Appendix 1

POSITION STATEMENT FOR THE THEMATIC REVIEW OF SELF-DIRECTED SUPPORT IN HEALTH & SOCIAL CARE MORAY

Partnership Relationships in the area

Health & Social Care Moray (H&SCM) has long lasting and effective working relationships with a wide range of independent, private and voluntary organisations across the Moray local authority area. In total H&SCM are involved in commissioning services relating to SDS ranging from Care Providers through to Micro-Enterprises, some on the commissioned framework, others off framework, commissioned through option 2 of SDS.

The strength of the Partnership is also reflected in the membership of our Integration Joint Board (IJB). This includes informal carers, TSI Moray (third sector interface) and Public Participation Forum (PPF) representatives.

Our summary at the end of this submission explains our SDS journey to date.

Scope of integration / delegated responsibilities

H&SCM has been established as a Body Corporate (i.e. a separate legal entity from either the Council or the Health Board), with responsibility for its governance resting with the IJB.

It has responsibility, primarily, for a range of Health and Social Care functions relating to adults (18 years and over) and is responsible for the strategic planning of integrated services.

As identified in the Moray Integration Scheme, the Adult Social Care functions that the IJB has responsibility for are as follows:-

- Social Work Services for Adults and Older People;
- Services and Support for Adults with Physical Disabilities and Learning Disabilities;
- Mental Health Services;
- Drug and Alcohol Services;
- Adult Protection and Domestic Abuse;
- Carers Support Services;
- Community Care Assessment Teams;
- Support Services;
- Care Home Services;
- Adult Placement Services;
- Health Improvement Services;
- Aspects of Housing Support, including aids and adaptions;
- Day Services;
- Local Area Co-ordination;

- Respite Provision;
- Occupational Therapy Services; and
- Re-ablement Services, Equipment and Telecare.

As identified in the Moray Integration Scheme, the Adult Health functions that the IJB has responsibility for are as follows:-

- Accident and Emergency;
- Geriatric Medicine;
- Palliative Care Medicine;
- General Medicine;
- Rehabilitation Medicine;
- Renal Medicine;
- District Nursing and aspects of Health Visiting that relate to adults;
- Clinical Psychology;
- Addiction Services;
- Women's Health Services including Family Planning;
- Allied Health Professionals;
- GP Out of Hours Services;
- Public Health Dental Services;
- Continence Services;
- Home Dialysis;
- Health Promotion;
- General Medical Services;
- Pharmaceutical Services – GP prescribing; and
- Community Mental Health and Community Learning Disability Teams.

Level of resources available to deliver SDS

The detailed table (listed below) outlines Moray Council's resources allocated to Self-Directed Support:

Element	Element Description	Gross Annual Budget 2018/19 (£)	Income Budget (£)	Net Annual Budget (£)
YBM57	MH Day Care	0	(4,000)	(4,000)
YBM58	MH Domiciliary Care	93,569	(18,500)	75,069
YM320	LD Care Purchased	5,427,279	(293,081)	5,134,198
YBM89	MH Contracts	1,312,947	0	1,312,947
YM340	LD Contracts	6,635,645	(441,430)	6,194,215
YD228	Chandlers VSH	224,155	0	224,115
YT761	Hanover SH	222,182	(176,510)	45,672
YT762	Castlehill SH	49,783	(26,000)	32,783
YT768	Varis Court	476,571	0	476,571
YT930	Area Team East	1,967,124	(87,081)	1,880,043
YT940	Area Team West	3,758,276	(187,334)	3,570,942
YE502	OT Aids	0	0	0 (Excluded)
	Total	20,167,531	(1,233,936)	18,933,595
YT777	Provider Services	14,544,671	(412,738)	14,141,933
YE503	OT Joint Store	173,046	0	173,046 (Excluded)
YM200	Employability	541,831	(28,500)	513,331 (Excluded)
	Total	**34,007,325**	(1,618,174)	32,389,151
YM310	LD Staffing	542,135		
YBM80	MH Staffing	587,170		
YT930	East Team Staffing	486,925		
YT940	West Team Staffing	690,911		
YH901	HFH Staffing	305,170		
YT920	Access Team Staffing	506,534		
YM106	SDS Team Staffing	144,572		
	Total	**3,263,420**		

The overall budget for H&SCM is £113m. We have included our block funded contracts which are currently under review, and external purchasing budgets. We

have included for your information the staffing budgets, representing the staff group that are involved in assessment and support planning. We have included our in-house provided services involved in the delivery of care and support to people. Also included is the staffing team specifically supporting SDS and particularly Option 1.

