CIPFA The Chartered Institute of Public Finance & Accountancy

self-directed support

Part I

Resource Implications of SDS: Overview

Contents

Ministerial Foreword

We are at a critical point on our journey to making self-directed support (SDS) a reality for everyone. We are five years into our 10 year self-directed support strategy and the Social Care (Self-directed Support) (Scotland) Act 2013 has been in place for a year.

Our vision is of a flourishing, optimistic Scotland in which all people have control of their lives, have equal opportunities and are empowered to make choices at home, in work and education and in their community.

I want these opportunities to be open to everyone no matter where they live in Scotland or what social services support is required, be it social care, moving out of the criminal justice system, recovery from addiction or homelessness.

To achieve this ambition will take empowered citizens, creative services, and a workforce that collaborates to support people to achieve their personal outcomes. All of this needs to be supported by flexible, responsive and proportionate systems and processes that support the achievement of outcomes, not account for what can be counted.

Along with health and social care integration, self-directed support is part of a package of public sector reform policies which require a fundamental shift in culture to be achieved. That is why we continue to invest in workforce tools like this **Self-directed Support Financial Framework** Guidance. This financial management guidance and self-evaluation framework promote good practice and will give financial managers the confidence to facilitate creative and collaborative approaches to social care and support.

I would like to thank CIPFA Scotland, Social Work Scotland, COSLA and all representatives of the reference group who contributed for their contribution to this very important work.

Mr Jamie Hepburn MSP
Minister for Sport, Health Improvement and Mental Health

Acknowledgements

CIPFA gratefully acknowledges the contributions of all those who participated in and contributed in the preparation of this guidance. In particular CIPFA thanks the members of the reference group:

Elaine Black	Scottish Government
Mike Brown	SWS
Dee Fraser	CCPS
Beth Hall	COSLA
Des McCart	Joint Improvement Team
Jess Wade	Self Directed Support Scotland
Anne McMillan	SWS
Katie McWilliam	NHS
Colin Millar	SPAEN
Dina Scott	SWS
Garrick Smyth	COSLA
Gareth Davies	CIPFA

CIPFA also appreciates the support of COSLA's Resources & Capacity Executive Group for the guidance and for the Group's role in co-ordinating a review of, and the provision of feedback on, the draft publication.

SECTION 1

The Status and Use of this Guidance

STATUS AND OBJECTIVES OF THE GUIDANCE

1. This document seeks to provide guidance on the financial management of self-directed support (SDS). This guidance does not have statutory status.

2. Self-directed support is a major development in social care support and service provision. The policy objective of SDS has been described[1] as being to *"change the way services are organised and delivered – so that they are shaped more around the individual, better meeting the outcomes they identify as important".* SDS implementation involves fundamental changes, both now and in the future, for all those involved. The continuing development of SDS provision, and the lessons learned during this, will contribute to a continuing evolution of SDS practices.

3. In order to assist in the initial implementation of SDS and the achievement of the policy objectives the Scottish Government has issued Statutory Guidance.[2] The statutory guidance principally addresses the social care provision implications of SDS.

4. The principles and objectives of SDS apply to the financial activities which organisations undertake in relation to SDS as much as they do to the direct provision of social care support.

5. The objective of this guidance is therefore to support and inform staff undertaking financial management duties so that SDS outcomes, both at a personal and a local population level, are achieved. Ensuring that the financial management arrangements support and reflect the SDS person centred approach is therefore central to this guidance.

6. This guidance is primarily intended for use by any staff with responsibility for the financial management of SDS. While this will principally relate to councils, the guidance is not intended to preclude the involvement and responsibilities of other bodies, such as Integration Authorities, charities and service user groups. In some aspects of SDS these bodies will have the same, or similar, responsibilities as councils.

7. This document does not seek to provide guidance on professional care, which is the responsibility of professionally qualified and experienced social care staff.

1 "Self-directed Support: Practitioner Guidance", ADSW/ Scottish Government

2 "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

8. This guidance is based on:
   - self-directed support Principles and Values
   - a proportionate approach to SDS financial management
   - the achievement of SDS outcomes
   - existing financial guidance on direct payments[3]
9. This guidance is intended to support SDS outcomes achievement through the promotion of wider social care reform and culture change. Primarily the means to achieve this is the provision of a financial management framework which promotes consistency of practice and supports the training and development of staff with SDS financial responsibilities.

USE OF THIS GUIDANCE

10. For ease of reference this guidance is divided into three parts, which are available as separate downloads:
    - Part I: Resource Implications of SDS: Overview of Self-directed Support
    - Part II: Resource Implications of SDS: Management Considerations
    - Part III: Financial Management of SDS: Self-Evaluation Framework
11. Completion of the self-evaluation framework will support action, including longer term service and financial plans, to ensure that the financial management framework supports the achievement of SDS outcomes.
12. It is recommended that sections I and II are read prior to use of the Self-Evaluation Framework.

3 Self-directed Support: Direct Payments – A Guide for Local Authority Finance Managers, CIPFA, 2009

SECTION 2

Foundations of Self-directed Support

INTRODUCTION

13. The development of SDS was primarily initiated by the Self-directed Support Strategy of 2010.[4] The strategy aimed to *"set out and drive a cultural shift around the delivery of support that views people as equal citizens with rights and responsibilities"* and recognised that *"for consumers and providers alike, tighter financial pressures, and demographic changes mean that improved outcomes cannot be delivered with more of the same".*

14. This section provides an overview of the requirements and expectations, as expressed in legislation and guidance, for delivery of SDS in line with that strategy.

