





Preface

Welcome to the first in a series of discussion papers and lectures supported by Scottish Care, entitled *Care Cameos*.

One of the dictionary definitions of a cameo is 'a short descriptive literary sketch which neatly encapsulates someone or something.'

The Care Cameos series is designed to present short but we hope challenging sketches of various issues and to provide a forum to encourage and foster debate on a whole range of issues important for the delivering of care and support for older individuals across Scotland.

I am delighted that the first of this series has been written by Louise Close who comes to her subject with many years experience in the delivery of personalised health and social care across the United Kingdom.

In this paper Louise considers the potential of Self-directed Support and in particular personal budgets for changing the way in which older individuals receive day opportunities and support.

I hope you enjoy its challenges and considerations.

Dr Donald Macaskill CEO Scottish Care

Introduction

In May 2016, Scottish Care initiated a pilot project called My Day My Way² to develop new models and ways of working which would help to embed a self-directed approach to day opportunities for older people. It was envisaged that the testing out of new ideas would result in learning about how to reshape and personalise day service provision for older people in order to ensure they have meaningful choice in what they do and genuine control over how they do it. The project was funded by the Scottish Government under their Self-directed Support (SDS) Policy Team's implementation budget, and activity was initially focused in the Falkirk area, latterly moving on to East Renfrewshire where it continues to the present date. Though small in scale the MDMW work has had a big impact, and this led to a question about what is happening elsewhere and why is this approach not being more widely utilised, given that it delivers such resoundingly good outcomes for relatively little effort and saves money in the process.

In the introduction to the Scottish Government Self-directed Support Strategy implementation plan 2016 – 2018³ Aileen Campbell, Minister for Public Health and Sport stated that:

"People must be empowered to make choices and have greater control over their lives. Our shared journey to creative and flexible support has started, but we need to continue to work together to make this a reality for everyone."

On its SDS website⁴, the Scottish Government defines how SDS can be used:

"Self-directed Support can be used in many ways. You can get support to live in your own home, such as help with having a bath or getting washed and dressed. Out of the home it could support you to go to college, to continue in employment or take a job, or to enjoy leisure pursuits more. Instead of relying on the activities run at a day centre, you might arrange for a personal assistant (PA) to help you attend local classes, go swimming, or be a volunteer helping others. It could also be used to provide a short break (respite) or for equipment and temporary adaptations. You can choose whether you would prefer to get support from a service provider such as a voluntary organisation or care agency, or by employing PA's, or a combination of both."

These sentiments articulate the values behind the Scottish Government's efforts to reshape social care for people and communities and herald the progress of some areas wherein there is now more understanding of how to use SDS to increase choice and control for individuals through innovative approaches to commissioning, in collaboration and partnership with people and communities. This is further supported by the new procurement legislation⁵ which notes that there are "more flexible approaches to support provided using Option 3" and "significant interest in making Option 2 work from a commissioning and

procurement perspective."

However, it is clear from the plans outlined in the third phase implementation plan that there is still much to do and that we remain a long way from the aspirations contained within the original strategy being reached for the majority of people in Scotland. So how do we ensure that the seven principles of collaboration, dignity, informed choice, innovation, involvement, participation and responsibility and risk enablement which underpin the SDS Act become a lived reality for older people in Scotland, and that these are utilised to enable them to have meaningful days?

Meaningful days

In working with professionals in Health and Social Care Partnerships (HSCPs) across Scotland it seems clear that most, whilst understanding completely the link between a person centred approach to working with older people which puts their overall well-being at the heart of any assessment and subsequent provision of support, in reality see this as an aspiration which is at odds with the reality of their day to day job. That day to day job is almost exclusively concerned with keeping people healthy at the most basic level and avoiding risks in order to fulfil some arbitrary notion of safety. This plays out in conversations with social workers, community nurses, occupational therapists, home care coordinators and many more. As individually skilled and experienced workers they recognise that they should be paying most attention to what matters to the people they work with and using this as the centrepiece around which to build asset based cohesive support. However as pragmatic employees of the system they feel bound by process, policy and simple pressure of workloads to focus on what's the matter and seek off the shelf solutions in order to move quickly on to the next "case".