The deployment of the SDS approach is supported by the SDS Team which has five members of staff. Since the inception of SDS, this Team has developed significant knowledge and expertise in supporting the multi-disciplinary teams, Service and Team Managers in delivering SDS.

The SDS Team provides an advisory service in terms of recruitment of staff (e.g. Personal Assistants), employment law and financial record keeping. The Team also work to raise awareness of SDS by presenting to internal and external audiences. This includes presentations to HNC/D Social Care students at Moray College UHI and to the Learning Disability Forum.

What is able to be provided through SDS

H&SCM is committed to supporting people to find innovative and creative ways in which the 4 SDS options can be fully utilised. H&SCM will always operate within the parameters that SDS activities meet the agreed personal outcomes as stated in the Support Plans, are legal and meet the eligibility criteria.

Quality Indicator 1 - Key performance outcomes

1.2- Improvements in the health and wellbeing and outcomes for people, carers and families.

EVALUATION – 4/5

A key strength in supporting people to secure better health and wellbeing outcomes is the adoption of the talking points approach when discussing what is important to them and for the people they care for. This assets based approach is underpinned by Support Plans where the personal outcomes are stated and reviewed with the person and/or their carer on a timely basis. This approach has been successfully deployed across all service areas.

The adoption of this approach allows both quantitative and qualitative data to be captured and analysed by the Social Worker (or another Health & Social Care Professional) on a timely basis. H&SCM can demonstrate the effectiveness of this approach by presenting a sample of case studies, performance data from CareFirst that gives examples of the personal outcomes met, partially met and not met.

The SDS Team circulate an annual 'SDS Survey'. The last survey results were returned in January 2017 and as noted in the attached evidence was overwhelming positive. The SDS Survey has more recently been distributed for completion to Direct Payment recipients in July 2018.

In terms of areas for improvement, the Adult Community Care Performance Management Group are presently reviewing their operational performance indicators and are keen to explore how SDS and personal outcome data can help improve commissioning. The Learning Disability Transformation Project is testing a new model of contract monitoring that will improve personal outcomes.

Evidence presented to support the above comments:-

1.2.1 Annual SDS Survey (Direct Payments) Results 2017
1.2.2 SDS Good News Stories
1.2.3 Extract from Monthly Management Performance Report (May 2018) – SDS Options Selected
1.2.4 Sample Personal Outcomes that have been met, partially met or not met (extract from the annual report)

Quality Indicator 2 – Getting support at the right time

2.1- Experience of individuals and carers of improved health, wellbeing, care and support

EVALUATION – 4

Achieving a good conversation with the person receiving a service (based on a talking points approach) depends on the person knowing what the purpose of the Support Plan is for and the nature of the different SDS options that they can choose from. This is supported by a leaflet which is offered to service users and informal carers ensuring that that all people either have a name of a social care professional or a team to contact if they have any questions.

The Support Plan asks if the person is satisfied with the information provided in developing and reviewing their personal outcomes. This is also evidenced in the support plan review forms.

Moray Council operates a Contributions Policy to allow financial assessments to be undertaken looking at budget and spend rather than hours of delivery. Following the social workers assessment and development of support plan, the service user is provided with information in relation to the Contributions Policy and the financial assessment process undertaken by Community Care Finance. The service users have access to the Non-residential Care and Support Financial Assessment Process information booklet.

Complaints are approached by staff at all levels of H&SCM in a constructive way, regarded as an opportunity for learning, reflective practice and continuous improvement.

Should any individuals require additional support in relation to expressing their views and having their voice heard, Moray Council has a contract with Circles Network Moray which is an independent Advocacy Service. In addition, where an individual may have concerns or issues in relation to the support they are receiving, Circles would be able to support them in taking this concern forward.

One key area for improvement that H&SCM are focusing on is capturing case studies, including carers, across all service areas and SDS options. These case studies will be used for training purposes and the continuous improvement of service delivery.

