

# Self-directed support: 2017 progress report Impact report

ACCOUNTS COMMISSION 

AUDITOR GENERAL 

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Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

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## Summary of overall impact

1. Our *Self-directed support: 2017 progress report* audit was well received by stakeholders and achieved a good level of media attention which reflected our key messages well. The report has featured at a number of national and local stakeholder events and was subject to in-depth parliamentary interest.
2. The findings from the report have been well received and echoed by key stakeholders with the recommendations for improvement accepted and actions put in place by the Scottish Government, COSLA and partners. As stated in the 2017 progress report, authorities have yet to make the transformation required to fully implement the SDS strategy, although further steps have been made to progress on our recommendations including:
  - the refinement and development of accurate data and methodologies to understand the impact of SDS on people who need support although this is ongoing
  - a review of independent information, advice and advocacy people need for SDS has been carried out to inform funding for the next three years
  - the Scottish Government is publicly reporting on its plans, strategies and outcomes achieved through public funding
  - a new SDS implementation plan has been produced for 2019-2021 as part of a wider programme of activity to support local reform of adult social care. This has been done in partnership with key stakeholders including service users and carers.

### How *Self-directed support: 2017 progress report* made an impact in terms of the four audit dimensions



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## Introduction

3. This report summarises the impact made by the joint Accounts Commission and Auditor General for Scotland performance audit: *2017 progress report* published on 24 August 2017.
4. This was a follow-up report on self-directed support (SDS), building on the report published in June 2014 looking at the early stages of the SDS strategy. The 2017 progress report looked at:
  - progress councils and integration authorities had made in implementing SDS
  - the impact SDS was having on people with support needs, carers, families and communities
  - factors that were supporting or impeding effective implementation of SDS
  - how effectively the Scottish Government was supporting implementation of SDS and evaluating its impact.

### Key messages and recommendations

5. The key messages from the report were as follows:
  - Our evidence shows many examples of positive progress in implementing SDS. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy. Most people rate their social care services highly and there are many examples of people being supported in new and effective ways through SDS, but not everyone is getting the choice and control envisaged in the SDS strategy. People using social care services and their carers need better information and help to understand SDS and make their choices. More reliable data is needed on the number of people choosing each of the SDS options. Data should have been developed earlier in the life of the strategy in order to measure the progress and impact of the strategy and legislation.
  - Social work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support. Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.
  - Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities' approaches to commissioning can have the effect of restricting how much choice and control people may have. In particular, the choices people have under Option 2 are very different from one area to another. Authorities' commissioning plans do not set out clearly how they will make decisions about changing services and re-allocating budgets in response to people's choices.

- There are tensions for service providers between offering flexible services and making extra demands on their staff. At the same time, there are already challenges in recruiting and retaining social care staff across the country owing to low wages, antisocial hours and difficult working conditions.
  - SDS implementation stalled during the integration of health and social care services. Changing organisational structures and the arrangements for setting up, running and scrutinising new integration authorities inevitably diverted senior managers' attentions. Some experienced staff are also being lost through early retirement and voluntary severance schemes as the pressures on budgets mount.
6. The report made recommendations for the Scottish Government, COSLA and authorities. A full list of the recommendations can be seen in the appendix. It also provides a summary of progress against the recommendations for the Scottish Government and COSLA.

## Raising awareness and communication of key messages

### Media coverage

7. The report attracted considerable coverage in print titles (*Herald, Scotsman, Times, Courier*), television (BBC, STV), radio (BBC, Central FM, Kingdom).
8. Overall, our main messages were well reflected in coverage as were quotes from the Accounts Commission deputy chair and the Auditor General.
9. Positive responses from the Scottish Government, COSLA and a range of third sector organisations helped spread the word. This was reflected in Third Force News and other specialist media. The report team also engaged effectively with blogs targeting users and carer groups.
10. The report attracted 1,584 downloads from the AS website in its first two months. The easy-to-read summary to help users was downloaded 340 times in the first month.
11. Report downloads in the 12 months since publication from Audit Scotland's website are summarised below:

Downloads	Number of items: Twelve months after publication (Text only version)
Main report (Text only)	5,738 (2,147)
Easy read summary (Text only)	1,331 (434)
Supplement 1 - Case study	313
Supplement 2 - Audit methodology and survey results	1,042

Downloads	Number of items: Twelve months after publication (Text only version)
Supplement 3 – Checklist (Text only)	334 (352)
Podcast downloads	78
<b>TOTAL DOWNLOADS</b>	<b>11,769</b>