Eligibility criteria drive this to a certain extent. Whilst recognising that councils have a responsibility to seek to address early signs of difficulty through preventative measures, national guidance states that authorities have to target finite resources at meeting the highest level of need, and this apparent incongruence leads to a situation in which most HSCPs in Scotland prioritise purchasing care and support only for those at significant risk, whilst being fully aware that failing to invest in early intervention actually leads to an increase in the numbers of people who meet this criteria. Falkirk HSCP have recently completed a public consultation regarding their Eligibility Criteria which has two main strands; re-profiling the criteria to make it more outcomes based and looking at how, within current financial constraints, reduced budgets can better be targeted to achieve individual outcomes, maximised by creative and flexible use of peoples existing networks in family and community. Clearly this is a complex piece of work but they are hopeful that it will result in a new approach to eligibility which will both support the authority to meet local outcomes and to be more equitable. Margaret Petherbridge, who is involved in this piece of work, said:

"NHS Education Scotland did an evidence search and summary for us that confirmed what we thought – there are significant gaps in evidence around eligibility and outcomes. They found the same information that we had already looked at but it was reassuring to know that they found the same gaps that we did."

Without some resolution to this paradox, it is easy to see why HSCPs are finding it difficult to prioritise funding for developing new approaches to day time support for older people.

An additional complication for older people is the ostensibly beneficial provision by the Scottish Government of free personal care for over 65s, the unintended consequence of which is to create a perverse incentive to focus on physical care needs at the expense of a more holistic approach to addressing an individual's life in the round. This also leads to professionals being forced to make unhelpful distinctions between things a person requires support with which drives a time and task approach to delivering minutes of physical care, rather than the development of quality interactions with the person to maximise their overall well-being.

Meanwhile, for those who can get out and about some communities offer a plethora of activities, clubs and amenities through which they can find connection, purpose and occupation. However simply knowing what is on and where can be a problem, with some communities far better than others at sharing information in useful ways for an older population who may not necessarily be on-line where databases are increasingly stored. Other communities have a distinct dearth of such capacity which leads to older people

being physically isolated, and this can be a particular issue in rural communities when compounded by transport difficulties and a lack of local publicly financed travel options.

At the same time, traditional day centres continue their traditional offer which at best can be a welcome space in an older person's week where they connect with people they enjoy spending time with, get a good meal, are perhaps able to access occupational or physiotherapy input or at the very least engage in some useful or enjoyable activity. At worst, however, some day centres are described both by the people who use them and some who work in them as simply performing a "containment" function, keeping older people safe and reasonably occupied while their carers are at work. This may provide "respite" for the carer, but does it enhance the life of the person being 'contained'?

Older people have so much more to offer than this, and if seen as valuable members of their community with a contribution to make and not just needs to be met, can have a very different experience of day time support which actually leads to them having meaningful days. The 'My Day My Way' (MDMW) pilot in Falkirk saw the emergence of excellent new shoots of opportunity for older people and their carers to have real choice and genuine control of what they do with their time, and gives hope that there is far more that can be done to utilise the spirit of the SDS Act, as well as the letter of the law.

6 www.scottishcare.org

Other tales from around the UK

Fast Renfrewshire

The MDMW pilot moved on from Falkirk to focus some resource in East Renfrewshire. where work to create more meaningful day opportunities for older people was already well under way. "Get Together Groups" 6 began when the HSCP in East Renfrewshire were looking for a way to give older people who needed daytime support more choices other than the traditional approach of day centre places. When asked what they would like, people said they wanted places to go that were local and friendly and to be involved in planning their activities. Each Get Together Group grew from approaching a service that was already supporting older people, such as a care home or sheltered housing unit, and asking if they would like to work with the HSCP to become a base for activities not just for their own residents, but also for other people living nearby. The residents themselves were keen to participate, because it gives them more opportunities as well as providing a base for people living independently nearby who were referred through social work teams.