Evidence to support the above comments:-

2.1.1 SDS Good News Stories
2.1.2 Circles Advocacy - Link to Moray Council Information regarding Circles (the Circles website is in the process of being updated at present – due to go live mid-August 2018)
2.1.3 Annual SDS Survey Results (Direct Payments) 2017
2.1.4 Support Plan and Review Template
2.1.5 Non-residential Care and Support Financial Assessment Process

2.2- Prevention, early identification and intervention at the right time.
EVALUATION – 5
H&SCM have developed a conceptual framework for the delivery of services. This is called the Moray Partners in Care (3 Tier Model) and underpins how SDS options are delivered.

At the heart of this model is an asset based/talking points approach where people are considered to be the active agents in securing their own health and well-being rather than being reliant on the expert knowledge of social care and health professionals. Central to this new relationship is the notion that an outcome based conversation should take place.

- Tier 1 - Help to help you (information and advice), universal services to the whole community and an emphasis on prevention.
- Tier 2 - Help when you need it (immediate help in a crisis, re-ablement) and regaining independence.
- Tier 3 - Ongoing support through one of the Self-Directed Support options.

These three Tiers are underpinned by the following key principles:

Principle 1: The provision of Social Care Services is not the first response. The provision of information has an important role to play in supporting more people to live independently and to make full use of the resources that a local community can offer.

Principle 2: The conversation is at the heart of what we do. Identifying positive outcomes that matter to people is based on a conversation. This level of engagement is the essential first step in delivering an outcomes based service.

Principle 3: Promoting Independence. Consistent with a preventive approach, the role of Moray Adult Community Care Service should always be to focus on empowering the service user. In particular this principle is evident in the emphasis on re-ablement, recovery or progression.

Principle 4: Providing Choice and Control. The new model embraces Self-Directed Support. If people require on-going support, Care Officers will help people identify which of the SDS options would best suit their needs.

Principle 5: Improving People Outcomes. This 3 Tier model aims to provide clarity in terms of our core process thereby reducing bureaucracy, minimising delays in providing services and improving outcomes for service users and carers. In practical terms, it means that people typically would not consider Tier 2 and 3 until their outcomes have been fully explored at Tier 1.

The 3 Tier approach and specifically Tier 3 demonstrates that SDS is integral to how we deliver ongoing support and use the talking points approach to support this aim.

This model is also the basis of a dedicated Access Team. This is often the first point of contact for people wishing to access support. Consistent with Tier 1, the Access Team will aim –where appropriate- to identify alternatives to Health and Social Care

intervention. This may be groups or clubs in the person's local area if it is considered that social isolation is an issue. Additionally the Community Wellbeing Development Team develops and support community groups to become self-sustaining. They are working with for example Dance North Scotland to support their SET Groups (Singing, Exercise and Tea Groups), Ball Groups – not only supporting Tier 1 support services but also individuals with an SDS budget are accessing this with assistance from a support worker, Boogie in the Bar – individuals from care homes, sheltered housing etc are invited and attend these events.

The Access Team is usually the first point of contact for individuals who are not already in receipt of services, who are seeking guidance and assistance in relation to their care and support. The Team comprises of various professional groups including First Contact Advisors, Social Workers, Occupational Therapists and Health Professionals (nurses). The First Contact Advisor's primary function is to signpost individuals to the community based assets which may provide them with the support they require in the first instance. The role of the Team is important as it is trying to promote independence through the use of these community based assets without the need to draw individuals into services. When it is identified that individuals require a Tier 2 service or early intervention, the Access Team will consider re-ablement or crisis intervention, generally over a 12 week period before considering whether a Tier 3 service is required. The Access Team also liaise closely with all teams and along with Link Workers will help to ensure that the right type of support (SDS or otherwise) is provided at the right time when a Tier 3 service is required.

In relation to Mental Health Services, a recent example of this type of Tier 1 (early intervention) support is provided by the Wellbeing Hubs that Penumbra have been commissioned to provide. This service also complements psychological therapy support which has been funded through the NHS.

Areas for improvement would include continuing to explore with our third sector colleagues how we can support more community based groups to be self-sustaining.

In relation to learning disabilities, people who receive a service also identified that being able to access 'mainstream' community groups and clubs is an issue for them that affect their quality of life.

Evidence to support the above comments:-
2.2.1 The Moray Partners in Care (3 Tier Policy)
2.2.2 Penumbra Well-being Hub Specification/Evaluation
2.2.3 Open Space Event Evaluation

2.3- Access to information about support options including Self-Directed Support.
EVALUATION – 4
H&SCM have a range of different ways in which people can access information about SDS.
As previously noted, the primary method by which people access information about SDS options is face to face through their social worker or health care professional.