### Presentations by the audit team

12. The report received interest from a range of stakeholders and the team were asked to present the report findings at the following events:
- Holyrood Conference event organised to present and discuss the findings of the report on 31 August 2017.
  - West Dunbartonshire Health and Social Care Partnership Audit Committee on 20 September 2017.
  - South Lanarkshire SDS Network event on 3 October 2017.
  - Health and Social Care Action Group of Scotland's National Action Plan for Human Rights on 25 October 2017.
  - Joint Alliance/Audit Scotland event on 30 November 2017 following up on the report.
  - CCPS event on Housing support and personalisation on 21 February 2018.
  - In Control event, specifically around Option 2 on 21 March 2018.

### Working with stakeholders

13. The audit methodology provided an opportunity to engage in a highly valuable way with members of the public who were entitled to self directed support and their families and carers. The audit team spoke directly to service users in their homes as well as through focus groups and connections made through a service user survey. This provided the audit with an important evidence source of how well SDS was working for those affected by it.
14. The audit also made useful connections with third sector organisations for our work in social care. These organisations were able to provide us with expert knowledge and access to talk to service users and their carers and families through co-facilitated focus groups. For example with:
- the Scottish Commission for Learning Disability Expert Group
  - MECOPP
  - People First
  - Penumbra
  - In Control – Partners in Policymaking
  - The Alliance (who also co-hosted an event to promote the report)

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## Parliamentary consideration

15. The report was considered by the Scottish Parliament Public Audit and Post-Legislative Scrutiny Committee on 28 September 2017<sup>1</sup>. The committee's questions focused on budgeting for SDS, the speed of progress, leadership and accountability. The committee agreed to take further oral evidence.
16. In 2017, the committee had invited suggestions for Acts that would benefit from post-legislative scrutiny and the Social Care (Self-directed Support) (Scotland) Act 2013 was highlighted by stakeholders. Following its evidence session on 28 September, the committee agreed it would take account of concerns raised about the Act as part of its scrutiny of Audit Scotland's report.
17. A round-table evidence session<sup>2</sup> took place on 30 November with the following organisations represented as witnesses:
  - Inclusion Scotland
  - East Ayrshire Health & Social Care Partnership
  - Self Directed Support Scotland
  - Glasgow City Health and Social Care Partnership
  - Alliance Scotland.

The organisations echoed evidence found in the 2017 Audit Scotland report and provided further examples and details.

18. A further round-table evidence session took place on 14 December with representatives from COSLA and the Scottish Government. There were also further written submissions from the Scottish Government, COSLA and other stakeholders.
19. On 21 February 2018, the committee wrote to the Cabinet Secretary for Health and Sport seeking a response on the concerns and recommendations found in the Audit Scotland report and the further evidence gathered. On 21 March, the Cabinet Secretary responded, accepting the findings of the Audit Scotland report. A summary of actions being taken by the Scottish Government, COSLA and partners to address the recommendations was also provided.
20. On the 16 May 2019, the committee agreed to close its scrutiny of the Audit Scotland report.
21. The team also spoke to the Cross Party Group on Disability on 6 December 2017 about the findings from the report.

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<sup>1</sup> The official report of the meeting and follow up evidence can be found here:  
<https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/106127.aspx>

<sup>2</sup> <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=11242>



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## Contribution to national policy developments

22. In late 2017, the Scottish Government commissioned an evaluability study and evidence assessment to look at ongoing national monitoring and evaluation. The study findings<sup>3</sup> referenced the finding in the Audit Scotland report around the stalling of SDS implementation due to the integration of health and social care services.
23. The independent Review of Independent Information and Support Services Funded by the Scottish Government<sup>4</sup> also supported the key messages and recommendations of the 2017 report that SDS was not fully embedded into social care approaches.
24. Following the publication of the report, Audit Scotland was invited to sit on the Care Inspectorate's Self Directed Support Thematic Review Reference Group.

## Progress on implementing recommendations

25. The table at Appendix 1 lists the recommendations to the Scottish Government and COSLA and evidence which highlights the progress towards these recommendations. This impact report has not specifically looked to follow up progress on each recommendation for integration authorities, but these are also listed for information at the end of the report. The focus of these recommendations was on:
  - supporting the design of more flexibility and choice into support options
  - refining needs assessment processes and support planning to deliver better outcomes
  - improving commissioning arrangements for SDS
  - supporting ongoing implementation of the national SDS strategy.