The Get Together Groups are a huge success, giving individual people more choice, and creating many positive benefits for all taking part, often with groups being led by older people themselves. Feedback from those taking part and their families is very positive and groups are also benefitting the wider community, with

local school children learning to knit and hearing about people's war experiences and people learning English who want to practice their language skills. The coordinator of the Get Together Groups says, "it's all about relationships - people choose to come to the activities and because the group is local, people often know each other or have known each other in the past." This shared history, along with the opportunity to make a positive contribution which is valued by their peers as well as their wider community, clearly impacts on the older people's well-being over and above the benefits they derive from simply being occupied during the day.

East Renfrewshire is also home to the *Greenhouse Café*, a social enterprise which provides support into employment for local adults with learning disabilities and which responded with alacrity to one older person's request to provide a dedicated space for isolated people to come for a "cuppa and blether"⁷.

The Highlands

The work done as part of a pilot of Individual Services Funds (ISFs) or Option Two which took place in Highland emphasises the benefits of breaking out of silos to connect older people with other

"service user groups", which are, after all, quite arbitrary distinctions made to facilitate organisational processes rather than useful mechanisms for providing support. An example cited in the evaluation report⁸ explains how a woman with a learning disability made creative use of the support time available to her by starting up a knitting group, leading to reduced isolation and showing how she could use her budget to contribute to the local community. Instead of slotting her into a predetermined service where she may well have had an opportunity to do knitting as an activity, probably amongst many other activities some of which she may not have had an interest in, the approach of the pilot was to discover her passion, map her personal assets and see her as a person with a contribution to make as well as needs to be met.

The service manager responsible for the team involved in this particular initiative stated that the starting point was to consider:

"As well as getting all the practical things done, what other things can we do to enrich people's lives? The knitting group takes actually very little support. She is going to run it in her own house, going to invite her friends and neighbours. And, long term, they might be able to share a bit of support between them. She's doing knitting that she likes, but she's also getting company."

Whilst in this instance the person at the centre of this "case" happens to have a learning disability, there is no reason a similar scenario could not work for older people too, indeed, the lady concerned may well have elderly neighbours who

would love to come to her knitting group rather than attend a day centre. With an increasing number of local "knit and natter" type groups springing up in communities, it is easy to see how institutional silos could lead to one town having five different groups, each for their own "service users" and each housed in it's own costly building, when in fact the participants all share a common passion and could all indulge it in one community space at the same time, if it were not for the tendency of organisations to think in terms of grouping people by label instead of by interest.

Another example from the Highland pilot explains how their work to increase choice and control led to participants in the trial feeling more included both in services and in community life. For example, the mother of one young man who participated in the pilot commented that the use of an ISF had given him a whole new lease of life, providing a chance to learn new skills, make new friends and increase his social skills: "He has achieved so much in a short period of time and is fast becoming a popular and recognised individual in the local community". Increased confidence, motivation and self-esteem are indeed regular benefits evident as a direct result of people having increased choice and control over their lives and any services they use.

Derby City

In Derby the local authority sought to improve the range of day opportunities for people with learning disabilities by handing power to providers and people who use services to redesign and deliver services themselves. Initially the commissioning team considered leading a process of closures, restructures or improvement,

but ultimately opted for a more open and co-productive approach, setting out the parameters and then enabling people who use services and service providers to decide the best way forward. This proved to be a successful formula. When one conventional day service closed for example, 85 people took direct payments and created support plans that are continuing to meet their personal outcomes outside of buildings-based services. Additionally, small groups of staff from the centre who were passionate about their work went on to set up their own community micro-enterprises and social interest companies, which has helped diversify the market place.