This information establishes the foundation for the talking points conversation and establishing the mutually agreed personal outcomes.

All teams make use of a comprehensive range of SDS leaflets. In total there are six leaflets that in addition to providing a general introduction to SDS, cover the key elements of SDS. These leaflets are:-

- Here to Help You (an overview leaflet)
- Option 2 Individual Service Funds
- Unpaid Adult Carer
- Support Package
- Personal Assistant Handbook
- Information cards that cover option 1/Direct Payment Information, Initial Information Handout and Employer Information

In addition, the SDS Team circulate a quarterly newsletter for service users and informal carers and have, in partnership with TSI Moray, developed a 'PA Finder website'. An outline of the SDS options and who to contact can also be found on the Moray Council website.

We held an information session called SDS 'the journey so far' event in September 2016 which allowed for shared stories highlighting the ups and downs of people who received SDS. IRISS were contributors as they were launching their co-designed four pathways. This was followed up with a market place event for providers to showcase their provision and allow people within the community to see what paid and unpaid services were on offer in their local areas.

One area for improvement would be for the partnership to make better use of Social Media in terms of providing information on SDS options and other forms of support. In respect to other forms for service provision, H&SCM are beginning to secure many benefits from utilising this channel. An area for improvement would be the translation of the above leaflets into more accessible formats. Although there has been no requests for this information in these formats, it is acknowledged that this is task is outstanding. It is also acknowledged that it is possible that better use of leaflets could be made by ensuring a more rigorous approach to their circulation.

Evidence to support the above comments:-

2.3.1 SDS Leaflets
2.3.2 Sample of SDS Newsletter
2.3.3 The SDS Webpage @ moray.gov.uk
2.3.4 PA Finder Leaflet and website www.supportinmoray.co.uk

Quality indicator 3 - Impact on staff

3.1- Motivation and support
EVALUATION – 5

The evidence collated through analysis of high level outcome data (including the up-take of the full range of SDS options) and feedback given to Team Managers and Service Managers through supervision sessions demonstrates that there is a good understanding and commitment to the adopting an SDS approach and adhering to its underpinning principles of choice and independent living.

In addition to the support provided through regular staff supervision, a SDS Panel was established to support SDS. These meetings took place on a weekly basis and were established at an early stage of adopting an SDS approach. Over the years, the need for this group has reduced following the growth of staff confidence and the ability of team managers to address questions.

In terms of Integrated Learning Disabilities, as part of the whole systems transformational change programme, a series of workshops were delivered throughout 2017/18 with Alder Advice to explore how better outcomes could be achieved for people in the context of the Progression Model.

Whilst workshops were held several years ago with Health colleagues, led by Allie Cherry who was the National Lead looking at SDS in Health, one area for improvement would be to continue to roll out SDS awareness in a multi-disciplinary context.

Evidence to support the above comments:-

3.1.1 Terms of Reference for Integrated Learning Disability Team Meeting (Guidance)

3.1.2 Terms of Reference for the SDS Panel (Guidance)

Quality indicator 5 – Delivery of key processes

5.1- Access to support
EVALUATION – 5

The Access Team Manager monitors the Tier 1 conversations and activity through first contact referrals, and all Team Managers are responsible for authorising and monitoring the Tier 2 support plans developed by their teams.

As noted in section 2.2, H&SCM's response is informed by our Partners in care/ 3 tier model. It is only when Tiers 1 and 2 have been explored, and usually following a period of re-ablement/recovery/progression/skills development that we move to an offer of support at Tier 3, which is delivered though Self-Directed Support.

Moray uses a Resource Allocation System (RAS) which identifies an **indicative** budget. Once this is established, the person is able to identify how they wish to use it. This RAS is calculated through completion of the Supported Self-Assessment Questionnaire, initially developed by In Control. We would stress that the figure generated is an indicative budget. It offers an indication of what the person's allocation of the overall budget would be. We are confident that it is set at a level that most people should be able to make good choices over how it is spent. This level is reviewed annually to check this out. However we also understand that there are situations when adjustments are required, for example when two to one care is required, or if the person has very high care and support needs.

