

The Highland Council

Education, Children and Adult Services Committee 11 February 2015

Agenda Item	16.
Report No	ECAS 31/15

Self-Directed Support

Report by Director of Care and Learning

Summary

Implementation of Self Directed Support requires that we free up resource by re-shaping services at the same time as reducing the overall spend. The current spend on services for children with disabilities remains in excess of budget, due to the factors outlined in this and previous reports. This report outlines the various options and their likely impact on service provision, and proposals to consult on options for change.

1. Reasons for increasing costs

- 1.1 The increasing number and complexity of children and young people identified with Additional Support Needs (ASN) across Scotland prompted the Doran Review. The interim findings confirmed the increasing complexity partly due to better recording but also to better survival rates for premature babies and childhood illness, more children living in the community due to enhanced technology and medical support, and due to the increase in SEBN, autism and other health issues.
- 1.2 The research also confirmed the increasing expectations of families and communities that they will be provided with the appropriate level of support to care for such children at home and that they will be provided with education locally.
- 1.3 This includes children who have experienced very pre-term births and have significant medical, physical, sensory and cognitive needs. Although small in number, this group requires a significant level of support to meet their health, education and care needs.
- 1.4 This pattern has been noted in Highland, and reported to Committee in May 2014, following the work undertaken by the ASN Review Group to study prevalence rates to support the process of identifying need for future planning of services.
- 1.5 The statistics used to predict the numbers of children and young people considered to have significant levels of support in school (levels 3 and 4) reflects the need for significant levels support outwith school. Up until May 2013, mainstream schools had recorded 1710 pupils with level 3 and 4 needs. Adding to this, there are approximately 150 level 4 pupils in special schools, which brings this figure to 1860.
- 1.6 The number of children and young people with disabilities currently provided with a support package by the disability teams, is around 600. A profiling of caseloads over the last 3 years is currently underway in order to forecast future need

2. Impact on disability budgets

- 2.1 The main budgets involved in providing care and support services to children with disabilities and their families are:

- The Family Team budgets, previously Children with Disability Teams, including support work budgets
- The residential respite resources
- The Positive Partners scheme of family based respite
- The home based respite budget used to spot purchase from Carr Gomm and Cross Roads Care
- The Direct Payment budget.

2.2 All of these budgets are under significant pressure due to the level of demand.

2.3 Care at Home also continues to be required, and current and future need has been projected. Discussions continue with NHS Highland regarding an adjustment to current financial arrangements to provide the necessary home care component of Direct Payments

2.4 An additional significant factor is the small number of children with very complex needs living in challenging circumstances, e.g. when more than one child in the family is affected, in a single parent household, when a parent has physical and/or mental health issues. The care packages for such children are very large in order to sustain them at home. Most of these children have SDS packages which include both Direct Payment and residential respite.

3. Options and implications of releasing budget by re-shaping services

3.1 All the reports to Committee to date have outlined the need for budget reconfiguration in order to release budget for the implementation of SDS as families assessed as having eligibility begin to opt for Personal Budgets.

3.2 This has not been achieved to date, except on a marginal basis, mainly because the bulk of resource is tied up in residential respite and support work where staff posts are the main cost.

3.3 There are no easy solutions for moving resource, and the main purpose of this report is to outline potential options in moving forward with the redesign of services.

3.4 There is no established pattern in Highland on which to base the re-design. Whilst we have arrangements in place for families to choose a Direct Payment, many continue to use a mixture of Direct Payment and traditional council services. Indeed many others, whilst wishing to have more control over service provision, also don't want to manage the budget for this, and so work in partnership with the council services.

3.5 The legislation allows the possibility of a wider group of children and their parents/carers seeking to use Direct Payments to access services, including for those are not currently using council services, thus increasing the call on budgets. This should be managed by shifting resources from council services, but in Highland many families continue to be dependent on these services, and there is no current established change in this pattern of usage.

3.6 Officers are therefore seeking to initiate a consultation process in order to establish views on the future pattern of delivery. Options have been developed as a basis for consultation, but it may be that other options emerge from the consultation process. The options developed to date are outlined in the following sections of this report. Through consultation it is hoped that new types of services may be

identified which could better meet the needs of families.

