Social Care (Self-directed Support) (Scotland) Bill
Supplementary Evidence Highland Health and Social Care Partnership

THE HIGHLAND HEALTH AND SOCIAL CARE PARTNERSHIP AT ITS FIRST EVIDENCE SESSION ON 8 MAY 2012

1. SPECIFIC NUMBERS OF SELF DIRECTED SUPPORT (SDS) PACKAGES INCLUDING DIRECT PAYMENTS

As was suspected, the Highland test site kept incomplete information about the total numbers of individuals who enquired about or who were assessed for assistance and the number of these enquiries that then resulted in the award of an SDS package. We are now exploring ways in which we might be better able to capture the breadth and depth of that information.

For information, I have enclosed figures relating to the numbers of new SDS packages awarded during the test site period (1 April 2009 – 31 March 2011) and from 1 April 2011 – 22 May 2012 at Appendix A. This highlights a move from the award of traditional Direct Payments to the new SDS packages.

In addition, this quote is taken from the evaluator’s report of the test site:

Information supplied by The Test Site shows that in addition to those that did pursue SDS a further 101 cases either sought information about SDS options or were proactively advised of the option as a result of a focus on Young Adults in Transition. With 40 proceeding, that equates to 28% of those to whom SDS was promoted or who considered in the end pursued it. Unfortunately, whilst additional information is available in respect of a small number of cases, we do not have a comprehensive breakdown of why potential service users chose not to pursue SDS.

However, amongst the 101 that did not pursue an SDS approach, seven (7%) were recorded as taking up a Direct Payment instead. Although it is assumed these other service users did not have an SSAQ / outcome based award, it is appropriate to record them as having achieved some degree of personalisation. In which case of a total of 141 cases who were in contact with the SDS team, one third (33%), secured either a Direct Payment through SDS or separately.

44 of those who did not pursue SDS / DP were recorded as school leavers; this compares with 24 who did, made up of:

- 15 young people who were recorded as either receiving an on-going SDS package as part of the 1st or 2nd tranche of school leavers, or
- 7 who received a one off SDS payment but were recorded as ‘supported at school’, or
- 2 who were recorded as school leavers but received a Direct payment, which was not recorded as SDS based.
This appears to indicate that where there was active promotion to the school population this led to higher levels of take up than amongst the wider group of enquirers. One third (33%) of school leavers pursued an SDS approach, rising to 35% if the two additional DP’s are included. This compares to 25% of enquiries proceeding to SDS – rising to 32% if the additional five additional (‘non SDS’) DPs are taken into account. However, one stakeholder observed that the reason for the higher take up of SDS amongst school leavers may have been due to a dearth of alternative options.

The reasons for the higher take up of SDS amongst school leavers are not known. There may have been several reasons including:

- Being a priority for the Test Site, school leavers might have received more focussed attention and support than other enquirers
- As many enquiries appear to have come from Social Workers, it is possible that they were only gathering information about possible options, which they had yet to explore with the service user.

Although not strictly comparable, other research in respect of Direct Payments may give some insights as to why clients did not take up SDS. The Test Site’s October 2010 quarterly monitoring form reports the findings of a survey of 292 people offered a Social Work service during May – June 2010, asking if they were offered a Direct Payment and, if they declined why they did so. There was a 35% response rate:

- 62% said they were not aware of the Direct payment option and
- 29% that they were offered a DP but declined.

Our earlier baseline study found that there were doubts as to whether all Social Work staff were adequately informing service users of their right to Direct Payments, if at all. These figures appear to confirm this as a continuing issue.

Of those that reported declining a DP (18):

- 39% felt they could not cope with the added responsibilities of managing a DP
- 11% said they trusted and preferred Highland Council’s services
- 11% said they had had a DP before and had ended this to choose more traditional service provision
- 6% had had a Direct payment turned down

2. ACCELERATED DISCHARGE FROM HOSPITAL

The main focus of the SDS test site activity was on transitions i.e. as young people are moving into adulthood. However, there was a secondary focus on accelerated discharge from hospital and this concerned making available SDS packages of care to elderly patients in one of Highland’s community hospitals, the primary objective being to avoid delayed discharge.

Unfortunately, the hospital-based project was unsuccessful and only one SDS package was awarded. There were a number of reasons for the failure and again,
the evaluator’s report discusses this aspect of the test site, highlighting the following as key issues: lack of leadership and strategic planning, competing priorities in the hospital in relation to change activity; resistance by health staff. Timing was clearly an issue here as was the relatively short space of time available for implementation of this part of the project.

It is recognised that there needs to be a major shift in culture and mind-set within social work and social care so it is not surprising to see the same within the NHS, where staff do tend to more naturally take on a more paternalistic, “doing for people” approach and sometimes struggling with enabling people to take assessed risks. To address this, we have now seconded nurses into our SDS Team and they are working within hospitals and communities to raise awareness of SDS amongst health managers and staff.

3. **REASSESSMENT AND APPEALS**

There were no new or additional systems and processes for reassessment or appeals put in place for the period of test site. Hence existing routes for reconsideration were accessible. These were basically as follows: where a service user is unhappy about a decision to award a package or the amount of that package, the matter is escalated firstly to the Team Manager and then on to the Area Manager; thereafter where an individual continues to be unhappy, there is recourse to appeal through the Highland Care Charge Review Group, a panel of officers comprising social work, health, finance and legal expertise. During the course of the test site activity, there were no referrals to the HCCRG on matters relating to SDS or DPs.

4. **ADVOCACY**

In Highland, there is good availability of independent individual, citizen and collective advocacy and at the time of the test site activity, a range of advocacy services were available, having been commissioned jointly by the Highland Council and NHS Highland. Hence there was no need to commission a specific service to support SDS.

Part of the test site activity involved intensive training for advocates, notably advocates providing individual advocacy and carers’ advocacy. We have continued to have good relationships with advocacy service providers and are currently engaged with the Stroke Association in their Advocacy and Self-directed Support Project.

5. **SUPPORT FOR CARERS**

A service user and carer network was established during the course of the test site and this was viewed positively and was well used. Subsequently, the SDS Team has recognised the value of this approach and is being more proactive in engagement with service users and carers, exploring different ways of achieving this. One way is for ‘Community Connectors’ to play a key role with service users who have a learning disability and their families. The need to build community capacity is very much part of this.
### Appendix A

**Numbers of Direct Payments and Self Directed Support packages April 2009 – May 2012**

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<th>Year</th>
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<th>DP Children</th>
<th>SDS Adults</th>
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<td><strong>13</strong></td>
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* NOTE: Partial quarter – period relates to 1 April – 22 May 2012