Social Care (Self Directed Support) (Scotland) Bill

Long Term Conditions Alliance Scotland

Long Term Conditions Alliance Scotland (LTCAS) welcomes the Social Care (Self-directed Support) (Scotland) Bill and the Bill’s aims to increase people’s choice and control over the support that they receive. LTCAS supports the introduction of this legislation which provides a clear legislative framework for self-directed support (SDS) in Scotland, imposes firm duties on local authorities and sets out the options available to people. SDS is one of the mechanisms for driving forward the kind of public service reform envisaged by the Christie Commission. It has a vital role in making a reality of an asset-based approach, in which people can combine formal services and other support (for example from family, peers or local community groups or services) to produce the best outcomes and value.

This piece of legislation is vital in helping to increase the take up of SDS across Scotland and achieving personalised support and equal rights for people with long term conditions in Scotland. It offers the clearest chance yet for Scotland to close the gap between promise and practice. The opportunity that this Bill provides should therefore be exploited to ensure that SDS becomes entrenched as the norm in Scotland for providing care and support to people with long term conditions.

Positive outcomes

LTCAS supports the general principles of the Bill which encourage ‘involvement’, ‘informed choice’ and ‘collaboration’. It helps to outline the framework within which SDS will operate in and ensure that support is flexibly provided around people’s needs. However, the Bill should be more definitive about how SDS is part of a broader agenda which ultimately aims to improve outcomes for people.

It is important that the Bill recognises that SDS is derived from an asset-based approach where people’s capacities, skills and resilience are harnessed to create positive outcomes for people. This will require the joining up of organisational boundaries to ensure a more flexible and responsive use of all care and support resources to allow people to gain control of their lives. Thus the use of ‘social care’ in the title of the Bill sits relatively uneasy within the personalisation agenda, as this infers that the Bill’s principles will be applied specifically within social care as opposed to other areas. The Bill’s principles must therefore extend across sectors to reflect the complexity of people’s lives in which there are nearly always interdependent aspects of need, such as healthcare, employment and housing. For example an individual might choose to use part of their Direct Payment to purchase support relating to employment, education or leisure.

It is extremely pertinent that the Bill’s intention to give more choice and control to people should be focused more widely on health services as well as social care services. The current health and social care integration agenda aims to
ensure that care and support is organised around people’s needs. People with long term conditions are therefore set to benefit from SDS if its principles are applied to healthcare provision as well.

Additionally, in order to achieve positive outcomes for people with long term conditions, SDS should have an extensive range and wide a reach as possible. Thus the Bill’s suggested regulations in relation to the four options of SDS must ensure that they widen access to SDS rather than narrow it and help to ensure maximum take up. This includes improving people’s access to greater choice and control even if they chose an SDS option which did not require them to manage a budget. Such an option should still ensure people receive personalised services tailored to their individual needs. People desire to be treated as active citizens who contribute and enjoy the right to live high quality, independent lives in which they are in control. This will have significant implications for the way in which the landscape of support and services is designed in local areas. The work currently underway to develop joint strategic commissioning will be essential in supporting implementation of the SDS Bill.

Support

LTCAS welcomes sections 1(3), 5 and 8 of the Bill which highlight the provision of support, assistance and information to people directing their own support. However, the Bill is relatively unclear about the level of support that should be provided. For example section 5(3) places a duty on the local authority to assist the supported person to make a choice by taking ‘reasonable steps’ to provide this support. The use of the word ‘reasonable’ here is ambiguous and the required high level and quality of assistance should be made more explicit in the Bill. LTCAS would urge the inclusion of a duty on local authorities to provide advocacy (similar duties exist in relation to mental health, and to additional support for learning).

Making decisions about, applying for and receiving SDS can be a complex and tiring process, especially for frail, isolated people including older people who lack informal support\(^1\). These people may lack the everyday back-up that others can count on to make the process work\(^2\). From case study evidence from people with debilitating conditions, one woman remarked on the hurdles when applying for Direct Payments in Scotland: “normal, well people looked at it and blanched – “I couldn’t do that.” How anyone could think that anyone who is ill enough to need care could do that is beyond me...”\(^3\)

Where people lack the capacity to speak up for themselves or where fear holds them back, independent advocacy support and peer support can assist people to achieve personalised care. The Bill should therefore emphasise the key role that other support organisations can play in providing the necessary

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\(^1\) Living well with long term conditions: Twelve propositions for social care, LTCAS (prepared by Jim McCormick) (2011)
http://www.ltcas.org.uk/download/library/lib_4f87e6eb4b9f0/

\(^2\) Ibid.

\(^3\) Ibid.
support to empower the individual to make informed decisions and choices for themselves.

**Monitoring and evaluation**

For SDS to make a real positive impact on people's choice and control over their support, and ultimately on their lives, it is essential that the Bill requires local authorities to carry out regular monitoring and evaluation of SDS in their area and adopt a robust framework to ensure this happens. In identifying outcomes and assessing progress against them, it is important that we examine a person's journey along the SDS path and measure success by whether the range and combination of support and services with which they interacted resulted in a positive outcome as defined by the person themself.

Regular monitoring and evaluation of SDS should include gaining feedback and the perspectives from people who use SDS, (which should involve their active participation in this process), as well as analysing take up numbers of SDS and reporting these back to the Scottish Parliament. This will require the development and use of effective and efficient monitoring and evaluation tools. LTCAS therefore recommends that all local authorities engage with the range of support currently being funded to help implement the National Self-Directed Support Strategy, including the newly formed Changing Support, Changing Lives initiative (comprising of LTCAS, Scottish Consortium for Learning Disability (SCLD), ENABLE Scotland, In Control Scotland and the Institute for Research and Innovation in Social Services (IRISS))[^4]. This partnership has come together to drive forward SDS in Scotland. As part of its mission to ensure action is taken to implement SDS across Scotland, the group will work in partnership with providers to monitor and evaluate SDS in Scotland to ensure different models of SDS are improved upon and people move towards truly personalised services.

A key aspect of monitoring SDS must be to undertake effective equality impact assessment, reflecting the concerns that certain groups of people will experience greater barriers to accessing SDS and will require support such as advocacy.

**About LTCAS**

*LTCAS’ vision is for a Scotland where people with long term conditions enjoy, not endure, full and positive lives, free from discrimination and supported by access to high quality services, information and support.*

LTCAS is the national third sector intermediary for a range of health and social care organisations. LTCAS has over 220 members including large, national support providers as well as small, local volunteer-led groups.

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