



**SDS Improvement Plan 2023 – 2027**

**Consultation document**

# Background context

The Self-Directed Support (Scotland) Act 2013 sets out Scotland’s approach to social care and support.

Since the Act came into force, a strategy, further legislation, guidance and focused action plans have sought to implement and improve the delivery of SDS.

The [most recent Implementation Plan](https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/pages/1/) to support the SDS strategy was in place from 2019 – 2021. This laid out 36 actions that were designed to move forward the implementation of SDS, identifying who would be responsible for delivering them.

Since the expiry of this plan, there has been the absence of an up-to-date strategic driver to ensure cohesive implementation of SDS, identifying the role of each stakeholder and the delivery structures.

Change is coming to the way social care is delivered in the shape of the National Care Service. The National Care Service Bill was submitted to the Scottish Parliament in 2022, but will take several years to be established. In the meantime, there remains a need for a strategic and coordinated plan – which is supported and co-produced by the Scottish Government, COSLA and national stakeholders – to improve current social care provision through Self Directed Support.

# Developing the SDS Improvement Plan 2023 – 2027

The new SDS Improvement Plan is being developed through a collaborative approach that seeks to involve a wide range of stakeholders from across the sector.

A Working Group made up of representatives of Scottish Government, COSLA, Social Work Scotland, Self Directed Support Scotland, and other key delivery partners are facilitating the work to develop the Plan.

The diagram below sets out the process of developing the Plan.

When agreed, the final Plan will:

* set out a number of actions to improve the implementation of SDS
* describe who will be responsible for which action, and how these will be funded
* prioritise these actions into those to be started in the first year (April 2023 – March 2024), and those to be delivered later, which will require Scottish Government financial planning processes to take place first
* describe how each action will be monitored and evaluated, so that any learning can be effectively fed into future work around developing social care, including the National Care Service.

# This consultation document

This consultation document is not the entire plan but focuses on the most important part – the actions that have been proposed to improve the delivery of SDS, and the outcomes these will help achieve.

This is to allow stakeholders to focus on the most relevant parts of the plan and contribute views within the tight timescales.

It is important to note that at this stage:

* None of the suggested actions have yet been agreed. They have been drafted to reflect conversations that have taken place across the sector in recent years about the work needed to improve SDS, and the ideas and suggestions that have arisen from these conversations.
* No responsibility has yet been assigned to the actions – again this is to allow feedback on whether these are the right actions first, and to allow stakeholders to indicate if they feel they can contribute to any of the actions, before they are finalised.
* No specific funding has yet been attributed to the actions – as noted above, this will be developed as the actions are prioritised into Year One and subsequent years.
* The actions do not yet include detail of how they will be measured. It is intended that in the final plan, each action will have a performance indicator to judge how well it is achieving its desired aim. At this stage we are keen to seek wider input from stakeholders on the best way to do this, taking into account the challenges of collecting and analysing data within current systems, so are asking for your views as part of this consultation.

It is also recognised that several of the actions in this consultation document cross over with other plans and strategies currently in development, most notably work to develop the National Care Service. Our ultimate aim with the plan is to recognise where other strategies overlap and to reduce the risk of duplication. Some of the actions, therefore, may be removed where they are to be taken forward by other plans and strategies.

# How to contribute your views

Timescales for delivering the Improvement Plan are tight, but we have tried to include as much time as possible for wider stakeholders to digest the draft actions and contribute their views.

The engagement process will be open until 13th February 2023. An online form has been created to enable stakeholders to feed back in a focused way.

When reviewing the draft actions, you do not need to comment on every one – you may wish to focus your feedback on specific actions that you feel are most relevant to you and anyone you represent.

You can access the online feedback from here: <https://formtitan.com/s/wau>

The Improvement Plan Working Group will also be facilitating online ‘roadshow’ sessions to enable stakeholders to find out more about the Plan and contribute their feedback. Please visit the SDSS website for further information about these sessions as they are confirmed: <https://www.sdsscotland.org.uk/sds-improvement-plan-2023-2027/>

# The draft actions

The draft actions listed below have been grouped into four main outcome areas.

These outcome areas have been agreed based on consultation that took place to develop the previous Implementation Plan (2019-2021) – the [Change Map](https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/pages/3/) – which identified key areas where change needs to take place in order to see improvement in SDS.

The four outcome areas – each of which contribute to improvement of choice and control for supported people and carers - are:

* Leadership
* Systems and culture
* Worker autonomy, skills and practice model
* Supported person and carers’ choice and control over their support

**Please note, the draft high level outcomes below have been numbered for ease of reference, but this does not indicate order of priority. Outcomes and actions will be prioritised and the number of outcomes and/or actions therefore may be reduced in the final plan pending feedback from consultation.**

