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

We are generally in favour of the Bill and the principles it espouses but we are concerned that the Bill and more importantly the Guidance and Regulations that will accompany it are developed and seen in the context of the Government’s policy intentions for the integration of health and social care services. At the most fundamental level this should affect the legislation has (i.e. Health and Social Care) and the timing of its enactment. Beyond that this will involve consideration of how we achieve our ambitions for individual choice and the integration of health and social care services, which will need to take account of making self directed support available across the whole range of services in the new Health and Social Care Partnerships.

2. What are your views on the principles proposed?

We strongly agree with the principles proposed, but the Bill also needs to strike the right balance between the rights and responsibilities of providers, commissioners and service users under SDS. The principle of reciprocity, if included, could be introduced covering not only financial responsibility and the management of risk but also the responsibility to comply with equalities, procurement and regulatory requirements.

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

We are content with these as a framework of choice.

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?

The introduction of self-directed support options for children and their families would require specific regulations which would allow local authorities to exercise professional judgement on a case by case basis.

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?

We are content that the Bill strikes the right balance in these areas.

6. Are you satisfied that the method for modernising direct payments in the Bill will result in the change that the Government seeks?
Although we have made this point earlier, it may be worth repeating that there needs to be greater clarity and perhaps restrictions on how the current Direct Payment framework operates if the principle of reciprocity applies.

**Adult carers**

Currently, adult carers of other adults or children are entitled to have an assessment of their needs. However, section 2 of the Bill proposes that local authorities should have the power to provide support to a carer on the basis of that assessment. Where a local authority decided to provide such services, section 6 would require it to offer a choice of the four self-directed support options to the adult carer.

We don’t have a problem with this as a Power (rather than a Duty) as it should help defining and controlling the relationship between carers and those who support them.

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

As the Bill progresses there will inevitably, and correctly, be further discussion and consideration of how support to carers could be improved. We believe that any attempt to introduce a duty to support carers would be beyond the scope of this Bill and needs to be considered amongst wider societal and political debates.

**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?**

No, see the comments at 2 and 7 above.

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

It is recognised that the actual cost will depend on new uptake of SDS, however the implementation covers a 10 year period, but the funding identified is only for 3 years –we would wish to seek assurance from SG that appropriate funding will be provided for the whole 10 year period. The funding allocation model should be subject to on-going review to ensure fairness and no unintended consequences that may have to be mitigated in the short-medium term; and to ensure “fit” with the pooled budgets anticipated for new health and social care partnerships.

We have real concerns if the transitional costs are insufficient to meet the changes that will be required, there is a real risk that failure to recognise this could lead to Councils adopting the kind of Resource Allocation Systems (RAS) that have thus far attracted such criticism. The SG expects the strategy to be cost-neutral; however it is unclear as to when it may reach that point (as “bridging” finance requirements may last for some time and change as more people take up SDS over the years). In order to be cost-neutral implies that
savings will be generated and WDC would argue that SDS should not have an explicit aim of delivering financial savings, not least as this could be perceived to be contradictory to the intended outcomes of the wider personalisation agenda

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?

Yes but we are still concerned that the resources being made available to local authorities to implement the new arrangements will not enable the fullest realisation of the Bill’s ambitions.

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

No

West Dunbartonshire CHCP
24 April 2012