

South Lanarkshire Council welcomes the opportunity to respond to this important issue.

The introductory text rightly acknowledges that Scotland has moved on significantly in terms of supporting people with disabilities from the era in which ILF was established. The implementation of the Social Care (Self-directed Support) Scotland Act 2013 will further expand the control and choice of individuals who are in receipt of social care. The consultation rightly confirms that those who are assessed under this statute will not have the benefit of ILF as some others have had in the past, which creates a degree of inequity between those who will remain ILF recipients and those who may have become recipients had the Fund continued.

We accept that this must not be taken to mean that it is the assessment under the Social Care (Self-directed Support) Scotland Act 2013 that creates the inequity. It merely points to the fact that an ILF user could receive a higher level of support compared to somebody with similar support requirements.

However it is the very fact that such inequity would be maintained that influences our response in many ways.

We acknowledge The Scottish Government's commitment to ensuring that the money devolved as a result of the closure of the ILF will continue to be paid to existing recipients, subject to the UK Government devolving the full allocation of funding determined on the basis of expenditure at the point of transfer and sufficient levels of funding continuing to be devolved in future years.

This is very important as earlier conversation with ILF appear to suggest that an element of "attrition" and "user returns" may be factored into the transfer which would leave an immediate gap in the funding levels. This could be in the region of around 9% year on year which would effectively reduce the fund to zero over a relatively short timescale unless new monies were found to plug the gap.

The Scottish Government's commitment is subject also to the caveat that, either a change in an individual's circumstances would result in a reduction of support required or, a change occurring which equates to an individual becoming ineligible in terms of ILF current eligibility criteria. The first element rightly acknowledges that people's pathway is not static and that circumstances change over time which may require different forms of support including residential care models.

The second caveat relates to the individual no longer meeting the ILF criteria. There are a number of issues that need to be considered in this context.

Firstly, ILF as an organisation has changed the criteria several times over the course of its existence with different parameters applying i.e. the pre 1993 Group 1 users. For those individuals in receipt of a local authority contribution, a key eligibility component has been that this contribution is maintained at the threshold required by ILF. The application of prioritisation frameworks by local authorities are designed to target resources more effectively to those with greatest need. In applying a consistent approach it may be that some individuals may be reviewed with changes to the level of funding thereby affecting the threshold criteria.

Within the context of these broad statements, the council's response to the questions is as follows:

CONSULTATION QUESTIONS

Question 1

What aspects of the current ILF worked well and what elements did not work so well?

Comments Ensuring that individuals had access to a flexible resource to assist them live as independently as possible in many ways can be considered the forerunner of many of the personalisation approaches now being adopted more widely within social care. The original principles sit easily with the National Strategy for Self Directed Support.

Many ILF recipients successfully demonstrated how to use resources differently from conventional commissioned services and this learning supported the advancement of direct payments as a model of support.

The elements that do not work well are in respect of the eligibility criteria. There have been limitations in applications due to age, usage, charging policy, DLA, capital thresholds, surplus monies etc. Also, there are different tiers in operation in respect to monies put in by local authorities before access being granted with changes being made in 2008 onwards with the final tier being put in place in May 2010 when individuals had to be in work for 16 hours per week before applying.

Research confirms the inequitable distribution of current ILF resources. This in part is a product of how individual local authorities developed support arrangements with ILF as a core provision. Differing levels of awareness about the fund and the consequential disproportionate success of some local authorities in securing awards has compounded inequalities within Scotland.

Question 2

Should the money that becomes available after existing ILF recipients no longer need it be used in the same way for others in the future? If so, why? If not, how else might the money be used?

Comments We would support the view expressed by Cosla and others that in order to meet the commitment that existing awards are protected, an initial distribution to local authorities will need to be based on historical patterns of consumption. Consideration will also need to be given to how resources released through attrition can be used to provide access to support for independent living into the future. Although the fund is currently closed to new applicants, natural attrition will gradually begin to free-up previously committed resources, meaning there is a question about how this funding should be used.

There is a real danger in maintaining a two tier system that sustains an inequitable approach. Any funds released could be retained within the Health and Social Care system to support people with assessed needs and be used appropriately to target those with the greatest need. This links to the eligibility criteria or prioritisation frameworks.

