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

NHS Greater Glasgow and Clyde

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

Yes and many areas within NHSGGC are taking forward the implementation of reforms based upon the principles in the Bill. For example, in Glasgow City personalisation been introduced in parts of learning disability and work is underway to extend this to physical disability and mental health clients.

2. What are your views on the principles proposed?

Involvement, informed choice and collaboration are sound principles and we would support these.

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

Service user and/or carer preferences, capacity, and circumstances, will naturally vary and it is important that this is recognised. The four options reflect this variation and offer a suitable range of choices for individuals. It is important that individuals receive a similar level and quality of services across each of these options.

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?

We support the introduction to children and families and the principle that children can make informed choices, which is in line with the ethos of the Children’s Act. The degree of control a child is given should, however, not be based purely on age but on maturity and capacity.

The process could be of considerable benefit to children in transition to adult services. If they go through this process as children and receive an individual budget, this should be able to be carried forward through to adult services, making their transition smoother.

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?

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

Yes.

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

This offers real benefits for carers as their assessments will require to be supported by resources, although practical challenges may arise in implementation given resource constraints and the need for funding and eligibility thresholds. It is important, however, that carers’ assessments are encouraged at an early stage to predict and prevent problems rather than reacting to crisis.

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?

This approach will give individuals greater flexibility in whom they can employ. However, it needs countered by checks and balances, through for example, a requirement for systems to be put in place for monitoring quality and safety, and for responding to potential protection issues and possible exploitation of carers/employees.

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

Not directly, however we would wish to note the potential impact on demand for NHS and other services should the transition to SDS fail to deliver the expected benefits in terms of improvement to individual outcomes, particularly where a move to SDS is associated with targeted reductions in support costs.

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.

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

Support given to clients and their carers in assessing their needs is vital but needs to be fair and not based on the professional’s fear of perceived and/or actual escalating organisational costs. There is an argument that this support might be best provided by an independent agency. We would also have concerns about any approach to the implementation of Self Directed Support which assumes and applies
savings targets associated with a move to SDS per se rather than as a result of improved efficiency and responsiveness to assessed needs.

NHS Greater Glasgow and Clyde
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