SDS VALUES

15. The Statutory Guidance[5] clearly states that self-directed support implementation and management arrangements should adhere to the underlying values. These are summarised, based on a table in Practitioner Guidance,[6] as:

Respect	Having due regard for the feelings, wishes, or rights of others.
Fairness	Fairness to the individual, including providing impartial information about the choices available; and treating people in a manner which befits and benefits their individual circumstances.
Independence	Support for individuals to maximise their aspirations and potential. Support focuses on the prevention of increasing dependence; and enablement (or re-ablement).
Freedom	Individuals having a choice
Safety	The individual is supported to feel safe and secure in all aspects of life, including health and wellbeing; to enjoy safety but not be over-protected; and to be free from exploitation and abuse.

4 Self-directed Support: A National Strategy for Scotland, Scottish Government, 2010, developed in agreement with COSLA

5 See paragraph 4.1 of "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

6 As provided on page 4 of "Self-directed Support: Practitioner Guidance", ADSW/Scottish Government

16. Therefore, as stated in the statutory guidance, these will need to be embedded in the design and development of strategy, guidance, policies and procedures. This clearly also applies to the financial management arrangements for SDS.

PRINCIPLES AND REQUIREMENTS OF SELF-DIRECTED SUPPORT

Statutory Principles

17. The Social Care (Self-directed Support) (Scotland) Act 2013 provides four statutory principles that articulate the underlying aims of the legislation and complement the detailed duties and powers on care and support provided elsewhere in the Act.

18. These four legal duties apply to the initial assessment of need and to the provision of choice in order to meet those needs and are:

Involvement	The supported adult, child or carer must have as much involvement as they wish to have in the assessment.
Informed Choice	The supported person must be provided with any assistance that is reasonably required to enable them to express their views about the options available to them and to make an informed choice about their options for support. This principle seeks to ensure that the person can be fully involved in designing and implementing their support.
Collaboration	The authority must collaborate with a supported person in relation to the assessment of needs and in the provision of support or services to the person which can help to stimulate new or alternative solutions. It supports an equal partnership between the professional and the adult, child or carer.
Participation and dignity	The local authority must take reasonable steps to facilitate the right to dignity and respect for the person and respect their right to participate in the life of the community in which they live. This applies both to the initial assessment of need and to the provision of choice as part of the wider support planning process.

Good Practice Principles

19. In addition to the essential statutory principles, practice is also informed by three good practice principles:[7]

Responsibility	The supported person should be able to take as much control over their support as they wish. In return, the supported person should exercise that choice and control in a responsible way.
Risk Enablement	The supported person should be assisted to feel safe and secure in all aspects of life, to enjoy safety but not to be over-protected and, in so far as possible, to be free from exploitation and abuse.
Innovation	The professional and the supported person should develop creative solutions to meet the outcomes identified in the support plan. The Social Care (Self-directed Support) (Scotland) Act 2013 provides four statutory principles that carry legal weight. They articulate the underlying policy intention of the legislation and complement the detailed duties and powers on care and support specified elsewhere in the Act.

SERVICES AFFECTED

20. It should be noted that SDS affects a wide variety, but not all, of the social care services that councils have responsibility for. The following legal responsibilities are affected:[8]

Type of Care	Legislative Reference
Community care for adults	Social Work (Scotland) Act 1968 section 12A
Offer of assessment of carer services and capacity	Social Work (Scotland) Act 1968 section 12AA
Safeguard and welfare of 'children in need'	Children's (Scotland) Act 1995 section 22
Children affected by disabilities	Children's (Scotland) Act 1995 section 23
Duty to assess carer services and capacity for disabled children	Children's (Scotland) Act 1995 section 24

7 As stated in Table 1 of "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

8 As listed on page 9 of "Self-directed Support: Practitioner Guidance", Scottish Government

THE "PERSON'S PATHWAY"

21. The principles and values of SDS are explicitly expressed in the requirement to implement, for each individual, the "Person's Pathway". It should be noted that the person receiving support may be a carer for a 'cared for' person.[9]

22. The key stages of a person's pathway was set out by the Scottish Government in statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013[10] and it shows the process, centred on the person, from the person's initial contact through to provision of support and review.

23. While recognising there may be variations for some people, these would be in response to the specific circumstances of the person. The pathway is set out therefore as a guide to the determination of appropriate services, providing choice to the supported person and the monitoring and review of the person's support.

24. At any stage of this pathway the person should have access to relevant and timely information or support, either from the local authority or independent organisations.

