SDS Self-Evaluation and Co-Production in Highland

Session on 25th July 2023 - Learning Report

in Control® Scotland

www.in-controlscotland.org

The Session and Approach

Staff from NHS Highland, the Highland Council, and partner organisations spent a day together in Invermoriston to start a co-production process of self-evaluation and improvement in self-directed support. Participants were broadly representative of 'the system' as a whole, with members of social work teams, associated professionals, and valued partner agencies. The session was facilitated by two members of the In Control Scotland team, Alastair and Pauline, and focused on the first two stages of the self-evaluation process: define and discover. This learning report shares the insights gathered from the day.

At the start of the process, and continually throughout, the facilitators highlighted the importance of 'noticing' without judgement, and without immediately jumping to solutions. Reference is made to this approach throughout.

Pre-planning – Evaluation Against the SDS Standards

Before the session we asked participants to complete a survey evaluating progress against the SDS Framework of Standards. For each of the 12 Standards we asked participants to rate to what extent they thought their team, NHS Highland, and the Highland Council were achieving the levels indicated in the Framework. We looked at the outputs from these in the Discover stage.

In addition, we interviewed two supported people to ensure that their views would be heard throughout the early stages. The recordings for these are available on request, but their voices are weaved throughout this report, and further opportunities will be sought to add to this dimension as the project progresses.

Define Stage – Asking the Right Question

The first task we set ourselves was to properly define the question we wished to answer. We started with the draft question set by the programme board of: '*to what extent is SDS the way we deliver social work and care in Highland?*' and

discussed this in small groups. There was a variety of opinion around the room at what was critical for us to understand, and what indicators of success might look like. There were some strong feelings that our self-evaluation should ultimately tell us how people using social care and social work experience SDS, and others noted the inequity of experience across rural and urban areas as being important to understand more deeply. There was also a discussion about how we potentially lack a common understanding of what SDS is, across not only the general public but also internally and with stakeholders.

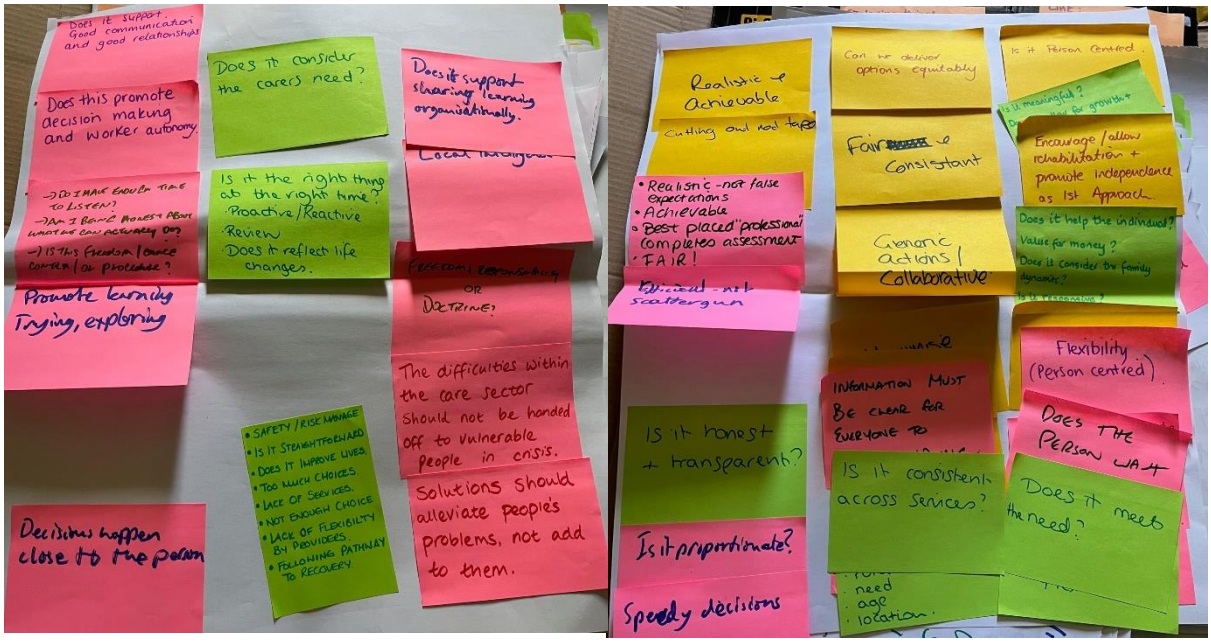
After some discussion we developed an amended question:

'Is the way we're delivering SDS supporting people to live good lives across Highland?'