The commissioners' role in Derby has changed significantly as a result, from directly contracting services to ensuring a range of high quality options are available to signpost people towards. Eighteen months on, a co-produced review⁹ was conducted and submitted to the Council's scrutiny committee. Providers reported that they are now better connected, can

see where their particular strengths lie and are able to diversify their offer to meet changes in need, and the majority of people who use day time support/services report improved personal outcomes. A small group of people with the most complex needs remain in 'traditional' building based services, but the plan is to use the same approach now to explore alternatives for this group. Derby consider it likely that this will lead to innovative approaches to reconfiguring services and resources for this group as well. The Director of Prevention, Personalisation and Professional Standards, Brian Frisby said:

"We now have a virtuous circle of providers keenly looking for opportunities to develop new ideas, having recognised that delivering great outcomes for people makes good business sense."

It seems clear that whilst this approach has been used specifically to redesign services for people with learning disabilities in Derby, it is a model that could easily be replicated for older people's services.

Funding meaningful days

One of the key obstacles to creating new offers of support for older people during the day in many areas is that the budgets to deliver this are currently tied up in existing contracted services and/or buildings, and it seems clear that without a strategic plan to disinvest in these there will only ever be a piecemeal approach to creating more meaningful days for older people on an individual basis as the exception to the norm. However, the evidence suggests

that flexible, creative, community based day time support which builds on and develops people's own contribution and utilises existing community facilities and amenities not only costs less, but can actually add value to other areas of the local economy. Many areas have a variety of underused buildings for example which absorb budgets disproportionate to the benefit the community derives from them. Consolidating activities which currently

take place in different places into a smaller number would not only save money but also increase the viability of those buildings which are subsequently more fully used.

Derby saved approximately £400,000 from the learning disabilities budget by closing their day centres even once the on-going costs of the support which people who used to use the buildings are continuing to use is taken into account. And quite apart from the savings, it is clear to see that supporting people individually to access existing community facilities, pursue their passions with like-minded others, pool their budgets to create groups who share activities or to develop and learn new skills is a far better use of public money than simply "ware-housing" them in segregated buildings.

Thurrock

Looking to create a similar "new deal" between citizens and the Council, Thurrock felt that a fundamental plank of any new approach was a radical rethinking of the relationship between local authorities and residents in which people would be invited to take far more control of the local resources available to them. when planning to meet their care and support needs. It was felt that this could in part be achieved by a focus upon more "upstream" preventative intervention and supporting communities and individuals to self-help through capacity building, local area coordination, resource and asset transfer and increased personalisation. The evaluation of this approach10 highlights a number of case studies where support by a Local Area Coordinator (LAC) leads to creative and flexible solutions being put in place which utilise the individual's

own assets as well as those of their local community and lead to significantly improved outcomes than the equivalent provision of a traditional day service would have achieved

In addition to this "soft data", the evaluation also includes a breakdown of presumed savings against the current system based on the outcomes achieved compared with what would likely have occurred if the LAC had not been involved. This analysis looks at the cost of use of GP and other services. including Mental Health Services and potentially inpatient resources, which are believed to have been significantly reduced by a more holistic and personally tailored approach to supporting people during the day than simply using available day centres. On average the 19 people included in the study would previously have attended day care for two days each week at a cost of £65.00 per day; being supported to utilise community amenities instead gave Adult Social Care an approximate saving of £120k (based on 19 people, 2 days a week for 48 weeks). In addition to these significant savings, there was considered to be a financial gain; of the 19 people, 13 were supported into volunteering providing an average of 3 hours a week, which is considered to create a positive benefit of £21.294 based on a net contribution of £10.50 per hour of volunteering time as a value to the community.