25. Some key aspects of the Person's Pathway which particularly affect financial management are considered below.

9 For further information on the assessment process for carers see paragraphs 7.16-7.19 of Statutory Guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013, Scottish Government (2014). See also Self-directed Support: Practitioner Guidance" (ADSW/ Scottish Government) which states for adult carers "the authority must consider the assessment and decide whether the adult has needs in relation to the care they provide, or intend to provide, to the person that is cared for"

10 See Section 5 of "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

ELIGIBILITY CRITERIA AND THRESHOLDS

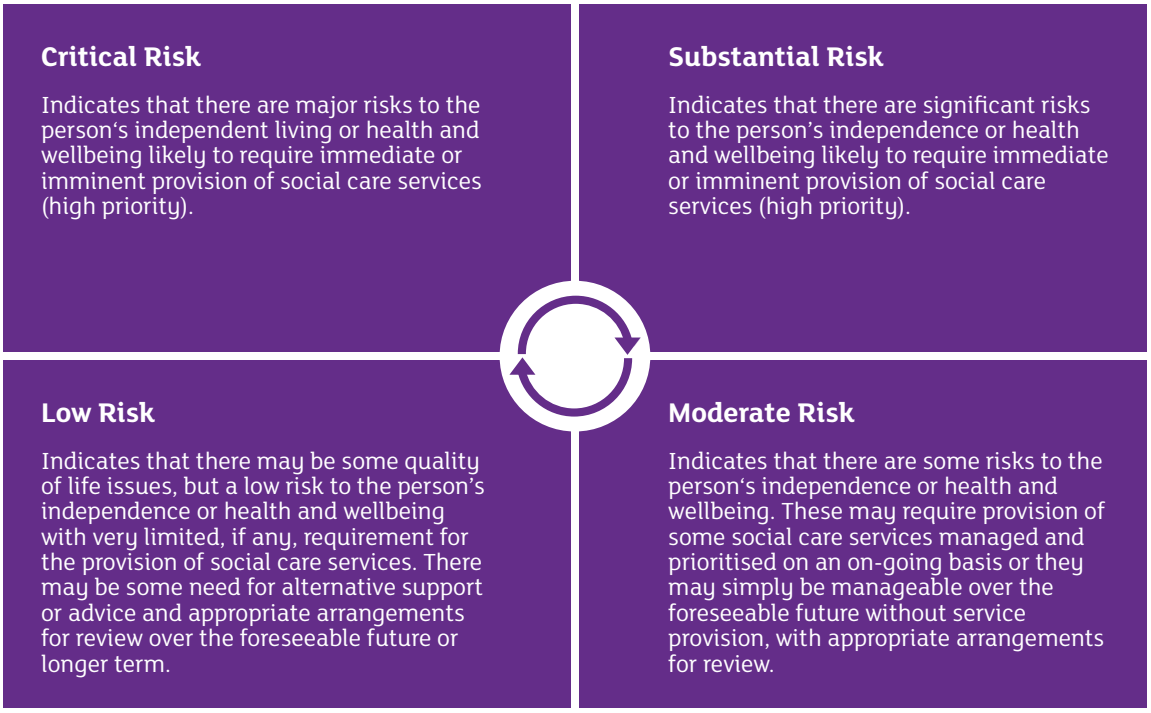
26. An initial assessment is required to identify each individual's needs, in order to determine whether the individual is eligible for support. An authority can use its own local criteria or method for establishing local eligibility. For older people joint COSLA and Scottish Government guidance[11] should be referred to.

27. The setting of the eligibility threshold is a critical decision with significant service capacity and financial consequences. The authority may consider the total available resources it has access to as well as its local service priorities when determining the eligibility threshold. It is vital to note however that once the eligibility threshold is set it must provide services to those individuals meeting the threshold, regardless of whether the social care budget is over or underspending.[12]

28. This indicates that all staff and other parties involved in SDS have a role in determining the resources used, and therefore the finances required, to deliver SDS outcomes.

29. The eligibility criteria should be set in conjunction with stakeholders, including service users, carers, local service providers, community planning partners and should consider preventative interventions and other factors.[13]

30. The following table, based on the Statutory Guidance,[14] illustrates the widely used National Eligibility Framework approach.



11 National Standard Eligibility Criteria And Waiting Times For The Personal And Nursing Care Of Older People – Guidance, Scottish Government/COSLA

12 See paragraph 7.5 of Statutory Guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013, Scottish Government (2014)

13 See paragraph 7.5 of the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

14 See paragraph 7.4 of the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

31. This provides a framework for assessing the need for support. Each council however may set its own threshold, being the point at which the council will provide support for an individual.

ASSESSMENT PROCESS

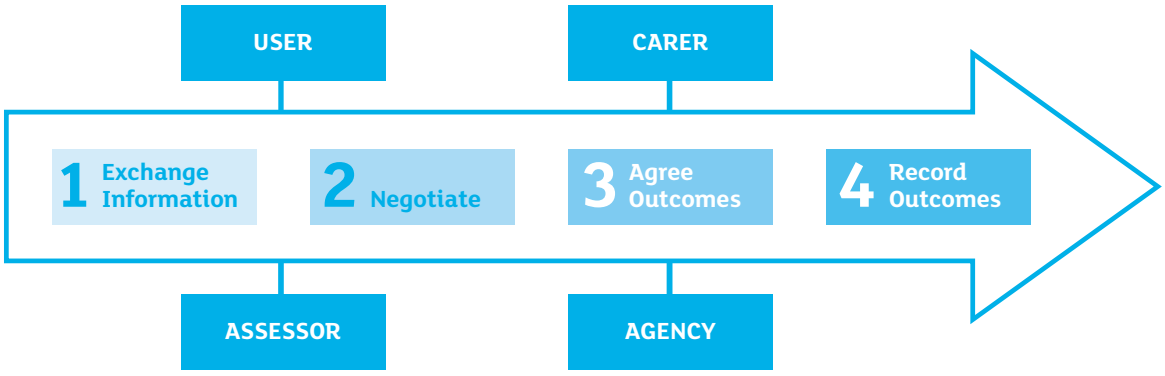
32. Assessment is a core process in SDS and has been subject to change to reflect the shift from assessing for services to assessing for outcomes.