The effectiveness of this process is considered at the SDS Steering Group which meets every second month throughout the year.

CareFinancials is in the process of being implemented with the online personal budget calculator (RAS calculator) available for use now.

Where an individual has chosen Option 1 as their desired route of SDS, the SDS Team have a duty through the use of the CIPFA Guidance to undertake regular financial reviews. These reviews are undertaken to ensure that the individual is managing their Direct Payment accordingly in line with Financial Regulations and SDS Legislation. The Team monitor as to whether the individual has successfully been able to meet their outcomes through this option of SDS. Through the close working relationship that the Team has with the Social Work Teams, this information is shared prior to the annual care review taking place to allow for further discussion to take place with the individual.

Areas for improvement would include conducting a focus group with staff and people who use our service. This would be informed by the SDS Survey and, as part of the current performance management review, used to establish a number of appropriate service standards for the completion of assessments and support plans.

Evidence to support the above comments:-
5.1.1 Annual SDS Survey (Direct Payments) Results 2017
5.1.2 Financial Monitoring Procedure

5.2- Assessing need, planning with individuals and delivering care and support
EVALUATION – 4
An asset based approach is followed throughout the organisation and varies in each service area. Within the Mental Health Team, their focus is based on recovery. Within the Learning Disability Team, the Progression Model is followed and within Older People and Physical Disability a re-ablement focus is adopted.

It is acknowledged that SDS is wider than the four options and looks at what is available in the community and bases these community assets at the centre of any discussions. In keeping with the National Guidance at the time of support planning for SDS, individuals and their social worker would also explore the use of ordinary community based activities available to everyone. Despite having an allocated budget, individuals and social workers would explore the use of these resources to meet their outcomes.

In relation to the Integrated Learning Disability Service, a new Care, Support and Treatment Plan (CSTP) has been adopted to reflect the integrated assessment undertaken by the team, identifying individual health and care outcomes. This is a key part of the Progression Model approach which has been adopted by this service. One of the benefits of this approach is that contract monitoring and commissioning can be based on personal outcome data.

The effectiveness of our key process is evidenced through high level performance data (ASPMG monthly performance charts), supervision notes, Learning Disability Resource Allocation Meeting (RAM) minutes and file audits.

One area of improvement that the Learning Disability Transformation Project is addressing the development of a more robust process where personal outcome data will inform the strategic commissioning and contact monitoring process. The challenges in achieving this are not underestimated but when an effective system is established, the learning from implementing this approach can be mainstreamed across all service areas. Having NHS Grampian learning disabilities resources delegated to the Moray IJB and needing to move away from older block funded contracts provides an ideal opportunity to develop our skills and expertise in this area to share more widely.

Another area for development is the generation of appropriate operational service standards for the completion of key SDS tasks. These measures are currently being considered by the H&SCM Performance Team.

Evidence to support the above comments:-
5.2.1 The Learning Disability Transformation Project Initiation Document
5.2.2 Care Support and Treatment Plan Template
5.2.3 SDS Questionnaire

5.3- Shared approach to protecting people who are at risk of harm, assessing, managing and mitigating risk.
Evaluation 5
A Risk Assessment Screening Tool is completed as part of any area of work undertaken in Adult Services, and the process of completing a support plan involves

a consideration of risk. Positive risk taking is encouraged and has been underpinned by training and learning and development activities. This is supported through staff supervision sessions. Where necessary and appropriate, complex or multi-agency risk assessments are completed. Adult Protection, Mental Health and Adults with Incapacity legislation is used where appropriate and required.

When significant risks are identified and statutory duties of care are potentially compromised then those risks are captured on the service risk register. The risk register is reviewed by managers and is tabled as an agenda item at the Practice Governance Board. The regular meetings of this group are also used to disseminate organisational learning and best practice to staff.

Risk Management is supported by three Consultant Social Work Practitioners. The Consultant Practitioners provide mentoring and guidance and support to staff when a high risk is identified, and have delivered staff development sessions on risk enablement.

Areas for improvement include continuing to explore the varying degrees for accepting positive risk enablement by different staff members. This difference is also sometimes compounded with the use of different risk recording systems (the NHS use DATIX while the Council use CareFirst). Progress is being made in addressing these organisational cultural issues through on-going training.