# Outcome 1 – Leadership

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| **High level outcome** | **Actions** |
| 1ALeaders have a strong understanding of SDS principles and values, to ensure staff feel supported and encouraged in SDS   | * Define what best practice in leadership, SDS implementation and SDS improvement looks like
* Support Local Authority leaders to innovate, embed, implement and sustain best practice, including the SDS Framework of Standards and updated SDS Statutory Guidance
* Develop and promote approaches that support relationship-based social work, based on natural conversation and that leads to person-led assessment and sustainable support planning, including:
	+ creativity in using the four SDS options to support choice and control
	+ empowering positive risk taking
 |
| 1BLeaders take a learning approach to SDS implementation  | * Develop a learning focused approach to self-evaluation based on the SDS Standards that is embedded in a local improvement framework and includes involvement of staff across all relevant roles including Senior Managers
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# Outcome 2 – Systems and culture

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| **High level outcome** | **Actions** |
| 2ASDS is further embedded in Local Authority systems and practice | * Scottish Government to continue to provide Transformation Funding which will support the employment of SDS Leads and projects focused on specific, local SDS improvements
* Develop a streamlined and light-touch reporting framework capable of aggregating results from local to national level
 |
| 2BCommissioning practice is up-to-date, informed by best practice, and meets the needs of supported people | * Develop best practice in commissioning for SDS, taking into account Strategic Commissioning Planning (SCP) Guidance expected to be updated in 2023, and any relevant future practice guidance/principles from Adult Social Care (ASC) Ethical Commissioning Working Group
* Work on ethical commissioning for outcomes, including Options 2 and 3, to consider the most appropriate way to arrange for the provision of services and support to meet the needs of the local population
* Develop worker skills, knowledge and confidence in commissioning practice
 |
| 2CThere is improved adherence to best practice in enabling supported people to have choice and control over their support arrangements.  | * Develop practice to record good conversations about the 4 Options
* Develop ethical data gathering about whether individuals are able to access their preferred choices and option
 |
| 2DSupported people and carers are involved in planning social care services | * Review the involvement of supported people and carers in planning social care services and make improvements where identified
* Work to support positive and collaborative relationships between senior leaders, managers and frontline workforce, recognising the value of lived experience and shared power
 |
| 2ELocal Authorities and partnerships have clear and equitable systems and processes in place to involve people in the development of their budget; and to calculate and provide people with sufficient levels of budget to enable them to meet agreed personal outcomes and lead full and meaningful lives  | * Develop best practice in relation to resource allocation systems for SDS. This includes:
	+ Supporting local review of Resource Allocation Systems, calculation methods, costs
	+ Enabling flexible use of individual budgets in accordance with the supported person’s choice, outcomes identified in their support plan and desired degree of control
	+ Work to ensure flexible use of short breaks budget for carers
* Embed SDS Framework of Standards #12: Access to Budgets and Flexibility of Spend
 |
| 2FSocial workers have the authority, and are enabled to exercise professional autonomy, to plan support and set personal budgets within agreed parameters | * Work with Local Authorities to improve Social Work professional autonomy in line with best practice, including enhanced delegated authority on individual budgets
* Work to ensure portability of support for people moving between different Scottish Local Authority areas
* Work to better understand the resources required to provide services in rural, remote and island areas
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| 2GSDS principles are embedded in relevant policy, legislation and systems across Health and Social Care  | * Work to embed SDS principles into the National Care Service, Getting It Right For Everyone (GIRFE), Dementia Strategy and other related policy
 |
| 2HStakeholders across the sector engage with and play an active part in improving SDS | * Continue to facilitate the National SDS Collaboration to influence national policy development
* Facilitate annual SDS National Voice conference to engage cross-sector partners in SDS developments
 |
| 2IBest practice in SDS is further developed and shared  | * Develop detailed illustrated examples of SDS best practice to show how changes to practice can be achieved
* Continue to share best practice through existing peer support networks including SDS Leads Network and Social Work Scotland’s Community of Practice
* Review the SDS Standards, including incorporating the principles of Equalities Impact Assessment and Islands Community Impact Assessment
* Develop best practice to reflect the refreshed SDS Statutory Guidance in local policies
* Maintain the SDS resource library and develop further material
 |
| 2JEligibility criteria are fit for purpose, fair and equitable | * Overhaul Eligibility Criteria Framework, as agreed in the Joint Statement of Intent (this work is already underway)
* Work with Scottish Government eligibility workstream and COSLA to ensure that a revised approach to service access and resource allocation embodies the SDS standards and enables SDS best practice
 |
| 2KPeople are able to access appropriate support at an early stage | * Work to enable relationship-based social work practice within a community-led model of early help and support, eg. community social work, with early access to independent support
* Work to ensure natural and community supports are explored within assessment and care planning approaches
* Work to improve referral pathways
* Work to embed choice and control early in the hospital discharge process
 |
| 2LMore people are able to exercise choice and control over their support by making use of Option 2 (You choose how the budget is used but the money is managed by someone else) | * Work to address nationally some of the blockages to use of Option 2
* Work to enable further use of Option 2 in Adults’ and Children’s services
* Support provider engagement with Option 2 including with micro providers
* Develop and roll out of tools and contractual models for Option 2 to increase workforce confidence and efficiency in offering it
* Work with the Care Inspectorate to ensure compliance with the definition of Option 2 in the SDS Act and Guidance
* Share learning between SDS stakeholders on good practice around Option 2
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| 2MMore people are able to exercise choice and control over their support by increasing the flexibility within Option 3 (The support is chosen and arranged by the Local Authority) | * Work to increase flexibility in the provision of in house and commissioned services
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# Outcome 3 - Worker autonomy, skills and practice model