33. While the local authority has a legal duty to carry out social work assessment, and cannot devolve responsibility for this onto the individual, the role of a supported person as an active participant is important. Assessment should build on the person's views, their assets and skills and effectively incorporate the user's own assessment. The authority has a duty, where necessary, to inform and signpost the supported person to available independent advocacy services.[15]

34. The assessment process is expected to be a multi-participant communication process, including the service user, carer, service providers and other partners such as the NHS. This should allow decisions to be taken that reflect the outcomes that will be most appropriate to the supported person. As an example authorities may operate resource panels to ensure all relevant participants are involved.

35. This outcomes based approach requires *"a cultural shift amongst those conducting assessments, a switch from the tradition of 'this person requires a day centre' to 'this person has a need for support and activity during the day."*[16]

36. The diagram below provides an illustrative overview of the 'Exchange Model of Assessment' which would help to support this. This model is described in the Self-directed Support Practitioners Guidance.[17]



37. The exchange of information can be anticipated to include discussion and assessment of informal support that the supported person may rely upon as well as other external resources or funding, such as use of the Independent Living Fund.

15 See paragraph 6.6 of the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

16 Petch, A. (2008) Health and Social Care: Establishing a Joint Future?, Edinburgh: Dunedin – Publication summary

17 As illustrated on page 10 of "Self-directed Support: Practitioner Guidance", ADSW/Scottish Government

38. Some assessment processes may use a Self Assessment Questionnaire which may also be utilised when estimating the extent of resources a supported person requires to implement their support plan.

DETERMINATION OF THE RELEVANT AMOUNT

39. Where an individual meets the eligibility threshold and is entitled to support a key duty for the council is to calculate the resources that are required to provide that support for the individual.

40. Section 4 of the 2013 Act[18] defines the relevant amount as:

    "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person".

41. Section 5 of the 2013 Act[19] also states that the supported person must be informed of *"the amount that is the relevant amount for each of the options for self-directed support from which the authority is giving the person the opportunity to choose".*

42. The importance of the relevant amount calculation, and associated actions to support SDS financial management, are considered in more detail later in Part II of this guidance.

IMPLEMENTATION OF 'CARE AND SUPPORT' CHARGES

43. An authority can be expected to have a policy regarding charging for social care. This income may sometimes be referred to as 'contributions'. The supported person should be clearly informed of the council's policy as part of the SDS process.[20]

44. In accordance with agreed guidance charges are likely to be related to the level of support provided and the supported person's ability to pay. They will thus be affected by, or dependent on, the determination of the relevant amount and the supported person's financial position. It is anticipated that any care and support charge would be calculated and notified to the supported person in a timely manner.

45. Calculation of the care and support charge is anticipated to require a distinction to be made between chargeable and non-chargeable services when calculating the relevant amount.

46. Guidance regarding both residential care[21] and non-residential care[22] charging policy and practices exists. The application of these in determining a charging policy is considered in Part II of this guidance.

18 Section 4 of Social Care (Self-directed Support) (Scotland) Act 2013

19 Section 5 of Social Care (Self-directed Support) (Scotland) Act 2013

20 The COSLA National Strategy & Guidance: Charges Applying to Non-Residential Social Care Services 2015/16 states "There should be transparency over what services are chargeable, and at what levels"

21 Revised Guidance On Charging For Residential Accommodation (CRAG), as issued by the Scottish Government under CCD 2/2014, April 2014

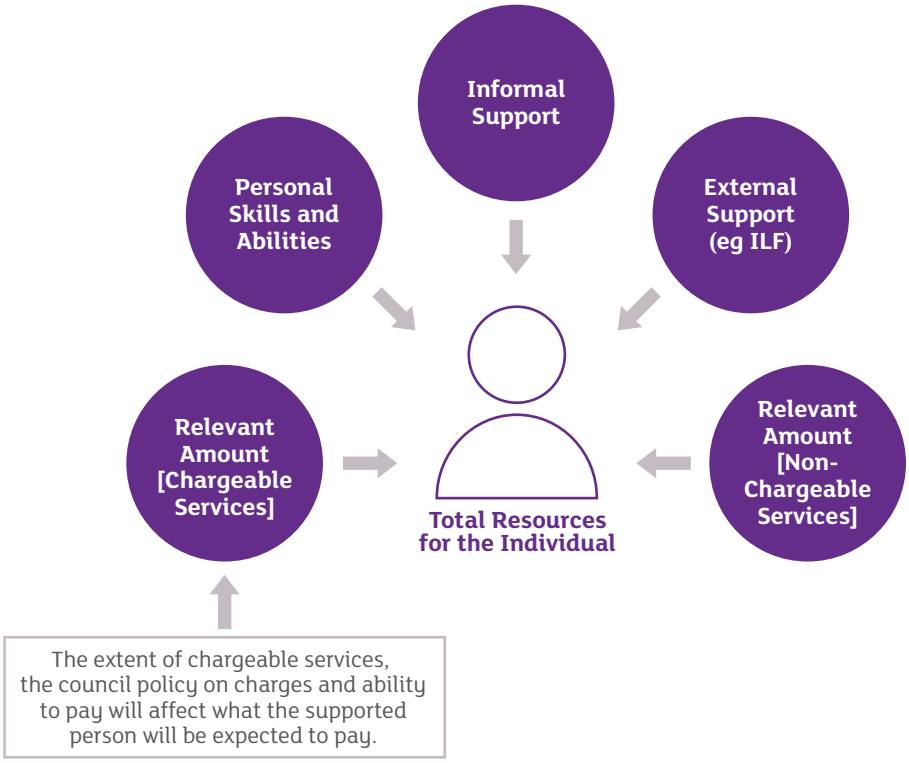
22 The COSLA National Strategy & Guidance: Charges Applying to Non-Residential Social Care Services 2015/16