This is the question on which we will focus our self-evaluation.

Define Stage – Agreeing the Principles We Will Follow

During the self-evaluation and subsequent improvement planning process we will doubtless have many ideas for projects, so it is important that there is an agreed methodology for ensuring we choose the right priorities to focus, on by ensuring we ask critical questions of potential developments. We discussed this with our two interviewees beforehand, and in the session with practitioners, and found that they could be grouped into some broad themes.



Our principles for decision making:

- Is it achievable?
- Is it proportionate?
- Will it make things clearer and simpler?
- Does it create consistency across groups?

- Does it improve people's lives?
- Does it support our learning?

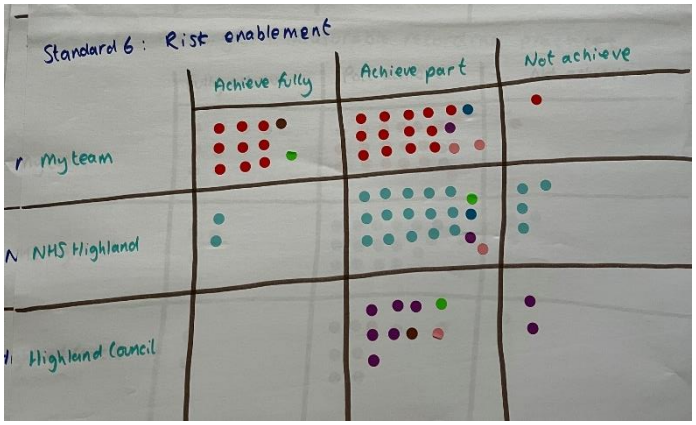
Our suggestion would be that these are considered as central critical questions we ask of ourselves when developing any improvement projects.

Discover Stage – Understanding Where We Are Now

25 people completed the survey online, and a further 6 people completed it in the room at the start of the session. Participants discussed what they had noticed from the output of this survey, and some themes emerged:

- There was a tendency towards the middle, of 'partly achieving'. It was recognised that this meant that there was practice to be built upon, rather than starting from the beginning, which is positive.
- There was a tendency to rate people's own teams as higher than the overall organisations', which might indicate that people feel either disconnected from understanding their wider organisations or that they feel they are outliers against the rest of their organisation.
- There were some areas that appeared to indicate lower progress towards achieving the standard required. These were:
    - 6: risk enablement
    - 7: flexible and outcome-focussed commissioning
    - 8: worker autonomy
    - 10: early planning for transitions

In the questionnaire narrative for these four Standards some key points emerged and were made by more than respondent.

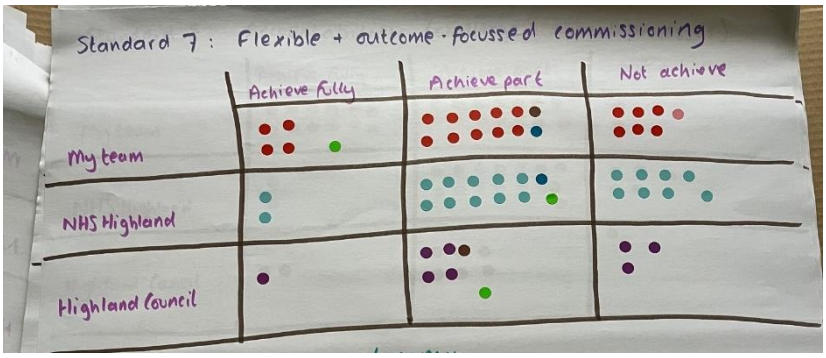


On risk enablement key issues were around the inconsistent tolerances for risk, and training/guidance for making decisions on risk. Some representative quotes include:

"Different professions/ members of the team will have different thresholds which can sometimes be a barrier to risk enablement."

"There is a long way to go to be risk enabling and not risk averse. Are social workers getting training on how to be risk enabling? What support do they have in place?"

On flexible and outcome-focussed commissioning, key issues were the lack of service provision/over-reliance on option 1, the need for development of option 2,

