Health and Social Care Alliance Scotland

‘Creating the CALL (Connections At Local Levels)’

Report from South Ayrshire

Introduction

Working in partnership with Voluntary Action South Ayrshire, the Health and Social Care ALLIANCE Scotland brought ‘Creating the CALL’ to the Savoy Park hotel in February 2014. With representatives from the local authority, health board, third and independent sectors, and carers and individuals themselves, the event sought to engage delegates on the potential expansion of self-directed support (SDS) into a broader framework of integrated health and social care. With input from local providers of support and information, Creating the CALL attempted to be a catalyst for future involvement in shaping SDS in South Ayrshire.

South Ayrshire Council’s Perspective

Prior to the ‘Creating the CALL’, the ALLIANCE was encouraged to hear of a positive relationship between the TSI, local authority and health bodies, in communication and cooperating on issues impacting upon local people. Therefore, the council’s contribution to the event, given by Stephen Kelley, was a positive, forward thinking account of South Ayrshire’s plans for implementing Self Directed Support.

Asset Mapping South Ayrshire

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 prompted delegates to consider local
amenities and daily activities that improve their wellbeing. The delegates thought of the following assets in their area that contributed to their wellbeing:

**Coming to a Common Ground**

The founding principles of Self Directed Support, choice and control, inherently mean that there will be different opinions and perceptions of its implementation, and opportunities from each individual. The ‘Coming to a Common Ground’ activity encouraged delegates to consider the opportunities, restrictions and challenges of Self Directed Support from their position.

i) **A sense of hope**

To start on a positive, delegates expressed support for the opportunities presented by Self Directed Support. Delegates from all sectors were broadly supportive of the principles that people accessing social care should have full choice and be in full control of their support, to enable their independence in their community. The broader remit of Self Directed Support in enabling families and carers to be included in the support arrangement was deemed to be a valuable development. It was felt that Self Directed Support would be an empowering mechanism for people in South Ayrshire to be more included members of the community.

ii) **A sense of uncertainty**

Even though the Self Directed Support strategy has been in place since 2010, there was a feeling of the unknown. Given that the legislation hadn’t taken hold yet, there was some trepidation about the fundamental shift from traditional services delivery to individual procurement of support. This was primarily directed at a lack of clarity regarding the safeguards to ensure the livelihoods of both individuals needing support, and their workforce, are maintained.

iii) **A sense of caution**

Though there was general support of the principles of Self Directed Support, a common theme was of apprehension towards the implications of its implementation. The concerns over which were focused on the transfer of commissioning procedures which, delegates suggested, could risk the framework of support providers and their staff, and put unwanted pressure and responsibilities onto individuals. Included in this was a query over employees’ access to training of caring duties, and employers’ access to support with management and accountancy of direct payments.
A Carer's Perspective

Following the more conceptual activity of considering the implementation of Self Directed Support, the South Ayrshire Carer’s Centre gave a compelling account of its potential improvements for family life. An emotive example was given by a representative of the Carer’s Centre who had had difficulty in securing the appropriate provision for her son. As a mother of three, the speaker gave an honest reflection of the practicalities of moving from one local authority to another in order to secure the right support for her son. For her family, that came in the form of a direct payment, with which they employ Personal Assistants who enable their son to enjoy the opportunities growing up presents without the pressure of his needs being met within the family. While this clearly benefits him, being able to do things that he enjoys, it also supports the whole family to lead ordinary lives.
Outcomes Focussed Planning

Using a scenario based activity, whereby each table was given a biography of an individual with various support requirements, delegates were asked to consider the route that each individual should take to achieve the independence they wanted. With each table having a different scenario, the range of options and opportunities available prompted a broad discussion on the principles of Self Directed Support and the outcomes it should achieve. Each delegate around the table was encouraged to adopt a role of either an individual requiring services or a representative of the services involved in supporting their independence.