OVERVIEW OF RESOURCES AVAILABLE TO THE SUPPORTED PERSON

47. The assessment process will normally consider all the assets or resources, financial and non-financial, available to the supported person. The Statutory Guidance[23] states *"additional assets should be complementary to the provision of funded support and not a replacement for funded support"*. In this context the term 'assets' may be construed to encompass intangibles such as the individual's own skills and experiences.

48. The relevant amount may therefore be only one element of the support resources that are to be included in a support plan. Part of the relevant amount may be supported by a 'care and support charge' paid by the supported person. It should be noted however that some services are, by statute, non-chargeable and therefore the relevant amount may need to be disaggregated between chargeable and non-chargeable support. More details are provided in Part II of this guidance.

49. The following diagram therefore provides an overview of different elements of resource information that may be required in developing a support plan for a supported person.



23 See paragraph 7.6 of the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014

SECTION 3

Support Planning and The Four SDS Options

SUPPORT PLANNING

50. Having established a person's eligibility for support the authority is responsible for engaging with the supported person to assess their personal needs, outcomes and support preferences in order to develop an appropriate support plan.[24]

51. Personal outcomes can be regarded as the results that the supported person wishes to see as a consequence of implementing the support plan actions. The support planning process will therefore be expected to identify the needs, or challenges, to be overcome to deliver the desired outcomes, and the opportunities that exist to overcome these needs.

52. Attention will also be placed on the risks for the individual arising from the proposed support arrangements. The support plan should seek to balance the risks to the supported person with the empowerment of the supported person in a manner that optimises the achievement of personal outcomes.[25]

53. There will be a significant amount of information required to inform the development of the support plan. Primarily the information considered will be about the support options, personal circumstances and personal preferences of the supported person.[26]

54. The support plan however should be developed within the resource limits determined by the calculation of the relevant amount for each option. The Practitioners Guidance[27] states the support plan should *"demonstrate how identified outcomes can be achieved within available resources",* in the context of their assessed needs.

55. The relevant amount for each option is therefore also a key information element in determining the support plan.

24 For more details on support planning see Section 9 of the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013", Scottish Government, 2014; see also page 22 of "Self-directed Support: Practitioner Guidance", Scottish Government

25 For more details see page 30 onwards of "Self-directed Support: Practitioner Guidance", Scottish Government, which highlights the importance of risk management in "achieving the right balance between protection and empowerment"

26 See Section 6 of the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013" regarding the information that authorities should provide or commission for supported people

27 Page 24 of "Self-directed Support: Practitioner Guidance

THE FOUR SDS OPTIONS

56. The authority is required to offer the supported person four options as to how they can receive support.[28] The supported person should be informed of the resources available including the relevant amount for each option.

Option 1	Direct Payment
The making of a direct payment by the local authority to the supported person for the provision of support.	

Option 2	Direction of the Relevant Amount
The selection of support by the supported person, the making of arrangements for the provision of it by the local authority on behalf of the supported person and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of that provision.	

Option 3	Local Authority Arrangement of Services
The selection of support for the supported person by the local authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision.	

Option 4	Combination of Options
The selection by the supported person of Option 1, 2 or 3 for each type of support and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support.	

BALANCING RISK AND EMPOWERMENT

Risk to the Supported Person

57. The policy and practice of self-directed support is predicated on the principles of informed choice and risk enablement. Authorities have specific responsibilities regarding the protection of children[29] and adults[30]. In respect of the latter the Statutory Guidance on SDS[31] indicates that any safeguarding intervention *"must provide benefit to the adult and is the least restrictive option to the adult's freedom. These principles should be at the heart of all risk planning and enablement".*

28 See section 8 of See Section 6 of the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013" for more detail

29 For details of authority responsibilities, including the legislative framework, refer to National Guidance for Child Protection in Scotland Scottish Government (2010)

30 See for example Adult Support and Protection (Scotland) Act 2007

31 See paragraph 14.1 of Statutory Guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013, Scottish Government (2014)