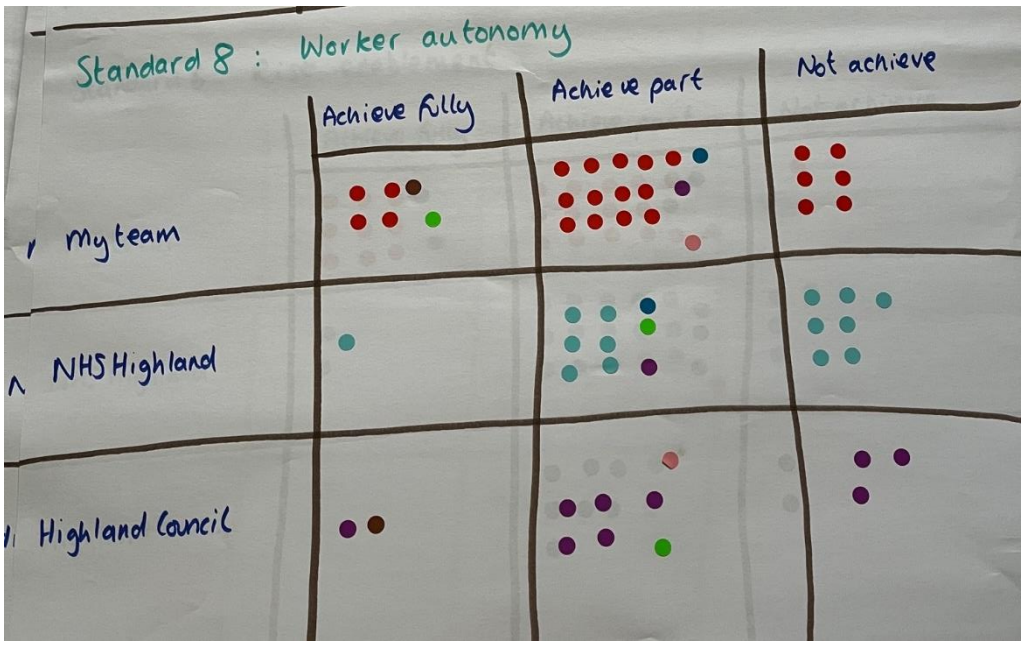


and for more planning around service provision. Some representative quotes include:

"Services? What services?? We are constantly presenting people with the (no-choice) SDS Option 1 in absence of even basic Care at Home Service or respite, even though we know that there aren't any spare carers working locally. When we try to come up with flexible solutions, we have reams of red-tape to get through if Contracts are involved."

"Option 2s too rigid and need to be changed to follow the principles of SDS and in line with other areas."

"There needs to be systems to record unmet need alongside bringing service users into all areas of service design."



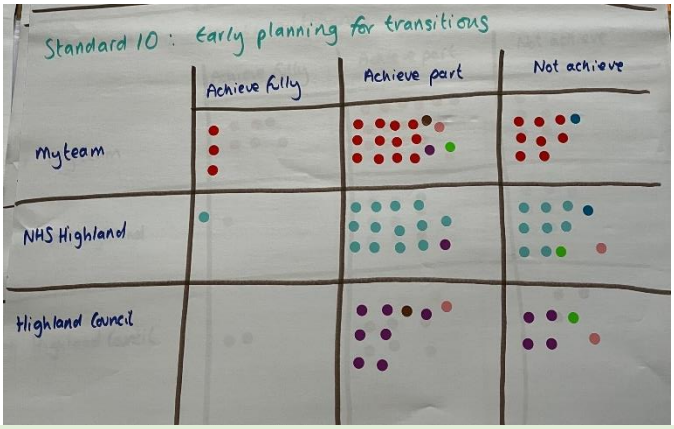
On worker autonomy, key issues were the burden and bureaucracy of formal processes, the feeling of a lack of trust in practitioners' professional judgement, and decisions being made too far from the person. Some representative quotes include:

"Some processes feel very scrutinising! I believe if there was better information about budget availability, staff could be trusted to make more independent decision making about how it is spent."

"ACAAG-process is inimical to our professional autonomy as individual workers and as a team. It is massive drain on time and energy, particularly when seeking agreement for exceptional circs SDS Option 1 to employ family members because that is the only option. (I know that it has finally been agreed that team leads can authorise some decisions, but I still think it is important to note how much work and stress the ACAAG process generates - not to mention amount of middle management time spent on it)."

"NHS Highland is a rigid organisation, free decision making is not generally encouraged. Often you will have to argue with management to get resources allocated. Even when a need/outcome is clearly identified within the assessment. Autonomy is difficult when management oversight is intrusive and demanding."

"The SDS Panel process needs an overhaul. Having to plead your case to people who do not know the family or young person, after putting in lots of work to help the family and find supports for them to be told that it won't be agreed because of



differences of opinion and information that is unclear, is not fair on the worker or families involved. Clarity is needed, as young people with bigger packages are suffering."

On early planning for transitions key issues were around staff capacity, consistency of strategy and approach, and resources. Some representative quotes include:

"We are trying at team level to do this, but degree of success depends on good time-management and availability - and not being overwhelmed by latest crisis-driven response."

