Social Care (Self-Directed Support) (Scotland) Bill

NHS Fife

1. Are you generally in favour of the Bill and its provisions?

- Yes – the name of the Bill should however not be just called Social Care (Self-directed Support) as this does not embrace one of the Bill’s objectives of breaking down institutional barriers and focusing on the wider health and wellbeing of the individual. If reference to Social Care removed, provides more flexibility for future guidance on links between SDS and health boards particularly as integration agenda progresses.

2. What are your views on the principles proposed?

- These principles are very much supported and underlie existing NHS policies and practice such as those promoted by the Quality Strategy agenda.

3. What are your views on the four options for self-directed support proposed in the Bill?

- The four options will provide greater flexibility and hopefully better outcomes for the individual. Their effectiveness however will be underpinned by the quality of advice on choice and clarity of information provided to the individual. Key workers, in local authorities and potentially in health, will require training and support in advising on these options alongside care providers, advocacy agencies and relevant third sector organisations. It will be essential to provide consistent and accurate information across all sectors

- Providing appropriate support to make an informed choice is of central importance.

4. Do you have any comment on the proposal that the self-directed support options should be made available to children and their families, together with the proposal that the degree of control a child may have over the process should vary with age?

- This is in line with GIRFEC and complements well established child/family centred planning approaches practiced by integrated children’s services.

5. Are you satisfied with the provisions relating to the provision of information and advice, together with those concerning the support that should be offered to those who may have difficulty in making an informed decision?

- Agree that the provision of information and advice should be given a high priority and importance in the Bill however believe that more
detailed guidance should be provided on how this should happen based on current good practice.

6. Are you satisfied that the method for modernising direct payments in the Bill will result in the change that the Government seeks?

No response

7. Do you have any views on the provisions relating to adult carers?

No response

8. Do you agree with the approach taken by the Scottish Government not to place restrictions on who may be employed by an individual through the proposals in the Bill?

- NHS Fife does not agree with this approach. There are unresolved difficulties with the Protecting Vulnerable Groups (PVG) Scheme, targeting empowerment and control at people who, by definition require support services, without resolving the issues around vulnerable people becoming employers is unadvisable.

9. Do you have any views on the assumptions and calculations contained in the Financial Memorandum?

- With such a transformational change, consider it wise to extend projected costs into 2015/16 as proposed measures to facilitate change will require time and resources to be implemented and importantly reviewed

10. Are you satisfied in the assessments that have taken place in regard to these matters and in the conclusions reached by the Scottish Government?

No response

11. Do you have any comments on any other provisions contained in the Bill that you wish to raise with the Committee?

- We think the SDS Bill should link in more strongly with agenda for integrating health and social care for older people. As joint budgets are established for this growing sector of the population, clear guidance needs to be given on how and who to manage SDS for these individuals. As there are many synergies between the SDS and integration agenda, there is an excellent opportunity for both policies to enhance each other if implemented in a co-ordinated and integrated way. There will clearly be a role for health boards in this which is not reflected in the draft Bill as it stands.
• Close links should also be established between the implementation of SDS and the Christie Commission’s recommendations relating to the importance of services moving towards early and preventative intervention. From all the SDS test sites, findings have shown that if resources available SDS can be an effective mechanism for implementing early intervention/preventative approaches.

• More mention should be made of the role of health boards in promoting joint working and SDS. Links between social and health care referred to in the draft bill and accompanying memorandums, should refer to and reflect findings of the two NHS led SDS test sites (i.e. NHS Lothian and NHS Fife) due to be reported on in Spring 2012.

• Following the initial findings of the two NHS led SDS test sites, more research should be commissioned to:
  • review the longer term health benefits of the impact of SDS for individuals who have participated in the test sites.
  • extend the testing of SDS to examine how this approach could be extended to relevant areas of the health service in the longer term without additional short term funding.

NHS Fife
24 April 2012