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

South Ayrshire Council

Thank you for the opportunity to comment on the above. Please find below South Ayrshire Council’s comments relating to the Social Care (Self-directed Support) (Scotland) Bill consultation process.

1. Views on the Bill as a whole

1.1 South Ayrshire Council is supportive of the principles of the Bill, considering Self-directed support to be an essential element of a continuum of support and care for individuals and their families. Indeed we have appointed a Programme Manager to drive forward a whole systems approach to shifting of the balance of care, which includes implementation of enablement and self directed support as the integral foundation stones of future services for our citizens. The intrinsic principles of “involvement”, “informed choice” and “collaboration” are embedded into social work practice and this approach enables practitioners to provide more responsive, personalised services with a truly outcome focused approach at its heart.

1.2 There are some concerns with regard to the title of the Bill, with the introduction inferring the focus is that of social care provision. At a point in time when we are working increasingly with colleagues in the NHS on Shifting of the Balance of Care and self management service developments including enablement, the integration of community based services, a Joint Commissioning Strategy and various other interlinked joint strategic developments, it would appear that there is a missed opportunity to address the need for joint work with regard to achieving a focus on integrated self directed support.

1.3 With respect to 1.2 there would be the potential for some joint funded response to individual needs e.g. preventative support and palliative care needs, should the focus of the Bill be more inclusive of NHS and social care. Whilst it is appreciated this would require a need to address some systemic and cultural issues, the very move towards integration would assist in this process. It is of course understandable that there are some areas of NHS provision which would be unsuited to SDS options, however where there is a community based focus for service provision there may be options which should be explored.

1.4 It would be of assistance to provide clarity regarding the expected roles and responsibilities of individuals and carers accessing support. There is a need to emphasise that the approach in providing self-directed support is
outcomes focussed, with these being central to the self-directed support process. The role of Individuals and their carers, in respect of their individual budget, requires to be intrinsically linked to the mutually agreed outcomes, with both parties being responsible and accountable for ensuring that the funding is appropriately utilised.

2. Options for self-directed support

2.1 In principal the options being offered are clear and may be viewed as a positive development in the modernisation of support services for individuals and their carers. There is recognition that unpaid carers are vital to providing support within our communities, with an emphasis on working in partnership. In addition there is a marked shift in relationships between service users, carers and their role in their support planning and implementation, enabling rather than creation of dependency. This does represent a significant cultural shift for all stakeholders, which will require investment in time, education, development of supportive processes and funding.

2.2 There requires to be increased clarity and guidance on the manner in which partnerships between carers and the statutory services may be enacted. There are concerns that through placing the proposed power to support carers as a duty may result in a significant impact on costs and therefore other areas of public spending for local authorities.

2.3 By increasing the options to include the introduction of Individual Service Funds, there will be a need to address issues linked to the changing relationships and roles service that providers will have with service users, carers and local authorities. Whilst much of the focus of the Bill is on the duties of the local authority, there needs to be guidance and support provided in enabling service providers to adapt their businesses to accommodate this alternative approach. For service users and carers there also requires to be provision of a range of information relating to how this model of support may be meaningfully accessed. Whilst there is an onus on the local authority to provide some of this information, there needs to a framework to support all stakeholders in developing effective and equitable access particularly to this new and alternative option.

3. Availability of SDS options across all children and adult services

3.1 In principal South Ayrshire Council is supportive of this approach being adopted across all client groups. It would be unacceptable, given the principles of the Bill that there are blanket exemptions of certain groups of service users. There does, however, need to be an awareness of the complexities in managing the implementation process across the groups, with
varying legislative and policy structures requiring to be integrated into a meaningful, process. Currently local authorities do have a number of operational alignments and variations, which will need to be taken into account when developing the infrastructure to support the implementation processes.

3.2 There requires to be further clarification regarding to how to support access to self-directed support for certain categories of need e.g. children who are looked after, adults with severe and enduring mental health problems and adults with issues relating to alcohol and drug misuse. Ensuring availability of self-directed support to certain groups requires to be a meaningful experience for them and their carers, ensuring risks are appropriately managed.

3.3 The extension of self-directed support to individuals who wish to access residential care is another area that would require further consideration and guidance. For those wishing to access residential care through use of a direct payment there will potentially be an issue of varying costs, resulting from individuals not benefiting from the protection of the national care home contract and being classified as “self-funders”. Furthermore local authority residential resources are often more expensive than those provided by the independent sector. Should the individual budgets be set at the national care home contract rate, we may be creating an undesirable anomaly limiting choice and impacting on business viability.

4. Modernisation of Direct Payments

4.1 Within the Bill there is significant focus on the modernisation of the current Direct Payments system. This is generally welcomed, given the disappointing uptake to date. It would be beneficial, however, if information and guidance was to be made available with regard to Option 2, as indicated in 2.3 above.

4.2 In addition local authorities would benefit from the provision of regulations and guidance relating to their role in providing and monitoring access to self-directed support, particularly with regard to the discretion to refuse access to one or more options.

5. Individual responsibilities and Risk Enablement

5.1 Self-directed support whilst being recognised as a positive way forward does imply a significant cultural change for all stakeholders. This requires an investment in change management and an educational process which is inclusive of all groups involved. With the right of access to self-directed support there comes responsibilities. For service users and their carers this
includes the responsibility of accountability to the local authority, their potential employees and to themselves. In the past this has been one of the areas of concern resulting in service users and carers not taking up direct payments. Within this context there is a need to develop a supportive framework to enable positive risk taking and successful use of self-directed support and to share the risks of supporting and protecting some of the most vulnerable people in society.

6. Financial Memorandum

6.1 There is clear recognition of the complexity of managing the fundamental change process required in implementation with an awareness that local authorities are at varying points in this process. The Self-directed Support Strategy highlights this transformational change process will be of 10 year duration. Within this context there is an anticipated cost savings benefit in the longer term although in the short to medium term there is going to be a significant cost to local authorities and potentially service providers, in achieving the changes required to support implementation.

6.2 The funding made available to support this change, whilst welcome, does represent an anticipated shortfall, with there being concerns relating to the impact this will have on current support provision and infrastructure at a time when there are other constraints on local authorities and their partners. There will be a need to identify bridging funding to support dual running costs, as new processes are established and rolled-out.

6.3 Prior to consideration of roll-out of self-directed support, systems and infrastructures require to be fully developed, and staff, service users and carers trained. In conjunction IT systems will require to be reconfigured, accommodating both old and new practices in the interim. Time and funding for these exercises is clearly constrained.

6.4 As indicated above the changing relationship with service providers requires investment of time and funding. For many local authorities this may result in withdrawal from block contracts and a need to review and support changes within the local marketplace. Whilst such changes occur it is vital that we do not compromise current service provision to service users and their carers, with a concurrent awareness of the impact on individual employees and local economies.

7. Other Matters

7.1 The task of implementation across all service user groups is one of the biggest changes to occur in social work provision. This is occurring at a time
of change with regard to other aspects of provision, including the proposed integration of health and social work provision. It is essential, therefore, that consideration is given to making this a conjoined process which truly provides an effective, efficient, economic and meaningful response to individual needs. Consideration therefore needs to be given to the timing of implementation. To implement across all groups would result in enormous stress to all service user groups, with a risk of failure in a number of areas impacting on what we would prefer to be a positive experience for service users and carers. It is essential that we have the key component systemic parts in place, tested and working to support effective roll-out. The current 3 year funding and attached expectations do set tight time constraints for all parties.

South Ayrshire Council
24 April 2012