The monies could be used to assist with the implementation of SDS, community Initiatives such as learning or participation or the possible creation of a Change Fund for Adults with Disabilities. There are already substantial funds in place for Children and Older People. Short-term funding may also be an option. One of the things discussed pre the closure was the extension of ILF to those individuals in transition, assisting young adults or older adults moving into their own homes etc.

Question 3

If the available resource is simply that which is transferred from the Treasury, how would you like to see it used if it was not to be a continuation of the existing approach?

Comments The logical way forward would be to align the resources with mainstream social work funding. This would enable current users of the fund, and others who are eligible, to exercise choice and control over how their care is provided. Combining the funding streams would facilitate holistic approaches to assessing individual needs. This proportion of the overall resource could be directed specifically toward meeting people's independent living outcomes.

Question 4

What innovative ways might there be for increasing the overall amount of money in the pot?

Comments The council's implementation of Self Directed Support will determine the relevant amount to support peoples assessed needs and outcomes. Within this context, working in co-production and ensuring collaboration and involvement allows for creative and innovative ways to deliver outcomes rather than be constricted by traditional service models.

It creates an opportunity to redefine how support plans will be delivered with flexibility at the heart of the planning process.

Question 5

With any available resource, where is the most effective area to target resources which can have the biggest impact on an individual's ability to live more independently?

Comments This could potentially create an opportunity to strengthen our work in relation to delivering positive outcomes within the context of several national strategies and priorities. e.g. "The Keys to Life ", the Scottish Strategy for Autism etc.

Information currently available suggests that:

- Nearly one in five people of working age (1 million, or 19%) in Scotland are disabled
- Only about half of disabled people of working age are in work (50%), compared with 80% of non disabled people of working age
- Almost half (45%) of the disabled population of working age in Britain are economically inactive i.e. outside of the labour force. Only 16% of non-disabled people of working age are economically inactive
- There are currently 1.2 million disabled people in the UK who are available for and want to work.
- Employment rates vary greatly according to the type of impairment a person has. Disabled people with mental health problems have the lowest employment rates of all impairment categories at only 21%. The employment rate for people with learning disabilities is 26%.
- Disabled people are more than twice as likely as non-disabled people to have no qualifications (26% as opposed to 10%)

In order to tackle many of the difficulties experienced by people with disabilities, dedicated resources could be targeted towards:

- Transitions – Young People/Older Adults/Older People – moving into own homes, out of residential homes etc.
- Employment
- Low level supports
- Lifelong Learning
- Leisure
- Developing Circles of Support / Social Networks
- Supporting Independent Living
- Capacity Building
- Creation of Change Funds for Adults with Disabilities/Mental Health users

Redesign of services – as a result of SDS, changing demographic profiles, challenging financial environment.

Question 6

Once funding has been devolved to the Scottish Government, which option do you think will be most appropriate for Scotland?

Comments The local authority option is our preferred option. We believe this option will minimise administration costs since councils already have much of the infrastructure in place, including staff members who are skilled and experienced in assessment and care management, financial assessment, income maximisation and administration. Councils also have experience in awarding direct payments to individual people to help meet their needs for care and independent living.

The majority of Group 2 users and indeed some Group 1 users already have packages of support which are inextricably linked due to the ILF criteria around Qualifying Support and Services (QSS) and council funded support.

Local authority staff already contribute significantly to the joint assessment process and are fully conversant with existing ILF protocols.

Question 7

To assist with our partial Equality Impact Assessment in relation to the future development of a sustainable Fund to support disabled people in Scotland to live independently, please describe any equality issues (in relation to age, disability, sex, sexual orientation, gender re-assignment, race, religion or belief, pregnancy and maternity and marriage and civil partnership) that you feel may arise and suggest ways in which these could be addressed.

Comments The UK Government noted the changing context of social care over the last two decades. When the ILF was set up there was no legal method for local authorities to make direct payments to disabled people and minimal choice and control for disabled people over their care and support. There have, however, been moves towards giving greater choice and control to disabled people across the UK and this is reflected in the broader approach to personalisation.

The current ILF recipient profile would suggest that the majority of people fall within the age bands 38– 47 most of whom have a physical or learning disability. The available evidence would suggest that ILF has had a positive impact on these groups. Uptake by other protected groups is less visible.

In terms of certain protected characteristics, such as sexual orientation, transgender and black and minority ethnic individuals, there is not currently sufficient evidence on the effects of this policy at this time.