

## SDS Briefing for Local Area Committees (LACs)

In January 2013, the Scottish Parliament passed the Social Care (Self-directed Support) (Scotland) Act 2013, which came into force on 1 April 2014.

Self-Directed Support is the term that describes the mechanism by which people can have choice and control over the social care they receive. It gives people control over an individual budget and allows them to choose how it is spent on support which meets their agreed social care outcomes.

The Act places a duty on local authorities to offer four options to eligible people, at the point of assessment, to self-direct their support;

The four Self Directed Support options are:

- **Option 1** (Direct Payment): the person chooses to take the budget as a direct payment
- **Option 2** (Directing The Available Services): the person chooses to select their support and have the local authority make arrangements to provide it on their behalf
- **Option 3** (Arranged Services): the person chooses to have the local authority select and make arrangements to provide their support on their behalf
- **Option 4** (Mixed Package): the person chooses a mix of these three options for different types of support

## Renfrewshire Approach

At the point of assessment social work staff complete jointly with individuals and carers, a Resource Indicator Tool (RIT) which is a brief questionnaire that reflects the person's needs. The Resource Indicator Tool results are then fed into the Resource Allocation System (RAS), which calculates an indicative personal budget to use as a basis for the person's support plan.

The Resource Indicator Tool questionnaire has been designed to support outcomes based conversations between social work staff and individuals, their carers and families so that it produces results that are agreed by all involved. This approach is intended to give reassurance that the Resource Allocation System is a flexible and outcomes focussed tool. In addition, the Resource Allocation System generates an indicative budget which is open to change as a result of further support planning conversations between staff, individuals and families.

## Eligibility Criteria

Renfrew Health & Social Care Partnership (RHSCP) has a fixed budget for Community Care services which it is required to operate within. Because of this it uses guidelines approved by the Council known as **eligibility criteria** so that this resource is targeted and to ensure:

- that everyone who asks for a service is dealt with according to his or her needs;
- that people in the greatest need or at most risk are prioritised, and
- that everyone understands what decisions are made about care.

The RHSCP has to operate within the Council's policy decision, that only those people with needs that have been assessed at **critical** and **substantial** levels will be eligible for service. An individual may have a range of needs some of which are substantial and some low to moderate. Only the substantial and critical needs will be eligible for support. The Eligibility Criteria will be used to assess the urgency and /or the person's situation.

People assessed in the medium and low bands do not meet our eligibility criteria and will not receive a service, but we will provide information and advice on other sources of help where possible.

The eligibility criteria apply to all people who currently receive a service and anyone who may request or require an adult care service.

As the needs and services of people who currently receive a service are reviewed, the criteria will be applied just as they are applied to new service users. This means that some services currently provided to a person may be reduced or withdrawn if they are meeting needs that are not reassessed as a priority.

The aim is to ensure equity or fairness in allocating resources while meeting priority needs.

#### **SDS does not apply when:**

- A person is presenting in crisis
- Its premature to make an assessment
  - Over 65's pathway is via reablement
  - Under 65's reablement/recovery/preventative ethos to be applied first
- Its necessary to arrange support ahead of more considered planning to consider future needs e.g. hospital discharge, transitions
- When a person's lifestyle requires stabilising before longer term needs are met
- When a persons' outcomes can be best met through a relationship with a practitioner, access to universal services or community resources

#### **Challenges from SDS**

- Social work assessment requires co-production with people seeking support, and needs to be outcomes-based rather than service-led – this will require a culture shift.
- The SDS framework brings changes and challenges to commissioning practices:
  - a move away from block contracting and for contracting with small, possibly specialist, providers
  - Need to ensure that packages are delivered within budget.
- Self-Directed Support comes at a time of increasing demand for services and ongoing national financial constraint. To operate within budget may result in more targeted provision.
- Costs may arise as existing services are maintained alongside new approaches such as maintaining day/residential /respite resources with reduced occupancy.

## **Balancing the messages**

We therefore must ensure that:

- Assessment comes first
- The service user gets their “share” of the available resource based on needs and risks
- We then consider the options to meet the desired outcomes
- Complex care - best value duty to benchmark costs
- Budget for assessed need.
- Manage increasing uptake.
- Increase choices and flexibility for service users

## **Moving forward:**

- Ensure SDS is embedded in practice for all RHSCP staff
- Continue training programme for staff
- Encourage use of WiRE – Renfrewshire Local Information Portal to develop signposting to community based resources
- Monitoring, evaluation and continuing improvement of processes
- Financial Monitoring

## **Sourcing Care Provision:**

As part of the SDS approach, the service user is able to make the choice of how their care is provided and by whom but must check that any agencies they select are registered with the Care Inspectorate before being contracted as part of their support plan. Some people may opt to choose a provider outwith Renfrewshire and these providers may charge a higher hourly rate to reflect travelling times and distance for their staff. These higher costs will have to be absorbed within the service user's existing budget and if there is a reduction in hours due to the higher costs, the HSCP need to ensure that the support plan continues to meet agreed outcomes.

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