"We are all too busy for preventative or pre change conversations most of the time."

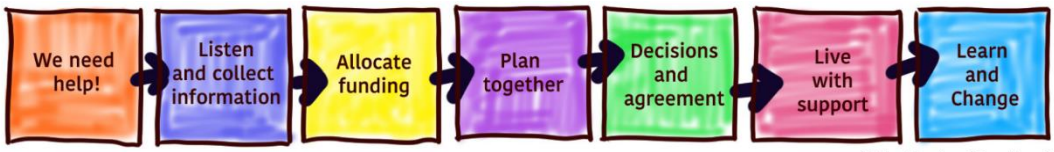
"This is variable in different areas of Highland and appears to be dependant on what staffing is available in these areas."

"Everybody is trying but the lack of services hinders it."

During the discussion on this it was noticed that, perhaps, the issues around risk enablement, worker autonomy, and flexible commissioning may be joined by a common thread of trust and confidence in professional judgement.

Mapping the Process Together

In the afternoon, we split into two groups and mapped out the SDS process across the whole system, using the '7 steps to being in control' model as a basis for conversations.



This was a revealing exercise which showed the real complexity faced by practitioners and supported people throughout every stage of the process.

Getting Through the Front Door

There are some significant problems with knowledge, understanding, and information sharing, which can lead to people experiencing a delay or difficulty in accessing support. Examples given included:

- Unrealistic expectations from partners, such as GP's getting in touch to ask that respite be arranged immediately for a person unknown to social work.
- Confusing routes into social work for some locality teams, with unclear information given about which team to make initial contact with.
- Website information being out of date.
- Difficulties ascertaining exactly which team should take ownership of cases where there may be multiple needs presenting.

Within this however there were examples of good practice, such as:

- Strong relationships with partners referring onto social work.
- The Primary Care Mental Health service in GP surgeries is working well.

<u>Collecting Information, Carrying Out Assessments, and Allocating Funding</u>

While collecting information there were several examples of challenges faced:

- Screening tools are in place in some service areas (via SPOC) but this is not consistent, and when it happens there is duplication as not all required information is gathered.
- Difficulties with using multiple systems to hold information on supported people, and the challenges of these not 'talking' to each other, make it hard to understand what support people may already have, or have had in the past.

Within this however there were some elements of strengths to be built upon:

- There was a clear commitment to getting it right for people through building positive relationships, having good conversations and actively problem solving.
- There are some strong networks of people to signpost to when the person is not eligible for social work support.

In carrying out assessments and allocating funding, participants noted that processes could feel convoluted. Some particular points include:

- For NHS Highland the DCP panel process is the same no matter the size of budget, which can feel disproportionate. However, it was noted that taking cases to DCP felt fairly quick and streamlined, and kept decisions locally which meant practitioners felt more able to keep decisions closer to the person.
- The ACAAG process felt very burdensome, however the pre-ACAAG group was noted to be a supportive space to get advice. The administrative burden of preparing cases for ACAAG is significant, and inefficient. When speaking about all of the work required, from assessment, report writing, emailing, arranging panel dates (and often not getting a slot at the next date so needing to delay), getting the support of a manager, and keeping

the supported person up to date, one participant told us "It feels like most of my work is busy work, not social work". This sentiment was also reflected earlier in the questionnaire narrative.

- When asked if there was a sense that practitioners might engineer assessments in order to avoid taking a case to ACAAG it was confirmed that practitioners were aware that this happened. There was a strong sense that when the lengthy delays the ACAAG process would cause would be to the detriment to the person's wellbeing it was, on balance, the right thing to do.
- There was a sense that 'squeaky wheels' would get their support arranged more quickly than others, and this felt unfair as it disadvantages others.
- It was noted that budgets are always quantified in terms of hours of support, rather than an annual budget, which presupposes people to think in these terms.
- Appeals processes were noted to be difficult, bureaucratic, and were significantly backlogged.
- For the Highland Council, there was one particular strength noted – that support under a £10,000 budget could be approved by a local manager. This felt proportionate, and efficient.

In his interview, one man with a learning disability told us about his experience with the assessment process:

"People are not offered their outcomes properly… the Personal Outcome Plan you do with your social worker, basically it's supposed to take 6 weeks to complete the Personal Outcome Plan, mine – because my social worker just did not understand what self-directed support was in the first place – mine took 10 months to get it completed."