### Progress made aligning with the reform of adult social care

26. The Scottish Government, COSLA and partners are progressing most of the recommendations made by the report. The most recent Self-directed support implementation plan (2019-21)<sup>5</sup> forms part of a larger programme of activity designed to support local reform of adult social care. The Scottish Government reported that that they have worked with COSLA and the People-led Policy group (a panel of users of adult social care and unpaid carers) and the Leadership Alliance (key public, third and independent sector stakeholders) to:
  - develop a discussion paper on the issues and opportunities facing social care support;
  - analyse responses
  - set a vision and blueprint for the programme.

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<sup>3</sup> [Self-directed Support Implementation Study 2018: report 4](#)

<sup>4</sup> <https://www.gov.scot/publications/review-independent-information-support-services-funded-scottish-government/pages/12/>

<sup>5</sup> <https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/>

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The programme priorities are shaped and agreed by both people who use social care support and people who work across the system. These are:

- Have a shared agreement on the purpose of social care support. Focus this on human rights and a process that is person-led.
- Focus on social care support that fits around a person, how they want to live their life, and what is important to them. This includes living as independently as they can and as they wish to. It includes the freedom to move to a different area of Scotland if they want or need to.
- Focus on equity of experience and expectations across Scotland.
- Change attitudes towards social care support, so that it is seen as an investment in Scotland's people, society and economy.
- Value the people who work in social work and social care support.
- Include and co-produce with people who use social care support, unpaid carers, and wider communities. Strengthen the quality and consistency of co-production at local and national level.
- Look at investment in social care support, and how it is funded and paid for in the future.
- Evaluate and learn from data and experience.

These priorities reflect many of the key messages and recommendations from the 2017 audit report. The workstreams for this programme have been agreed and are now in motion but will take some time to come into effect.

### Care Inspectorate SDS Thematic Inspection

27. The recent Care Inspectorate Thematic Inspection of SDS across six partnerships carried out in 2018<sup>6</sup> echoed the messages found in our 2017 report. They found:

- *Most of the supported people and staff we met were very positive about self directed support and the principles and values of personalisation. In practice however, more needed to be done to inform, empower and enable people to fully participate.*
- *In situations where SDS was effectively implemented, supported people found it transformational and experienced positive personal outcomes. However, effective SDS was not accessible to all.*
- *Discussions and decisions about options, choice and control were not routinely documented in case records.*
- *Partnerships were not consistently collecting, aggregating, analysing or reporting on personal outcomes. This was making it difficult to evaluate progress in SDS and to drive improvement.*

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<sup>6</sup> <http://www.careinspectorate.com/images/documents/5139/Thematic%20review%20of%20self-directed%20support%20in%20Scotland%20June%202019.pdf>

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- *Eligibility criteria frameworks were hindering staff from working in a way that supported the principles of SDS.*
  - *Key processes and business systems did not always support a personal-outcomes approach and lacked transparency and accountability.*
  - *All four SDS options were not consistently available to supported people. Different challenges for different reasons across the country meant that certain options were unavailable to people.*
  - *Across health and social work, leaders demonstrated a shared understanding and knowledge of SDS. In practice, frontline health staff were not yet actively engaged in this agenda.*

### **Action taken to improve consistency of high quality SDS across Scotland**

28. In discussions with stakeholders this message of inconsistency across local authorities was also highlighted. There does appear to be some progress in some areas with councils and integration authorities working with their national and local partners. For example:

- In Control Scotland is facilitating practical demonstration work in six local authority areas to develop and embed Option 2 as a practical choice for supported people, including carers
- Healthcare Improvement Scotland will:
  - work in eight Health and Social Care Partnership (HSCP) areas to develop a Community Led Support approach to health and social care based on good conversations and what matters to people.
  - work in three HSCP areas to develop skills, knowledge and confidence to develop commissioning practice and relationships which enable more flexible and person-centred models of support.
- Scotland Excel is continuing to develop a national framework agreement for commissioning and purchasing care and support services to increase consistency and understanding in how support is commissioned across authority areas.

### **Future work and ongoing monitoring**

29. The impact report details a number of areas that are ongoing or long term in nature and will take time to demonstrate impact. Within this context, and in light of the impact report findings, further performance work by Audit Scotland is unlikely to add substantial value at this stage. We will continue to monitor progress through our wider health, care and communities monitoring work and as part of the planned audit on sustainability of social care services.