NHS Highland

The Highland pilot identified significant benefits to the organisations and individual staff providing support, suggesting that cost savings may not simply be in relation to pounds spent to commission services. The most commonly reported benefit for staff involved in the pilot was increased

motivation and job satisfaction, as a result of feeling they were empowered not just to provide a service to people but to make a significant and positive difference to their lives. They also enjoyed being able to be more flexible in developing their own ways of working in response to individual client needs and wishes. Higher retention levels and thus savings in turnover costs are therefore likely to be an outcome of organisations providing more responsive, community based ways of supporting people during the day.

Falkirk

In Falkirk there is an established voucher scheme for short breaks to provide respite for carers which has the potential to be widened to include day time activities more broadly. The evaluation of the scheme which was completed in 2011¹¹ reported:

"Increased confidence and self-esteem, one person avoided hospital admission by using the vouchers to increase support during a difficult period and another reported improvements in mood which led to them planning ahead and engaging more with social activities."

Carers' responses suggest they too were satisfied with the voucher scheme, with some reporting clear benefits in terms of:

"Feeling less worried, being able to get some time to themselves to rest and relax and that the level of support they needed to provide had eased to an extent." Vouchers provide a simple mechanism to put choice and control firmly in the hands of people and their carers and are a good fit with the kind of activities which deliver meaningful days for older people. They are a tool which enables the individual to decide how many hours or sessions of support they can afford within their personal budget, which allows them to plan ahead and make sure they remain within budget without losing track. However in order to facilitate true choice, the vouchers would need to be accepted by a whole range of services and local facilities, not necessarily just by what might be considered traditional or commissioned services.

So there are savings to be made from different approaches and in addition, the SDS options provide mechanisms for these more efficient uses of local budgets to deliver improved individual outcomes. The resources of staff and/or services purchased through a Direct Payment or ISF, Options 1 and 2, can be used flexibly and creatively in order to build on the person's assets and those of their local community without being tied into particular kinds of service structures or indeed, buildings.

The available research on ISFs suggests that it is a positive and efficient innovation that increases well-being across a wide range of areas, enabling resources to be used flexibly, quickly, and in partnership with the person and their allies¹². Research on the use of individualised service funds at Inclusion Glasgow for example¹³ showed that over a period of five years, the costs of support had reduced by 44% and in addition there was a significant improvement in the quality of people's lives and the outcomes they were achieving. Research on the use of ISFs by Choice

Support¹⁴ showed a cost reduction of £1.79 million (30%) over four years and again was combined with multiple outcome improvements identified by people, families and professionals,

"Including quality of life, control over life, range of choice, involvement in community life, quality of support, privacy, communication, safety, independence, sense of direction, skills for daily living, freedom and friendships".

Of the respondents to this study 62% agreed that savings had been made without harm to quality of life, with less than 2% disagreeing.

Again and again, evaluation reports into new ways of working which deliver more choice and control to individuals suggest that big quality improvements can be combined with cost reductions when funds are focussed on individually tailored support plans rather than by placing people into pre-commissioned services. This suggests that even where Option 3 is chosen, it is imperative that commissioners change their methods and seek to stimulate the provision of a wide range of locally based, community controlled "services" which social workers can refer people to if they are to manage the budget on their behalf. It is worthy of note that the TLAP Guidance on ISFs¹⁵ highlights the importance of co-producing such new services for best results, stating that in the instances cited:

"Efficiencies were achieved by allowing the service provider to lead the process of change and innovation and the changes took several years to achieve. Improved efficiency was not achieved by cutting salary rates, but by working with individuals to help them achieve better lives."

Service, and system, redesign

In order for traditional day centres to shift from a buildings based keep-safe-and-busy from 10am—3pm Monday to Friday model to one in which meaningful day time activity is at the heart of what they do, there will need to be a radical rethink of how resources are currently used, including local community facilities, HSCP and Council amenities (including existing day centres) and people's own personal budgets. Without new money to invest in new offers whilst maintaining existing centres, bold disinvestment is needed to facilitate a new approach; without this, any

change will simply be about making minor adjustments within the existing service model. Commissioners would do well to examine how far the annual budget of one day centre might go if deployed to facilitate individual choice.