The main themes to be drawn from the discussions collectively included:

i) The need to have the person at the centre –

It was a conscious decision for people with lived experience not to be used as a representative of the persona; this could have had the negative effect of individualising the issues. It was therefore encouraging that delegates highlighted the need to have more in-depth discussions and outcomes focussed decision making with the person to whom the situation pertained. Following on from the asset based mapping session, delegates were inspired to take the model of outcome based conversations forward at a community level, to encourage individuals to take ownership of their outcomes. Not only on an individual level, but it was felt that such conversations could take place more broadly through a support group.
arrangement, whereby ‘service users’ can enable each other to become empowered, independent members of the community.

ii) The need to be empowered –

Given that each table included representatives from a variety of sectors and backgrounds, it was encouraging that delegates’ main focus was on the individual’s role in the Self Directed Support process. In order for the person to have this responsibility and to access their rights accordingly, it was agreed by all delegates that the individual has to have the information and support to advocate for their rights to be met. This depends on services in their community being able to provide knowledge according to each individual’s unique situation. There is a strong emphasis here for a community based resource that could give effective support and advocacy to individuals and their carers on an equal basis. It was felt this would be best served by a universal service that would actively encourage inclusion within the community, so there is a collective ownership of Self Directed Support in South Ayrshire.

iii) The need to be informed –

With there being so little information given in the scenario for each situation, delegates rightly acknowledged the need for more information to be given in order for the best course of action to be taken to support the individual. This highlighted that professionals involved in the support planning of individuals with health and social care needs must have a collective understanding of their lifestyle requirements and desired outcomes. There was a fear of a disjointed nature towards support planning which would undermine the outcomes based model that Self Directed Support is advocating. This was specifically directed at the need for community based GPs and social workers to be more communicative.

Ayrshire Independent Living Network

Giving an overview of the services and support available to self-directed support users in South Ayrshire, Evelyn Gilchrist and Maria Smith from AiLN described the role that they play in enabling disabled people to become empowered employers. From the initial contact with social services to maintaining the payroll of staff, AiLN offer a range of employer support. AiLN places emphasis on the importance of disabled people knowing their rights and understanding the responsibilities to
be effective employers and to fulfil their outcomes through Self Directed Support. With over 300 people using AiLN support services, the main arrears of assistance provide relate to employment tasks, such as writing job applications, local advertising, and securing insurance.

**Key issues emerging**

The main focus of the event was on the potential opportunities Self Directed Support could bring to the empowerment of people in South Ayrshire. Taking a co-productive approach, delegates chose to concentrate on issues that would affect each agency in turn, and on issues to which each agency could have an impact.

i. Exploring the role of health first, while it was notably apparent that those working in health, and those with a perspective on health’s involvement in the Self Directed Support process, felt a lack of responsibility due to the legal duties being focused on local authorities, there was a common consensus that Self Directed Support could only be truly person centred if there was a collective approach between health and social care to the attainment of individual outcomes. For this to happen, it was suggested that there should be stronger links made between the health service, local authorities and the third sector. It was felt to be beneficial that this was at a community level so that there was a joined up understanding of the local provision, in order to meet individual outcomes.

ii. Discussing the role of the local authority, there was a strong feeling that there needed to be more transparent and clear communication on the implementation of Self Directed Support. It was felt by both professionals and individuals that there needed to be greater transparency over what individuals can and cannot do under Self Directed Support. While the principle of Self Directed Support would suggest that it is up to the individual to determine what support they need to meet their outcomes, there was a call from delegates for a signposting mechanism whereby individuals could find out what is available in their area before deciding on an option.

iii. Providers seem to be more apprehensive towards the implementation of Self Directed Support for fear of changes to contractual arrangements between the local authority, the provider and the individual. For this reason it was felt
that there needed to be more of a collaborative approach with local authorities and providers in coming to a common understanding of the implications for both parties. While this should be taken forward at a local level to ensure that there is a cohesive strategy for Self Directed Support implementation, it was also suggested that there needs to be a directive from Scottish Government assuring providers of their place in a competitive market.

**Recommendations**

1. The strong sense of community aspiration for Self Directed Support is marked by the suggestion that there should be a locality based resource for professionals and individuals to explore the opportunities available through Self Directed Support.

2. Up-skill those working in local universal information and advice giving organisations with knowledge of Self Directed Support to be able to signpost people to agencies that can support their journey.

3. Establish a user involvement pathway to encourage the greater participation of individuals in the local area to become key informants of Self Directed Support implementation.

4. Develop a bank of user experiences to showcase the positive opportunities that can be achieved through Self Directed Support.

5. Plan six-monthly update events to maintain the connection between all the statutory partners in securing a long term coproduction policy for the implementation of Self Directed Support within an integrated landscape.

**Creating the future of Self Directed Support**

The intention of Creating the CALL is to instigate a discussion in South Ayrshire 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 events 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 on the Western Isles.