58. Therefore development of the support plan will need to consider the risks to the supported person, with a balance required between the risks undertaken and the empowerment of the supported person.[32] A recent study gave a broad and helpful perspective on risk by highlighting the need to balance risk, choice and control:

    - *"Risk is often perceived negatively by people using services (used as an excuse used for stopping them doing something) – but risk needs to be shared between the person taking the risk and the system that is trying to support them*
    - *Although some people fear that personalisation may increase risk, it could help people to be safer by putting them more in control of their lives, helping them plan ahead, and focusing our safeguarding expertise on those who really need it*
    - *The fact that in an era of personalisation, approaches to risk and regulation will need to be equally personalised".*

59. The IBSEN Study[33] highlights the importance of innovation and recommends proportionate controls regarding *"concerns about financial and individual risks for IB [Individual Budget] users were widespread and these may have inhibited creativity, although there was little evidence about the actual impact on risk. However, it is quite possible that such concerns may prompt staff to work within self-imposed limitations on creativity. Developing monitoring and review systems that reduce risks and safeguard vulnerable individuals, both when approving support plans initially and on an on-going basis, are high priorities for local implementation".*

MONITORING AND REVIEW

60. Support planning and implementation for a supported person is an ongoing cyclical process which includes monitoring and review.[34] This ensures that support arrangements are amended where required, for instance due to changing circumstances, changing personal outcomes and assessment of whether previous support arrangements have been effective.

61. Monitoring arrangements will consider:

    - monitoring of service – for example the effectiveness of the support arrangements
    - monitoring of finances – for example the use of the relevant amount to achieve the agreed outcomes.

62. As with all aspects of SDS, and based on the SDS principles, the informed involvement of and collaboration with the supported person in the monitoring arrangements would be expected, as well as access to independent support or advocacy where relevant.

63. All staff involved, with financial or non-financial responsibilities for the supported person, should liaise to ensure that the monitoring undertaken is co-ordinated, comprehensive and fully informed.

32 JRF scoping paper: Rights, responsibilities, risk and regulation: Whose risk is it anyway? Risk and regulation in an era of personalisation. Jon Glasby; Joseph Rowntree Foundation, September 2011, see also JRF scoping paper: Rights, responsibilities, risk and regulation, The art of living dangerously: risk and regulation Lynne Berry, Joseph Rowntree Foundation, September 2011

33 Glendinning C., et al. (2008a) Evaluation of the individual budgets pilot programme: summary report, York: Social Policy Research Unit, University of York, Individual Budgets Evaluation Network (IBSEN)

34 For more details see Page 55 of "Self-directed Support: Practitioner Guidance", ADSW/Scottish Government

64. Monitoring arrangements should be proportionate. On this basis monitoring requirements, both on the part of the supported person and the authority, may be risk based. This will affect the frequency, record keeping and other requirements relating to monitoring arrangements. The retention of evidence regarding any risk assessment and the monitoring process would normally be anticipated.

65. A key focus for service monitoring will be the extent to which the support plan is supporting the achievement of outcomes. This implies that outcomes for the supported person will be monitored and reported over time.

66. The information gathered as part of the monitoring arrangements will inform the regular or ad-hoc review of the supported person's support plan.

SECTION 4

Self-directed Support: Collaboration with Other Partners

A PARTNERSHIP APPROACH

67. The value of partnership working has been recognised by many parties including the Scottish Government, SWIA, Audit Scotland and the Christie Commission[35] on the Future Delivery of Public Services. All agree the fundamental value of partnership working across all sectors for the benefit of communities and of supported people.

68. In providing clear strategic and policy based leadership, the Scottish Government goes further, in guidance about joint commissioning[36], by requiring *"specific commitment of the four sector partners (NHS, Council, Independent and Third sectors) with appropriate local engagement with users' and carers' groups".*

69. The expectation of partnership working is also expressed in the Joint Improvement Team Memorandum of Understanding. This emphasises the co-ordinated role of the Scottish Government, NHS, local authorities, independent sector and third sector in providing care.

70. SWIA[37] noted that *"the aim of all commissioning activity by social work services is to achieve the best possible outcomes for the community as a whole and for individuals who require care and/or support. This includes people who will need care and support at some time in the future. Commissioning should ensure that there are personalised approaches to meeting people's needs, in all services and settings".*

71. Audit Scotland[38] have stated that, *"strategic commissioning of social care is complex and challenging. Councils and NHS boards need to do much more to improve how social care services are planned, procured and delivered through better engagement with users and providers and better analysis and use of information on needs, costs, quality of services and their impact on people's quality of life".*

35 Commission on the Future Delivery of Public Services (2011), APS Group Scotland

36 Preparing your Joint Strategic Commissioning Plan for Older People: A Practical Guide to structure and content. Joint Improvement Team, Scottish Government, June 2012

37 Social Work Inspection Agency: Guide to Strategic Commissioning. (2009). The SWIA subsequently merged with the Care Commission to form the Care Inspectorate.

38 Commissioning Social Care (2012) Audit Scotland

72. There is also an increasing emphasis on the role of Community Planning Partnerships (CPPs) which were established to co-ordinate public services at a local level. The requirement for Community Planning was initially stated in the Local Government in Scotland Act 2003.[39] An Audit Scotland overview report on Community Planning Partnerships[40] noted that *"Although aspects of community planning are improving, leadership, scrutiny and challenge are still inconsistent."* The report contained specific recommendations to support the strengthening of CPPs, for example in relation to the strategic planning and implementation of policy initiatives. This would include the widening development of SDS.