We need to think far more creatively about use of spaces and buildings. Many local authorities have money tied up in many different buildings, some of which provide specialist services to specific groups of people and others provide more generic

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space for communities to use more widely. These are arguably quite arbitrary distinctions in many cases which reflect the traditional silo thinking that drives current service provision and can lead to a situation in which, on a given day, there may be a group of older people in one building doing chair based exercises while a group of young disabled adults in another building participate in the same activity supported by a whole different staff team, probably employed by an entirely different agency with all the associated on-costs being met twice. Similarly there may be a group of adults with learning disabilities employed in horticultural activities at their specialist day centre while older people who love gardening and have huge experience and knowledge to share are being supported to grow their own plants and vegetables at a local residential home; or while the children at a local school learn about the second world war from books and historians a group of older people with firsthand experience and local knowledge of what it was actually like to live through this period sit reminiscing about their lives in a specialist dementia day centre. While staff and professionals work in silos and services replicate these, people will continue to be placed within them and budgets which could be pooled to deliver better outcomes across a community will continue to be split and stretched inefficiently.

Passions and interests are not peculiar to a specific age group or "client category" - people of all ages will wish to be engaged in similar activities, learn the same things or share the same experiences, so keeping people segregated makes little sense. People need spaces in which to come together and participate in a variety of activities but these do not have to be in specialist, or segregated, buildings, they simply need to be in buildings which are fully accessible to all. And buildings which are fully accessible to all can be

additionally utilised by local people and community groups for their activities, hired out and earning an income for the owners as compared to many day centres which currently sit empty for more than 50% of the time. Many day centres, not to mention residential care homes and schools, own fully adapted vehicles which again, sit empty and unused much of the time when fully utilising them would not only be a more efficient use of this asset but would have the added benefit of bringing communities together to negotiate sharing the resource.

As well as disinvesting in current services and making more effective use of the amenities to hand, commissioning authorities should consider a wider exercise around community capacity building and developing the local "market" of day time opportunities for older people Small-scale providers and micro-enterprises can form a vibrant and valuable part of local care markets through the close local connections they often have and by their ability to provide very bespoke support in response to individual requirements. However, commissioners may need to take a proactive stance to nurture and support this capacity since conventional commissioning approaches can inadvertently exclude or minimise their involvement. Commissioners should seek to build an effective local infrastructure that enables people to micro commission care and support services with their direct payments and pool their budgets where this will deliver better outcomes and value for money. For example, Dudley Council¹⁶ have supported the development of a vibrant community micro-market using direct payments, in recognition that local authority commissioning and procurement practices have often placed barriers in the way of people accessing smaller, less conventional options. Dudley is aiming

to effect a culture change to encourage take up of direct payments rather than council managed budgets, and believes this approach is key to making positive changes for people who use services and for community micro-enterprises, as people can be active in their choices without restrictions.

Creating a system in which older people can use SDS in order to have more meaningful days can best be achieved through the transformation of the whole social care system which the original Strategy sought to engender. In his report on such transformational work begun in Wiltshire¹⁷, Professor John Bolton summarises that:

"The future of social care must be to deliver on the outcomes to which older people aspire, with a strong focus on staying at home or within their communities. This requires commissioners, assessment and care management, providers and carers to all change their current practices".

He goes on to comment that the current practice of purchasing social care in hours or weeks of service makes a direct connection between the income of providers and people's basic needs which not only creates dependency but a perverse incentive to focus on time and task based inputs as opposed to quality of outcomes. Commissioning for outcomes reverses this incentive and sets the meeting of people's basic needs firmly within the context of doing so in order to enable them to have a meaningful life, not simply in order to continue to be alive.