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| **High level outcome** | **Actions** |
| 3ASDS is embedded in social workers’ higher education, ongoing training and practice development | * Work to bring together relevant partners to take steps towards embedding SDS in pre-qualifying social worker curriculum. This may include OCSWA, SSSC, Social Work Education Partnership, and HEIs
* Develop SDS training for use in social work degree courses
* Ensure that we have the right paraprofessional and specialist roles in place to deliver good SDS
* Embed SDS in the Advanced Practice Framework for social work and social care, including paraprofessionals and managers
* Develop approaches to continuous professional development (CPD) for SDS throughout career pathways
* Embed reflective coaching-style supervision
* Develop a peer support approach to share and embed best practice locally and nationally
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| 3BBrokerage is used as a consistent approach across Scotland to enable people to access person-centred support   | * Continue to deliver the SQA Award for Brokerage
* Develop a National Brokerage Framework for Scotland
* Further develop the Approved Brokers Community of Practice
 |
| 3CWorkers across all sectors connected to social care support are better informed about SDS and able to provide accurate information about how to access support  | * Develop introductory SDS training for all workers and managers involved in the delivery of social care support, including partners in health and education and relevant cross-sector workers
* Focused work for health professionals supporting people coming out of hospital to understand and implement SDS principles and practice
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| 3DAssessment and review processes are asset-based  | * Training for staff in using an asset based approach to identify outcomes during assessment
* Develop best practice in reviewing outcomes
* Work to ensure workforce capacity to undertake person-led reviews is included in development of the National Care Service
 |
| 3ESelf-directed Support is enabled and improved by appropriate use of digital technology | * Test and embed use of digital tools across entire SDS journey including assessment, support planning, delivery of support and outcome monitoring
* Develop assistive technologies that support independence and safety
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# Outcome 4 - Supported person and carers’ choice and control over their support

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| **High level outcome** | **Actions** |
| 4APeople have access to good quality independent support and advice to help them navigate the social care system  | * Ensure there is access to SDS advice, independent advocacy, brokerage and support in every local authority area, including for people not currently eligible for formal support
* Continue to build capacity and quality of Independent Support Organisations (ISOs), including work to consider how the SDS Framework of Standards can be applied to ISOs
* Continue to fund independent support and advice through Support in the Right Direction funding
* Establish a national freecall SDS helpline which can signpost to local independent support organisations, as a transition measure towards the establishment of the National Care Service
 |
| 4BImprove access to SDS, and experience of support, for under-represented and marginalised groups, including those accessing support in different settings | * Develop targeted support for those who experience acute access problems. Priority groups to be determined by a specific workstream
* Work to address leadership, organisational drivers and worker competency to improve access to SDS for marginalised/ under-represented groups
* Research to gather evidence of improvement in access to SDS
* Research into access to SDS within care homes, including what happens to people's SDS packages before/ after short term stays in residential care
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| 4CPeople employing Personal Assistants (PAs) through SDS have appropriate help and guidance to enable successful support arrangements | * Continue to develop PA Employer Handbook as a resource
* Develop a training framework for PA Employers
* Develop a collaborative model agreement available for use by all Health and Social Care Partnerships, Local Authorities, NHS and PA Employers for Option 1 Direct Payment for employing PAs
* Work to achieve clarity in assessing the employment status of PAs
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| 4DPersonal Assistants are further recognised and supported within the social care workforce | * Maintain Personal Assistant Programme Board and continue to develop workplan to take forward appropriate actions
* Undertake annual PA workforce survey to understand workforce demographics, motivations and needs
* Continue to develop the PA Handbook as a resource
* Develop a training framework for PAs
* Work to improve parity of Scottish Government social care pay uplifts to ensure PAs working with children receive similar pay uplifts as those in adult social care commissioned services, as has been national policy to date
* Acknowledge and develop specific skillsets of PAs eg. those who have communication specialisms
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| 4EPeople are able to achieve improved purchasing power by pooling their SDS budget with others  | * Work to develop credible, legally sound, workable models for pooling budgets so that supported people have the option of combining resources with others with similar needs
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| 4FEnsure consistency, transparency and accountability in feedback and complaints processes around SDS  | * Work to ensure consistency, transparency and accountability in feedback and complaints processes around SDS
* Work to develop knowledge of SDS among legal professionals providing free legal advice
* Work to increase familiarity with human rights legislation among people accessing SDS, and those supporting them, to facilitate more effective complaints
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| 4GThe public are better informed about Self-directed Support and better able to navigate the social care system | * Public messaging campaign:
	+ Promote SDS using agreed common language reflecting best practice, including through information sessions
	+ Develop SDS myth buster document
	+ Promote SDS standards
	+ Develop easy read document for reviewed standards
* Further develop accessible information around SDS
* Ensure appropriate communication support for people with sensory loss as part of SDS
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