support should be tightly focused on enabling people to direct the social care that was previously delivered by local authorities, while others suggested that Self-Directed Support should be seen as a mechanism to empower individuals to lead ordinary lives, whatever extravagance that includes.

National Provider Perspective

Managing yesterday's services today whilst developing new ways of listening and responding to tomorrow's customer- and accepting (far) less money for doing it"
Steve Scown, *Dimensions*

Dee from Providers & Personalisation gave an overview of the national context for social care providers. Findings from P&P's 2014 provider readiness survey give an indication of priority areas and concerns for providers.

Internal challenges for providers include redesigning 'traditional' services; changing systems and processes while keeping the focus on cultural change to promote personalisation in all support (whether the supported person has chosen control of their budget or not.) Staff retention is also an issue- particularly the challenge of asking frontline staff to be flexible and responsive while acknowledging the importance of worker's personal and family commitments and how this might restrict how flexible they can be.

System challenges for providers include: local authorities being reluctant or slow to implement SDS; and procurement and commissioning processes that work against individual choice. Adding this to the downward pressure on hourly rates and a regulatory system that is not designed to inspect tailored, personalised services creates a 'perfect storm' of systems issues that make implementing SDS a real challenge.

So what is the remedy? Observing that 'a bad system will beat a good person every time' (Deming) the key to tackling SDS implementation is first to acknowledge the competing pressures on providers, commissioners and social work staff alike. Secondly it is to develop SDS approaches and systems in true co-production focussing all developments on choice and control for the individual.

For full analysis of the provider readiness survey, [please click here](#).

Key Issues arising

- Attraction and Retention of Staff

Aberdeen has a relatively low unemployment rate, at around 1.8 per cent for 2013-14. Much of the employment in the city is through the work within the oil and gas industry, which pays substantially more than the minimum wage or that offered by social care providers and local authority direct payments. For

this reason, delegates pointed to the difficulties in attracting and maintaining staff to the social care workforce. Part of this concern is being misappropriated to the inception of Self-Directed Support due to the individualisation of budgets which are lower than required to employ people in the Aberdeen area.

- Support Small and medium sized providers

The Social Care market in Aberdeen has been comprised of small, medium and large service providers under local authority block contracts for many years. There is a concern amongst small and medium providers that the council's approach to Self-Directed Support may present a challenge to the viability of continuing to provide services under a diminishing block contract budget. While the case was put forward that competition was the key to continuing to attract consumers of care providers within the new landscape of Self-Directed Support, it remained uncertain that providers could continue to offer services in the absence of secure future funding. Similarly, the same providers flagged the issue that Self-Directed Support is attracting larger providers to the areas that can deliver the care required on an individual level through a financially sustainable model that cannot be replicated by small and medium providers. However this is feared to be of a less quality than the bespoke services that can be offered by small to medium providers.

- Effective communication required

There is a general feeling that there has been a lack of consultation between the council, provider, the third sector, and individuals receiving social care. This has led to some trepidation among these groups that the implementation will limit their ability to enable individuals or be enabled to meet their social care outcomes. The main factors relate to the fear that Self-Directed Support could limit individuals' ability to purchase the right support within the budgets they are given, and the concern that a top down approach to implementation could stifle the empowerment of individuals to achieve their outcomes.

Self-directed support and the forthcoming integration of health and social care

With the Public Bodies (Joint Working) (Scotland) Act being passed in April 2014, it was an appropriate time to consider the implications that this could have on Self-Directed Support, and more fittingly, the opportunities for greater collaboration in the achievement of personal outcomes through joined-up Self-Directed Support. Taking delegates through the changes and discussing the potential opportunities, Colin Young, Senior Policy and Outcomes Officer for Self-Directed Support at the ALLIANCE, presented on the experiences of pilot programmes to have trialled integrated Self-Directed Support. It is important to stress the legal framework in which this sits. Self-Directed Support is founded in social care policy whereby the duty to offer it only applies to local authorities.

However since the Community Care and Health (Scotland) Act 2002, NHS boards have been able to delegate funding to local authorities in the pursuit of meeting an individual's outcomes where there is a recognised health need. Yet take-up of a joined-up package of support has been limited, and there remains contention between local authorities and NHS boards over the funding of individual budgets to meet health and social care outcomes. To try and readdress this, and to increase the availability of joined-up support for people with health and social care needs, Scottish Government have been mapping out the framework in which to promote self-directed healthcare. In 2010, NHS Lothian and Fife piloted the delivery of personal budgets to people who require health interventions for recovery reasons. Their outcomes are shown to have reportedly increased quality of life and lowered dependence on traditional health services through creative and person centred management of health conditions. The integration of health and social care presents a unique opportunity to redesign the delivery of personal budgets to focus on meeting individual outcomes, rather than the separation of health and social care budgets.



Mapping the future of SDS



Focusing on the personas of individuals with health and social care needs, delegates were invited to map out the route to integrated health and social care Self-Directed Support through thinking in terms of meeting individual outcomes. The solutions ranged from single point assessments, involving family members in the design of care packages and by focussing on meeting individual outcomes to live independently through managing long term conditions.

Positively, delegates appreciated the benefits that integrated health and social care Self-Directed Support could bring to people require support from both. When considering the options of support that could enable the individuals in the personas to live independently, delegates recognised the opportunities available through losing the identity of health and social care budgets. For those who required support to perform medical related tasks for example, the option to choose to manage their conditions at home with support from a family member or PA could provide maximum flexibility in their lives.

Next steps – building consensus

The main theme to thread its way through each of the sessions of 'Creating the CALL – Aberdeen' was communication; the idea that the vision for Self-Directed Support could only be truly realised if the local authority, social care providers, the third sector and the people who require support share the same philosophy and promote the same agenda. Therefore, to make this happen more effectively, delegates focused their solutions on:

- Inviting local authority representatives to connect with Self-Directed Support user involvement group. This will give individuals the opportunity to provide their views and experiences in order to influence local authority implementation of Self-Directed Support.
- Extend an invitation to local authority, third sector and representatives of the user group to join Care And Support Providers Aberdeen (CASPA). This would enable there to be a collective point of information sharing across Self-Directed Support in Aberdeen.
- Develop a comprehensive database of stakeholders in the implementation of Self-Directed Support who could receive regular updates on its progress and contribute to a single response to future plans.
- Develop and distribute an easy read guide to care and support providers, and options for managing one's own support, in Aberdeen. It is crucial that SelfDirected Support enables all those who are eligible for social care to have choice and be in control of their support. Therefore appropriate and accessible information should be available from the beginning of the implementation process.



Creating the future of Self-Directed Support

The intention of Creating the CALL is to instigate a discussion in Aberdeen on the future delivery of Self-Directed Support. While the ALLIANCE works to increase the opportunities for integrated self-directed health and social care, all delegates who attended the event and those they work with should own the agenda, ensuring that people with long term conditions are at the centre of the consultation on the future of Self-Directed Support in Aberdeen.