Above all we must make personalisation,

SDS, the default mechanism by which the health and social care system operates, not simply an added extra for occasional use by innovative individual practitioners or in response to particularly assertive individuals or families. In his foreword to the "Lets get personal – personalisation and dementia" report for Alzheimer Scotland and the Scottish Government¹⁸, Henry Simmons, Chief Executive of Alzheimer Scotland says:

"This research demonstrates that, when empowered to direct their own support, families effectively combine state resources around their own natural supports - creating truly personalised support.

However, the research also highlights that this opportunity remains a well-kept secret; the availability of direct payments is being filtered through the systemic assumption that this approach is unrealistic and people are not interested in the cost or the value of their care"

Across Scotland, people consistently report a lack of knowledge, understanding or even basic awareness of what SDS is and how it works, and seven years into a ten year strategy this seems unforgiveable. Personalisation remains an add on, the exception, the option for those who shout loudest or are a particularly "difficult fit" with traditional service solutions, or the domain of exceptional, innovative professionals.

Call to action

One: Redouble efforts to implement SDS

There is a need for more than simply new pilots and innovation sites and tests of change - SDS is not being implemented with any kind of consistency across Scotland so perhaps a focus on meaningful days could provide a different way in for HSCPs who are struggling to implement change at the point of referral. The evaluation of the Highland pilot found that there is "a pressing need for the implementation of an improved system of assessment and resource allocation" and this is clearly not peculiar to Highland. The SDS Act places an expectation on HSCPs and in particular on social services, which is simply not being met, and this should be challenged at a national level with support from the Scottish Government to focus on the delivery aspect of social care in tandem with efforts at the point of referral.

A different approach is needed from the outset of the connection between individuals and professionals, with the focus shifting from assessment for services to a conversation about what matters which will drive us down a different path and begin to effect cultural change. Trust in people themselves and those closest to them whether family and friends or front line staff and professionals, ensures that decisions are made which make best use of all available resources. A realignment of approaches to risk to ensure it is seen as a shared responsibility but one whose primary locus of decision making is with the

person themselves or those closest to them is fundamental here.

The case studies cited in the Alzheimer Scotland report demonstrate that the effective provision of choice and control through direct payments:

"Enables people with dementia to remain at home even during the advanced stages of their illness, adding to quality of life for both carers and the person with dementia and providing cost effective care."

The same end can equally be achieved utilising Options 2 and 3, but only if the culture underpinning the approach of HSCP staff changes to ensure flexibility is modelled by commissioners and not just expected of providers. The research found that often social work departments are very prescriptive in how a direct payment should be used, citing one example where:

"The social work department were rigid about what activities could be carried out during the personal care time, for example objecting to the time being used to take the person with dementia to the GP surgery, as they considered this a cost that should be met by the NHS."

Two: Invest in real co-production

The 'My Day My Way' pilot showed that

bringing all stakeholders together to think creatively about what they want and need within their local area, building on existing resources, pays dividends. Co-production is essential, and local area coordination. community councils, community capacity builders and locality planning groups can help this but are not necessarily essential. The key is removing power from professionals and institutions and placing it in the hands of people and communities. Again, there is a legislative imperative in Scotland to do just this within the Public Bodies Act¹⁹ but again, this has not been consistently applied and more pressure is needed at a national level to support HSCPs to rise to this challenge.

Three: Truly visionary commissioning

Bold disinvestment of traditional services in order to reinvest in what the community then says it wants and needs is required, with strong leadership to support the change process. People should be encouraged and resourced to explore truly alternative models which break out of service silos of "home care", "day care" and "respite", such as a peripatetic staff team who provide support to people to have meaningful days where personal care is not separated off but is an integral part – so the worker who comes to help me get washed and dressed is the same person who supports me to get to wherever I'm going/do whatever I'm doing that day.