Evidence to support the above comments:-
5.3.1 Risk Assessment Screening Tool Template
5.3.2 Positive Risk Taking Workshop PPT
5.3.3 Adult Social Care Practice Standards and Quality Assurance Procedure

5.4- Involvement of individuals and carers in directing their own support
EVALUATION – 5
Our approach acknowledges that individuals are the experts in their own lives. This is reflected in the format of the Support Plans with its focus on articulating, negotiation and agreeing with the person their personal outcomes before the SDS option can be adopted. The person's choice of option is clearly identified in the support plan, and monitored through the monthly Adult Services Performance Management Group.

The personal outcomes data considered by the Adult Services Performance Management Group and the SDS Support Survey indicate the effectiveness of this approach.

Since the implementation of the carers act on 1 April 2018, 50 Assessments for informal carers to be considered for an SDS budget in their own right have been received (as of 13th July 2018).

An area for improvement is providing more opportunities for service users and informal carers to provide feedback on the quality of the service or support they receive. This could be the purpose for more focus groups.

Evidence to support the above comments:

5.4.1 Annual SDS Survey Results (Direct Payments) 2017
5.4.2 SDS Good News Stories
5.4.3 Extract from Monthly Management Performance Report (May 2018) – SDS Options Selected
5.4.4 Template of Support Plan
5.4.5 Sample personal Outcomes that have been met, partially met or not met

Quality Indicator 6 – Policy development and plans to support improvement in service

6.1 – Operational and strategic planning arrangements.
EVALUATION - 5

The Moray Partners in Care (3 Tier) Policy presents a coherent set of high level principles for the implementation of SDS across H&SCM. This Policy predated the implementation of the SDS Act. The Strategic Commissioning Plan also gives guidance on the strategic priorities for the Partnership.

At an operational level, the staff survey and feedback from Managers through staff team and supervision sessions indicates a good understanding of the SDS process and the duties and rights of people in relation to SDS. The strength of operational arrangements is also reflected in the findings of an Audit undertaken in partnership by the Commissioning and Internal Audit Team to evaluate operational processes and the quality of service.

Moray Council identified the cost and unit (subsidised) price for our internal services ready for SDS implementation in September 2014. It was identified that the cost of our internal services needs to be one which is competitive, with our external providers, but reflects service quality and market position, facilitates market change, but also maintains a reasonable degree of market stability. The proposed prices of our internal services was identified and put forward to the Health and Social Care Services Committee on 10th September 2014. This exercise allowed us to put a financial value on our internal services which was not previously transparent, either internally or to service users. Having this transparency in cost allows individuals to make true choice in how their support is received with their allocated budget. This is effective due to the change in uptake of internal day services whereby there has been an increase in alternatives available for those with less complex learning disability, while internal services have become increasingly focused on meeting complex need.

In Moray we have used the levers of Self-Directed Support to develop a changed market place for individuals requiring social care. The provider market in Moray is limited through its geographical position in the north of Scotland and the rural nature of the area. This results in low competition for contracts, however the market in Moray is stable due to longstanding contractual relationships with providers established over time. In 2011 it was recognised that there was a clear need to develop the market to be able to offer greater choice to meet the needs surrounding the ethos of SDS. With this in mind, a Social and Micro-Enterprise Development Officer post was created and as a result there has been a healthy development of Micro-Providers in Moray. Through supporting micro providers to develop a market offer for SDS, alternative community day activities for people with Learning Disabilities have been created in Moray. In 2016 Building Bridges/Findhorn Care Farm at Findhorn Foundation was established followed by Dreamtime Community Arts in 2017. Growth in micro providers offering domestic support as a result of this new market opportunity has resulted in three main providers offering services to those in receipt of SDS budgets. The Social Micro Enterprise Development Officer developed a small business network as a result of the work with IRISS. The aim was to support individuals in receipt of an SDS budget to develop their own small

businesses. For example a Micro-Enterprise for people experiencing mental ill health led to the creation of a project at Burghead called Mindful Designs. Shared Lives is embedded through a personal budget approach too.

In 2015 H&SCM took the bold step to develop and implement a Contributions Policy allowing us to move away from a charge for a service to a contribution based on a personal budget. With the implementation of SDS and the flexibility of the way in which outcomes can be met, support is no longer always sourced in hours. Prior to the implementation of the Contributions Policy, ascertaining a charge or contribution towards the cost of a service was complex when it was not able to be broken down into hours of delivery.