THE CURRENT SCOTTISH NHS ROLE IN SELF-DIRECTED SUPPORT

73. Good practice for health professionals who work with the supported person should ensure that the person has the information that they require to make an informed decision.[41] This applies at every stage of the person's pathway, including joint person-centred assessment, support planning, monitoring and review. Such good practice for NHS professionals is similar, in tone and intent, to council duties under the self-directed support legislative framework.[42]

74. Where the supported person receives both health and social care the NHS can, if so desired, arrange for the transfer of NHS funding to the local authority in order to fund the relevant health outcomes within the person's joint plan.[43]

75. This arrangement is necessary because there is currently no legal mechanism for a direct payment to be paid direct from a health board to the supported person where that person has health needs only. However, it is possible for the health board to pay funding to a local authority in order for the authority to release it to the supported person via a direct payment, even where the needs are only health related.

76. Self-directed support options and funding possibilities offer a high degree of discretion and this solution focused approach is enhanced because legislation is not highly specified. This flexibility can be supported by senior managers in health and social care to encourage staff to take advantage of the broad powers afforded them in legislation.

39 Local Government in Scotland Act 2013 Part II Section 15 onwards

40 Community Planning: Turning Ambition into Action, Audit Scotland (2014)

41 This is supported by the requirements of the Patient Rights (Scotland) Act 2011, specifically section 3 (2) (c) & (d). A reader friendly guide called "Your health, your rights: The Charter of Patient Rights and Responsibilities" (Scottish Government, 2012) is available

42 Primarily the Social Care (Self-directed Support) (Scotland) Act 2013 and associated secondary legislation. Reference should also be made to the "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013"

43 Both aspects are supported by the Community Care (Joint Working etc.) (Scotland) Regulations 2002 (SSI 2002/533) as amended by The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014 (SSI 2014/345)

77. The combined funding resource can be released in different ways to support each SDS option:[44]

Option 1	Direct Payment
Funding to address health needs may be added to funding from the local authority and then released to the supported person as a jointly funded direct payment. The direct payment may be used for relevant expenditure including the employment of one or more personal assistants (PAs). A personal assistant may be qualified or trained to competently deliver health interventions, with this reviewed regularly by the health team.	

Option 2	Direction of the Relevant Amount
Health funding may be added to a virtual budget in the form of an individual service fund and then released to a provider by the local authority, or held by the local authority. The supported person can then direct this budget to purchase support. As an example an agency with staff trained to assist with healthcare tasks, that the NHS would have undertaken, may be engaged. Relevant health professionals should be assured that the staff utilised are of a suitable professional standard.	

Option 3	Local Authority Arrangement of Services
Health and social care professionals can work together to arrange a package of services for the supported person. The services may be provided by the NHS, the local authority, the third sector and/or a private sector provider.	

Option 4	Combination of Options
A combination of all three of the above funding arrangements may be utilised for a supported person.	

78. Once a decision on the actual funding arrangements has been taken, clarity will be required on the responsibility for service and financial monitoring. Any necessary information should be available to all relevant parties in addition to the financial processes being in place and operating effectively.

THE IMPACT OF INTEGRATION OF HEALTH AND SOCIAL CARE ON SELF-DIRECTED SUPPORT

79. Integration authorities are required to produce a strategic plan for the services delegated to them to improve outcomes for their local populations. The integration authority will be responsible for commissioning services, relating to both health and social care, from both local government and the health board.

44 This analysis is expressed in para 13.18 "Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013"

80. An integration authority[45] will develop a strategic plan that will show how joint assessment and support planning arrangements will be delivered through joint commissioning strategies. In this respect, the development of integrated arrangements at the level of the Health and Social Care Partnership should create an environment for the development of choice and control for individuals who have joint health and social care needs.

81. The legislation does not enable a supported person to use the four SDS options in relation to NHS services. There is no NHS relevant amount for an SDS supported person.

82. In policy terms however the integration of health and social care based on the individual should provide opportunities for more effective use of the total resources allocated for care of a supported person (i.e. the relevant amount and the budget for health services used for the supported person).

83. In carrying out their delegated functions, the Integration Authorities will be required to comply with SDS requirements in relation to social care.

84. Therefore integration authorities will have duties in relation to ensuring that relevant services commissioned from any of the integration authority partners, whether local government or NHS, fulfil the following functions:

- Assessment and funding of the relevant amount.
- Supporting individuals to make informed choices regarding the four SDS options (including market facilitation).
- Direct payment provision (Option 1).
- Acting under the supported person's direction (Option 2). This may also be undertaken by an external party, for example a charity.
- Service Arranger (Option 3).
- A combination of Options 1,2 or 3 (Option 4).
- Service provider – where the supported person has chosen, or the authority has arranged, to make use of local authority provided services. The authority may fulfil this role under any of the SDS options (1,2,3 or 4).