4. Gate-keep residential provision and reduce as funds are moved to SDS

4.1 Highland Council has very well established residential respite provision, at The Orchard, Thor House and Staffin Respite Centre. To date, few families have opted to reduce the use of these resources. The options for freeing up resource, which require a reduction in the level of staffing include:

4.2 Option 1:

- Contract provision to the 'core' group of children with complex health needs and significant disability.
- Restrict provision to residential respite and cease all other activities such as day care, after school support, group work, and outreach.

4.3 Option 2:

Amend the Resource Allocation System (RAS) to reflect the true cost of residential respite provision, instead of the subsidised amount utilised to date in order to cushion the implications on residential provision. (This would require review of all SDS Support Packages approved using the subsidised rate.)

5. Reshape support work services using all available budgets to obtain better value for money.

5.1 Option 3:

The Support Work Review, reported separately to this Committee, will result in additional funding for Self-Directed Support. At the same time, the pre-existing staffed support work requires to be re-shaped to avoid the risk of double spend. Essentially, this means continuing the move away from support worker posts into more flexible budgets.

6. Review the maximum level of the Resource Allocation System (RAS)

6.1 The work undertaken to date to develop an equitable Resource Allocation System was based on an exercise costing 60 current packages and, utilising a financial formula, allocating points along a sliding scale. This resulted in five levels for the RAS, ranging from under £2,000 to a top level of £20,000. This work was based on current spend not on current budget.

6.2 Option 4:

Reducing the value of the whole RAS by an agreed amount, for example £5,000 with a top level of £15,000 and change the allocation of pounds to points. This would bring it more in line with budget.

7. Limit the total package available for SDS and prioritise children with highest needs

7.1 Currently there are a number of SDS packages which are well over the £20,000 limit. These are exceptional cases of high need and the packages are thought to reduce the risk of the greater expenditure of accommodating a child or funding an out of authority placement.

7.2 Option 5:

The maximum level for the additional resource could be set at a reduced level.

8. Consultation: April – June 2015

- 8.1 We have reached this point in our implementation of SDS, where it has been essential to set out the implications of this transformational change in service provision. These issues are currently facing every Local Authority in Scotland.
- 8.2 For Highland, each of the options holds its own challenges. More work is required regarding the potential resource that may be released by each option, but given the nature of the likely implications for children and families, it is imperative that the options are consulted on with these stakeholders.
- 8.3 Such a consultation requires a pan Highland approach in order to maintain equity. Whilst the Development Officer Disability could facilitate the process, it would benefit from the involvement of an independent agency. Discussions are taking place with the Highland Children's Forum regarding this.
- 8.4 It would also be of value to consult with the range of professionals providing other kinds of intervention with the children and families most affected.
- 8.5 Staff who are likely to be affected by future changes in provision will require to be supported throughout this process.

9. Implications

- 9.1 **Resources:** Regarding the implementation of SDS, Audit Scotland state that Councils should 'take action to lessen the risks of overspending, which might mean that they are unable to provide support for everyone who needs it'. It also stated that Councils need to have plans 'for how and when to stop spending on existing services if too few people choose to use them, and plans to develop and invest in new forms of support for people with social care needs'.
- 9.2 **Legal:** Highland Council has committed to implementation of the new legislation from April 2014. The implementation of Self-Directed Support is intended to be transformational in its implications.
- 9.3 **Risk:** There is a risk in pre-empting any established changed pattern of need and demand, by unnecessarily reducing some council services. There is also however, a risk in continuing to provide the same level of services, whilst offering greater opportunities for families to access Direct Payments.
- 9.4 **Equalities:** There is a risk that SDS may be a favoured option for those groups of children and families who are able to use it, but that there will as a consequence be less choice and poorer access to services for other groups, as traditional services are downsized.
- 9.5 There are no climate change/carbon clever, rural or Gaelic implications arising from this report.

10. Recommendation

- 10.1 Members are asked to agree a consultation on service and financial options for those people who currently use Self-Directed Support packages, or who may require and choose one in the future.

Designation: Director of Care and Learning

Date: 2 February 2015

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Background Papers:

1. The report [Meeting the needs of Scotland's children and young people with complex additional support needs: The Scottish Government's response to the Doran Review](#) sets out the Scottish Government's action in response to the recommendations.
2. Full report of the Additional Support for Learning Review
<http://www.highland.gov.uk/learninghere/supportforlearners/>
3. Accounts Commission – Auditor General prepared by Audit Scotland. June 14
[Self-directed support](#)