The Learning Disabilities whole system transformational change programme is underpinned by focusing on personal outcomes, and these being used to inform strategic commissioning. As part of this programme of work, an updated Market Shaping Strategy is being developed and due to completion in August 2018, drawing on the work that was completed for the Market Position Statement completed in June 2014, as part of Moray Council preparing for SDS. Engagement with providers has been evident in the activities undertaken to support the work of the programme's commission work stream. This includes housing as well as care and support providers.

Areas for ongoing development, which are presently being tested through the Learning Disability Transformation Project, are to support the use of individual budgets through the use of Individual Service Agreements. Working towards achieving this aim through changing commissioning and contract monitoring arrangements is considered to be consistent with the principle of personalisation.

Evidence to support the above comments:

6.1.1 Moray Partners in Care (3 Tier) Policy
6.1.2 Market Position Statement
6.1.3 The Market Shaping Strategy for Adult Learning Disability Services (Draft Copy)
6.1.4 Contributions Policy

Quality Indicator 7 – Management and support of staff

7.3- Training, development and support
EVALUATION – 5

Since the inception of SDS in Moray, a significant effort has been placed in training, supporting and mentoring staff to successfully deliver SDS.

Training has been provided in terms of the philosophy and principles that underpin the SDS approach and how SDS will be deployed in Moray using personal outcome focused support plans. This training also complemented a series of workshops on the talking points approach and capturing and recording personal outcomes.

In relation to the Learning Disability Transformation Project, workshops were also delivered earlier this year on personal outcomes in the context of the Progression Model.

Ongoing staff supervision and team meetings have also been an invaluable means of ensuring that staff have the skills to deliver a personal outcomes/SDS approach to assessment and support planning. The SDS Team have also attended these meeting when required.

Other forms of staff support used include staff briefing sessions, team talks, SDS staff newsletters and SDS 'drop in' sessions.

The SDS Team has grown in size to meet these demands since the initial rollout of SDS. The Team have also provided staff support through the SDS Panel and Steering Group Meetings.

An identified area for improvement is the need to constantly refresh and revisit our understanding and ability to capture and record personal outcomes. It is particularly important that SMART personal outcomes are articulated. Training workshops with this focus have recently been delivered in relation to Learning Disabilities but there is a need to roll out similar workshops across all service areas.

Evidence to support these comments are:
7.3.1 Putting Outcomes into Practice (Learning Disability Services) PPT
7.3.2 Social Work Training Team Briefing on Progression PPT
7.3.3 SDS Team Brief (January 2018)

Quality Indicator 9 – Leadership and direction that promotes partnership

9.1 – Vision, values and culture across the partnership
EVALUATION – 5

The Moray Partners in Care (3 Tier) Policy is a joint policy for both social care and health staff. This was the first policy that was 'owned' by the IJB in 2015. This policy along with the Strategic Commissioning Plan supports the personalisation agenda and the realisation of our mission statement to support "*The people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities, where everyone is valued, respected and supported to achieve their own goals."* Polices are aligned to the values and principles outlined in these documents.

Through briefing sessions with elected council members and the IJB, our vision and commitment to delivering SDS is also shared with our leaders. However, the membership of our IJB has recently changed with a number of new Council members recently having been appointed as voting members. Our intention is to deliver an additional SDS briefing session to this group.

Following the publication of the most recent Audit Scotland Report on the implementation of Self-Directed Support, we have assessed our position in relation to this and identified actions for improvement.

Evidence to support these comments are:
9.1.1 Strategic Commissioning Plan
9.1.2 Moray Partners in Care (3 Tier) Policy
9.1.3 Committee Reports – Update on Progressing Self-Directed Support (10/09/2014)
9.1.4 IJB Report – Update on Progressing Self-Directed Support (10/11/2016)
9.1.5 Action Plan developed by Moray Council in relation to Audit Scotland Report (February 2018)

9.4 - Leadership of change and improvement
EVALUATION – 5

Moray has taken the bold step of putting ourselves at the forefront of national learning in relation to the deployment of SDS. Despite not being one of the early adopter sites receiving additional monies, we decided to begin to work out for ourselves what we would need to have in place to support this whole systems change. In March 2010, a Self-Directed Support Steering Group was established to look at the implementation of SDS in a pilot phase. Membership of the group included elected members, external providers and relevant professionals from within the Local Authority. A Resource Allocation System (RAS) was developed in 2010 with systems and processes put in place to test with a sample of services users who volunteered to work alongside us. The first SDS packages were implemented in early 2012. A service user and staff working group was established in 2011 with the aim to work in partnership to review and evaluate the processes introduced through SDS. This group has since developed into an SDS Working Group with the same ethos in mind. All policies that have been developed make reference to Self-Directed Support.