## Appendix 1. Progress on implementing the recommendations in *Self-directed support: 2017 progress report*

This table provides a summary of progress against our recommendations. It is based on responses and evidence provided by the Scottish Government and COSLA.

Recommendation	Scottish Government/COSLA response	Progress
<p><b>Directing your own support</b></p> <p>The Scottish Government, COSLA, partners and authorities should continue working together to develop:</p> <ul style="list-style-type: none"> <li>- the accuracy and consistency of national data on the number of people choosing each SDS option</li> </ul>	<ul style="list-style-type: none"> <li>- Collection of SDS data has now moved to a single point of social care data collection through ISD's SOURCE data platform from 2017/18 and this data was published in June 2019<sup>7</sup>. This data remains as Experimental statistics at this stage.</li> <li>- The SOURCE team plan to increasingly include social care activity at a local level including social care budgets. The Scottish Government plan to be able to review the pathways in and out of social care support.</li> <li>- Improvements have been made to the Social Care Survey methodology for calculating the national SDS implementation rate to better reflect the number of people for whom a choice should be made available.</li> <li>- In late 2017, the Scottish Government commissioned an evaluability study and evidence assessment to look at ongoing national monitoring and evaluation. Current routine data collection was found to be insufficient for monitoring and evaluation. Recommendations were made for improvements and revised research questions were created for future monitoring and evaluation. It also looked at how to</li> </ul>	<p>Green – Good progress</p>

<sup>7</sup> <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2019-06-11/2019-06-11-Social-Care-Report.pdf>

	<p>understand and evidence the resource implications of self-directed support approaches.</p>	
<ul style="list-style-type: none"> <li>- methodologies to understand the impact of SDS on people who need support and their carers.</li> </ul>	<ul style="list-style-type: none"> <li>- Self Directed Support Scotland and the ALLIANCE are currently working on the next tranche of user survey research (funded by the Scottish Government). Called 'My Support My Choice', the research project will provide evidence about the experiences of social care users and their families, and examine local authority assessment, information and continual support practices for SDS. They aim to work with eight local authority areas in depth, supplemented with additional survey work with specific groups.</li> </ul>	<p>Green – Good progress</p>
<p><b>Implementing the national SDS strategy</b></p> <p>The Scottish Government, COSLA and partners should work together to:</p> <ul style="list-style-type: none"> <li>- review what independent information, advice and advocacy people will need in future, and how that should be funded after current Scottish Government funding for independent organisations comes to an end in March 2018. This review should fully involve users, carers, providers and authorities, and should conclude</li> </ul>	<ul style="list-style-type: none"> <li>- The Scottish Government published an independent review<sup>8</sup> involving key stakeholders including 148 people who used care support in 2017. Following the review, Support in the Right Direction funding (a fund for independent support organisations) was confirmed for a further three years. A short extension to existing funding was provided from April to September 2018 in order to ensure there was no break in funding.</li> <li>- Drawing on learning from the review, the Scottish Government reported that in the current round of funding (October 2018 – March 2021) the application process recognised the importance of positive relationships between the funded organisations and local authority/ HSCP partners.</li> <li>- Through this new programme of Support in the Right Direction, Scottish Government is funding a total of £2.9 million per year to 30 voluntary-sector independent support organisations in 31 LA areas</li> </ul>	<p>Green – Good progress</p>

<sup>8</sup> <https://www.gov.scot/publications/review-independent-information-support-services-funded-scottish-government/pages/2/>

<p>in time for appropriate action to be taken</p>	<p>(no applications were received from Moray). These organisations offer face-to-face advice, advocacy and other forms of support to people navigating the social care system.</p>	
<ul style="list-style-type: none"> <li>- agree how any future financial support should be allocated, taking into account how authorities' local commissioning strategies will inform future spending priorities</li> </ul>	<ul style="list-style-type: none"> <li>- The Ministerial Strategic Group for Health and Community Care's Review of Progress<sup>9</sup> with Integration of Health and Social Care includes a range of recommendations relating to integrated finances, financial planning, transparency and accountability, and improved strategic commissioning. These will be completed by March 2020.</li> <li>- The Scottish Government published a Programme Framework for the reform of adult social care in June 2019<sup>10</sup>. A core priority of this programme is to look at the investment in social care support and how it is funded and paid for in the future.</li> </ul>	<p>Amber – Ongoing</p>
<ul style="list-style-type: none"> <li>- seek solutions that address the problems of recruitment and retention in the social care workforce</li> </ul>	<ul style="list-style-type: none"> <li>- The Scottish Government reports that the problems of recruitment and retention in the social care workforce are a focus in both the developing programme of adult social care reform and strongly reflected in the existing Health and Social Care Delivery Plan.<sup>11</sup></li> <li>- Part 2 of the HSC workforce plan<sup>12</sup> acknowledges some of the distinct challenges for workforce planning in the social care sector: The plan outlines specific areas as initial priorities for action. This includes the need to improve the evidence base for workforce planning, the need to further engage partners across the sector in planning activity and</li> </ul>	<p>Amber – Ongoing</p>