In planning support, the overwhelming message was of frustration around service provision. The lack of services locally was a topic that was mentioned many times throughout the day, but there were some particular concerns raised:

- The lack of commissioned services has resulted in people being 'railroaded' into taking option 1 without fully understanding what this involves, or how to make it happen. There were real worries in the room that vulnerable people were at risk as a result of this.
- The geographical inequity is stark, with rural areas significantly disadvantaged.
- It felt tougher to source commissioned services for people with more complex needs.
- There were examples given of people who had to move into a 6 week care home placement because no support at home was available, which has led to them having a financial assessment and paying for a care home placement that they did not necessarily need or want.

In her interview, one woman with a physical disability told us about managing her option 1 budget:

"When I embarked on this SDS journey I was told I would have a lot of backing and support, and the knowledge that I needed, and that's why I went for this particular option because it's going to give me a lot of flexibility, a lot of freedom. I've found myself in a lot of challenging situations without any guidance, without any formal support, particularly around managing staff and managing tricky situations, knowing what to do in particular circumstances around maternity cover, and basically being really left alone to kind of try and manage everything, particularly around the more formal processes, arranging contracts, difficulties in communication around the structures and payroll."

There were also some positive notes in flexible use of budgets from participants in Highland Council:

- Budgets can be used flexibly on purchases other than support hours. Some practitioners spoke of the RAG list of approved spends, and how when they had suggested something not on the 'green' list there had been positive conversations about how to reach a solution.

In his interview, one man with a learning disability spoke about how his washing machine had gone on fire the previous day, but he was confident that he would be able to flexibly use his option 2 budget to meet emergency needs:

"I've got an individual service fund. Key Housing, my support provider, they look after my money for me, they look after my budget for me, because I'm not very confident with money sometimes… Yeah, it's quite flexible really. Some of my budget will go towards a new washing machine for example."

In contrast, however, in her interview one woman with a physical disability told us of challenges she had faced around flexibility of spend:

"Because it's a sleeping night we have a bed that the personal assistants use and I needed to buy a new personal assistant bed for people to use as it had broken, and when I asked the authority if I could purchase a bed they said it wasn't something that they covered, it wasn't on the green list for them to pay for, so there was a lot of rigmarole and uncertainty around that. Obviously, that to me was a requirement for the job and for the team."

Learning and changing

When people are in receipt of support, there are initial review processes in place that appear to work well for many. Others, however, voiced frustrations with review processes:

Example: Amending an Existing Package

An example was given of a person who had overnight sleepover support in place but who was going through a difficult time in their life. Their social worker assessed that they needed a slight change to their support – to change two sleepover hours per night to waking hours to help them settle into bed. In order to facilitate this, the practitioner had to go through the whole assessment process from the start, from POP to panel and everything in between, which took several weeks.

Some Overall Reflections – What We Noticed

Some key themes were noticed throughout the day:

- There are a great many conflicts at play for practitioners that affect their ability to fully support people in a way that reflects best practice in SDS:
    - Eligibility and needs against outcomes;
    - Deficit based systems and asset-based ideals;
    - Professional judgement against rigid systems;
    - Rural and urban inequities;
    - The need for creativity against the red tape of bureaucracy;
    - The information systems are fragmented and do not allow access to information sharing for all relevant agencies:
- There is a strong foundation of relationships across families, teams, services, organisations, and partners.
- There is frustration across practitioners that they are part of an unnecessarily bureaucratic machine that prevents them from practicing real social work.
- There are pockets of great practice already in place in teams that we should learn from.

Recommendations for Next Steps

The next steps will be a focused discussions to continue exploring a number of key topics. The approach for this is to arrange and facilitate online meetings with a core group of people who have deeper insights into the challenges faced, leading to the development of potential improvement activities.

There are a number of areas that we recommend for further consideration:

- Information sharing and guidance – understanding how we talk about SDS, internally and externally;
- Risk enablement – learning from identified areas of good practice, and understanding what structures are in place to support this;
- Worker autonomy – learning from teams and service areas that have developed autonomous working practice to understand how this has been implemented;

- Flexible and outcomes-focussed commissioning – exploring the challenge in more detail, including historic and current trends in services;
- Early planning for transitions – deepening understanding of the challenges and barriers faced for both adult and children's services.
- The need to continue to develop our understanding of what doesn't work in terms of the fit of the process, autonomy and information against our principles identified earlier. This is important even when we feel we cannot immediately resolve it, such as IT systems.

We will take a multi-level approach to prioritising and actioning each of the areas identified together, to create continuous feedback about the impact of each action we take. This should give greater confidence in the scale of change we can achieve, and generate further suggestions and learning as the project develops.

Report compiled by Pauline Lunn (Director)

28.07.2023

Pauline.l@in-controlscotland.org.uk