Getting ready included engaging with a national expert, Sam Newman to inform our thinking and developments. This meant that we were in a good place to partner with the Institute for Research and Innovation in Social Services (IRISS) as part of their PILOTLIGHT innovation programme, looking specifically at SDS and Mental Health SDS and Social/Micro Enterprises. This led to the development of national resources and learning shared across Scotland.

Moray also have worked with the Scottish Government on considering SDS and residential care, the outcome of this has now been published (September 2017), and is with the Scottish Government for action. We have been at the forefront of ISF testing, and the development and implementation of a Contributions Policy and working with Micro Enterprises.

We have also had staff undertake a research project on capturing and recording personal outcomes.

The Learning Disability Transformation Project is also at the forefront of innovation in Scotland in terms of how an SDS approach can support the realisations of people's aspirations for independent living who have a learning disability, through a whole systems approach including integrated outcome focussed assessments and support planning, using our in-house provided services very effectively and changing our approach to commission for outcomes and contract monitoring on that basis too. The Learning Disability Project is also utilising Open Space technologies to support more meaningful engagement with people who have a learning disability. This programme developed from an investment made through the integrated care fund to initially begin an accommodation review; we realised that a whole systems approach was required. We researched what best practice in England and Wales was telling us, and engaged a key partner, Alder Advice who had extensive experience in this area to support us in our change.

By having the foresight to create culture and environment where we have encouraged thinking about new ways of working and being agile and iterative in our approach, we have encouraged our staff and people who have and are using SDS to be innovative and not afraid to try things. This has required leadership that has welcomed and supported change, and managed through a programme management approach.

One area of improvement is how we can ensure that we circulate as widely as possible the learning from the above projects. This is now a key consideration in relation to the Learning Disability Transformation Project.

Evidence to support these comments are:
9.4.1 SDS Residential Care Project Report
9.4.2 Contributions Policy
9.4.3 SDS Option 2 Individual Service Fund Project Evaluation

SUMMARY

(Please detail below how the partnership operates strategically, describing the decision making process)

Since 2010, Moray has been committed to making sure SDS works for the people who have ongoing care and support. This has included setting up a strategic steering group and developing an implementation plan. From the outset we have included service users and carers, providers and elected members in this change.

By recognising and understanding the scale of the change required in our system and being confident in our ability to try things out, we developed an approach which meant that we were ready for implementation of the Act in advance of it coming into force. This included looking nationally at how other areas were moving forward with new approaches, interrogating and considering these and taking the learning back to inform our system development and approach in Moray. This is evident in our work with Sam Newman and Alder Advice, both national leaders. This lead to our implementation of our Partners in Care/3 Tier model in 2013, and its adoption by the Shadow IJB across Health and Social Care Moray in August 2015. It led to the development of the transformational change work in learning disabilities in 2017-2019.

Our Partners in Care/ 3 Tier model provides the philosophy and rationale that informs our offer to people who are looking for support. It informs strategy development, strategic commissioning, and budget alignment, as evidence in for example the work commissioned from Penumbra, focussing on our Tier 1 and 2 offers to people experiencing mental health distress. Our peer support service, also delivered through Penumbra is evidence of our asset based approaches. Our involvement in the SRN's Making Recovery Real programme was possible because of having this framework to base our offers on. The involvement of Moray Wellbeing Hub, the user led organisation in Moray is further evidence of the asset based approaches we appreciate here in Moray.

We have a clear management structure in terms of SDS related decisions, and policy development. This has included working in partnership with Internal Audit to provide an independent assessment on whether our system is working the way we designed it to.

At an operational level, multi-disciplinary teams and individual professionals are empowered to take a positive risk taking approach when agreeing the personal outcomes with people. Team and Service Managers provide on-going support as part of this activity.

At a strategic level, the SDS Steering Group provides direction and key strategic, including budget decisions are overseen by the Operational Management Team (OMT), the Senior Management Team (SMT) and ultimately the IJB.