Small sparks or pump primer funding which enables independent/third sector or community groups to seek to be self-sufficient rather than depend on continual contracts with commissioning authorities is good use of public money, building sustainability into early intervention and preventative services. HSCPs can then help sustain this funding in the long term by enabling local people to use personal budgets to access these services and groups, via direct payments, ISFs, their own direct commissioning or the provision of vouchers

In conclusion

It is clear that there are many places where SDS is being used to offer more choice and control to older people and that this in turn is leading to improved outcomes, enhanced well-being and a higher quality of life both for them and their family carers. However the pace of change from a more traditional service response is slow, and it is clear that the majority of older people are still being offered a very limited choice or none at all when it comes to support for anything other than basic personal care.

There is a clear need for the transformational change envisaged by the SDS Strategy to be driven by greater expectations at a national Government level which mirror those of individuals and families themselves, bringing pressure to bear on HSCPs to face the challenge of shifting their power into the hands of people who use services in more concrete ways and addressing the process and system blocks which get in the way of small pockets of innovation and creativity

which are evident throughout the country, properly taking root at scale. Collectively, older people in Scotland have as much to offer their communities as they require back from them by way of support; they have the right to continue to have meaningful days until the end of their days, and in this respect, they are currently, as a group, being badly let down.



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- Thurrock Council Adult Social Care Peer Challenge Choice and Control East of England Regional Peer Challenge Programme November 2013 http://lacnetwork.org/wp-content/uploads/2014/01/ Thurrock-Council-Regional-Adult-Social-Care-Peer-Challenge-Report-Final.pdf
- 10. For further information contact Margaret Petherbridge: margaret.petherbridge@falkirk.gov.uk
- TLAP Guidance on ISFs https://www.thinklocalactpersonal.org.uk/Latest/Individual-Service-Funds-ISFs-and-Contracting-for-Flexible-Support/
- Animate 2014 ISFs at Inclusion Glasgow http://www.centreforwelfarereform.org/library/by-az/ individual-service-funds.html
- Choices Support Southwark http://www.centreforwelfarereform.org/uploads/attachment/331/isfs-inaction.pdf
- TLAP Top Tips for Market Shaping https://www.thinklocalactpersonal.org.uk/Latest/Top-Tips-Commissioning-for-Market-Diversity/
- 15. Dudley Council / Community Catalysts https://www.communitycatalysts.co.uk/department-of-health-tsar-visits-community-catalysts-project-in-dudley/
- Help to Live at Home, John Bolton Report http://ipc.brookes.ac.uk/publications/pdf/Wiltshire_ Council_Help_to_Live_at_Home_IPC_Report_April_2012.pdf
- Lets Get Personal, Alzheimer Scotland http://www.alzscot.org/assets/0000/1820/Lets-get-personal.
 pdf
- Public Bodies (Joint Working) (Scotland) Act 2014 http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

Louise Close began her career in the South of England and some twenty years ago worked in a very traditional day centre for people with learning difficulties. She has had many roles in the social care sector since, including setting up and managing an independent advocacy service for people being resettled from a long stay institution and as a patient welfare officer in a charitably funded Hospice. As well as working for a large national agency providing care and support to adults with learning and physical disabilities and mental health issues. Louise has worked in a Local Authority Adult Social Care Department as a Practice Development Manager.

Across all her roles and as an independent consultant, Louise has sought to develop and implement the policy and procedure infrastructure needed to make Self Directed Support a reality in practice. This included the development of a Positive Risk Taking framework to support a changing culture from risk aversion to risk enablement. She has extensive experience in delivering training, facilitation and consultancy to help organisations and groups to implement personalisation.

Louise is also an Associate of NDTi. She was instrumental in bringing the Community Led Support programme north of the border, working with colleagues in the then Joint Improvement Team and now Healthcare Improvement Scotland to tailor the programme for a Scottish context and now works closely with the three current Scottish CLS sites, East Renfrewshire, South Ayrshire and Scottish Borders.





The Care Cameos series is designed to present short but challenging sketches of various issues and to provide a forum to encourage and foster debate on a whole range of issues important for the delivering of care and support for older individuals across Scotland.

Scottish Care

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