85. In undertaking these duties the integration authority may elect to use any of the resources under its control in commissioning appropriate services for the integration authority population. This means that:

- the integrated budget will be used to fund SDS
- as with current arrangements, there may however be a differential between what the supported person has control over under the SDS legislation, their relevant amount, and those services (e.g. health) which it is within the discretion of the integration authority to deploy
- it is presumed, based on the health and wellbeing outcomes, that resources that are not within the relevant amount will be used in alignment with the agreed support package for a supported person.

45 Either an Integration Joint Board (IJB) or an Integration Joint Monitoring Committee (IJMC)

86. The foregoing has implications for an integration authority in the development of its strategic plan. In addition to other activities in the commissioning cycle required to identify the needs of the local population and commission services to improve their outcomes; SDS will require Integration Authorities to focus on market facilitation to ensure that there are sufficient providers of the right quality to meet the demand for services commissioned directly by supported persons. This is likely to be a challenge to partnerships in the short-term and will require development of market facilitation competencies.

87. The interaction of SDS and the implementation of integrated health and social care is likely to be a developing area. Care should be taken to ensure that supported people and all partners are kept informed of developments and planned changes as integration authorities develop their approaches. In particular advice and guidance on integration financial management actions, as issued by the Integration Resources Advisory Group (IRAG), should be reviewed.

THE INDEPENDENT LIVING FUND

88. The UK Independent Living Fund (ILF) was established to provide money to help disabled people live an independent life in the community rather than in residential care and is therefore awarded to people with very high level needs. ILF funding can be used to employ a carer or personal assistant to provide personal and domestic care or pay a care agency to provide personal care and help with domestic duties.

89. Currently a supported person must meet all the following conditions:

- Receive at least £340 worth of support a week or at least £17,680 a year from social services (such as from any SDS option).
- Receive the higher-rate care component of Disability Living Allowance (DLA).
- Must live in the UK.
- Have less than £23,250 in savings or investments (and this includes any money a partner has).

90. The amount of money that is given is based on how much care a supported person needs and how much it will cost and the award is means tested. There is a list of prescribed support and services that a supported person can use ILF money to pay for, and another list that it cannot be used for.

91. The UK ILF will cease to operate from 30 June 2015. The fund has been closed to 'new' applications since 2010 but the Scottish Government have made a commitment that people in Scotland who are currently receiving UK ILF awards will continue to receive this support. The Scottish Government are in the process of establishing 'ILF Scotland' which is being developed in accordance with the 'Shared Vision for Independent Living in Scotland'[46] to take over administration of payments on 1 July 2015. The intention is that existing users will be unaffected by a seamless transfer of their awards to ILF Scotland.

46 As agreed by COSLA, Scottish Independent Living Coalition, NHS Scotland, and the Scottish Government and stated in 'Our Shared Vision for Independent Living in Scotland" (2013)

92. Subsequently, the Scottish Government plan to develop criteria through which new applications for support from ILF Scotland will be invited. Authorities will therefore need to maintain an awareness of the application criteria to be met and the specific types of support for which the future ILF Scotland will be used. Reference to the Scottish Government's 'Independent Living Fund Scotland' webpages is advisable.

RELATIONSHIPS WITH OTHER PARTNERS

93. In implementing SDS authorities should consider taking the widest possible view of partnership working. Other local authorities are likely to be important partners, particularly in the provision of 'cross boundary' support near council borders.

94. Partnerships should not just be taken to include public sector bodies, but can also extend to disabled people organisations, charitable and non-charitable service providers, advice and advocacy agencies, voluntary organisations and informal support groups. All parties should however be clear that acting in the best interests of supported people is the primary basis for participation and partnership working.

95. Adopting this wider view of partnerships, and the resources available for support, is anticipated to provide and encourage more choice, innovation and control for supported people. This is regarded as a key means of achieving SDS outcomes.

96. The development of innovative partnership approaches may also offer authorities increased scope to secure Best Value[47] while, importantly, maximising outcomes for the local population and supported people. In particular the sharing of common resources including individuals' experiences and expertise, as well as physical resources such as buildings, offers potential efficiencies and enhancements.

97. This wider view of partnerships also emphasises the interconnected nature of the local area support facilities that exist for supported people. For example a risk to the financial viability of care homes may also reflect a risk to the local authority, as the financial failure of service providers could place more demands on council services. Equally a change in the eligibility threshold applied by an authority may affect local service providers.

98. A partnership approach should therefore support and encourage open dialogue about systemic risks and innovation opportunities to ensure that an integrated overview of support options for supported people is maintained.

99. This will be critical to the development of strategic commissioning and procurement plans. Implementation of such plans to deliver meaningful choices, in terms of both services and providers, for supported people in the council area can be expected to take time. In some cases lead times for market facilitation, provider participation and new contractual arrangements may require more than three years before the full benefits available are achieved.

47 See section 1 and 2 of Local Government in Scotland Act 2003. The duty of Best Value applies to Scottish local government, including Integration Joint Boards.

Registered office:
77 Mansell Street, London E1 8AN
T: 020 7543 5600 F: 020 7543 5700
www.cipfa.org

CIPFA, registered with the Charity Commissioners of England and Wales No 231060.
CIPFA Business Limited, the trading arm of CIPFA that provides a range of services to public sector clients, registered in England and Wales No 2376684.
Registered with the Office of the Scottish Charity Regulator No SCO37963.