<sup>9</sup> <https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2019/02/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/documents/00545762-pdf/00545762-pdf/govscot%3Adocument/00545762.pdf>

<sup>10</sup> <https://www.gov.scot/publications/social-care-support-investment-scotlands-people-society-economy-programme-framework-partnership-programme-support-local-reform-adult-social-care/>

<sup>11</sup> <https://www.gov.scot/publications/health-social-care-delivery-plan/>

<sup>12</sup> <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/>

	<p>the need for workforce planning tools that are developed with the sector, for the sector.</p>	
<ul style="list-style-type: none"> <li>- ensure that the requirement to effectively implement SDS is reflected in policy guidance across all relevant national policies, such as health and social care integration, community empowerment, community planning, housing and benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Self-directed support is now reflected in policy guidance across housing, older people, disabled children, learning disabilities, and others, in addition to health and social care-specific policy such as the implementation of free personal care for under 65's and the National Health and Social Care Workforce Plan: Part two. The Scottish Government reports that work is underway to include it within other areas including adults with incapacity legislation and material related to disability benefits.</li> </ul>	Amber – Ongoing
<ul style="list-style-type: none"> <li>- routinely report publicly on progress against the 2016-2018 SDS implementation plan and the SDS strategy.</li> </ul>	<ul style="list-style-type: none"> <li>- Progress from 2016 is summarised in the new Self-directed Support Implementation Plan 2019-21<sup>13</sup>. It contains an update on national developments since 2016 against the four themes of involvement, leaders and systems, workforce and people.</li> <li>- The Scottish Government reports that the impact and learning of each project in the 2019-2021 SDS Implementation Plan will be identified, aggregated and reported on to ensure that the desired progress is being made and to inform other workstreams within the reform programme. Project and programme goals have been identified for each strand of activity. Progress will be tracked through the reform of adult social care programme management and governance structures, and self-directed support will be considered across all workstreams.</li> </ul>	Green – Good progress
<p>The Scottish Government should:</p>	<ul style="list-style-type: none"> <li>- A progress report on the Self-directed Support Strategy was published in 2018: Transforming Social Care: Scotland's progress towards</li> </ul>	Green – Good progress

<sup>13</sup> <https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/>

<p>- report publicly on the outcomes it has achieved from the almost £70 million funding it has committed to support implementation of SDS.</p>	<p>implementing self-directed support 2011-2018<sup>14</sup>. It identifies the progress made between 2011 and March 2018. It draws upon work by Social Work Scotland, who carried out primary research in 14 local authority areas; NHS Education Scotland and Scottish Social Services Council to identify this impact. It also gives detail on how the almost £70 million funding was dispersed and highlights useful tools and resources developed as a result of this funding.</p>	
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## Recommendations to councils and integration authorities

### Directing your own support

Authorities should:

- work in partnership with service users, carers and providers to design more flexibility and choice into support options
- review their processes for supporting children to transition into adult services.

### Assessing needs and planning support

Authorities should:

- provide staff with further training and help on identifying and planning for outcomes
- work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent
- establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice
- support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly
- ensure they are providing information on sources of support to those who are accessing SDS
- work with service users, carers and providers to review the information and help they offer to people during assessments, reviews and planning discussions.

<sup>14</sup> <https://www.gov.scot/publications/transforming-social-care-scotlands-progress-towards-implementing-self-directed-support/>



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## **Commissioning for SDS**

Authorities should:

- develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another
- work with service users, carers and provider organisations to develop more flexible outcome-focused contractual arrangements
- continue to work with communities to develop alternative services and activities that meet local needs.

## **Implementing the national SDS strategy**

Authorities should:

- develop targeted information and training on SDS for healthcare professionals who have a direct or indirect influence on people's health and social care support
- monitor and report the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services.