

# Policy points

## Ensuring a range and diversity of providers: why do we need s.19 of the SDS Act?

Section 19 of the Social Care (Self-directed Support) (Scotland) Act, 2013 states:

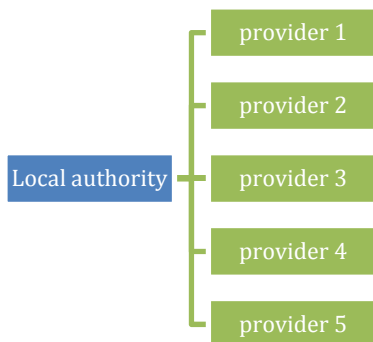
“For the purpose of making available to supported persons a wide range of support when choosing options for self-directed support, a local authority must, in so far as is reasonably practicable, promote—  
(a) a variety of providers of support, and;  
(b) the variety of support provided by it, and other providers.”

### Commissioning isn't working

Recent research <sup>1</sup>has highlighted that there is significant room for improvement in local authority commissioning. Various initiatives are now in place to improve commissioning and procurement practice (notably the JIT/IPC joint strategic commissioning framework and the supporting regional joint commissioning training.) However, none of these initiatives focus specifically on self-directed support and how commissioning needs to change to meet this challenge.

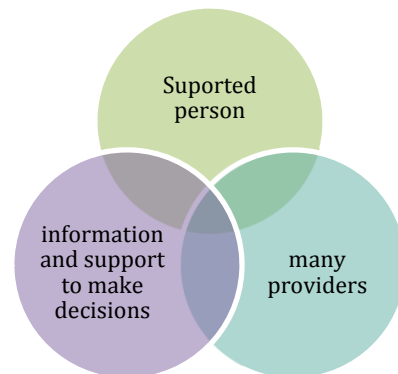
### Commissioning is not SDS ready

The context within which commissioning and procurement of care and support needs to be understood is that third sector providers operate in a quasi-market, where public authorities are, in effect, the only customers (a 'monopsony'.)



In this situation authorities and their staff are not themselves the end-users of the services (and therefore do not experience directly the impact of their decisions). The end user (the supported person) also has opportunity to exercise choice about the support they receive.

With the move towards more individuals holding their own budgets (either under option 1 or option 2 of the Act) this model will no longer be tenable. Supported people become their own commissioners and the primary procurement relationship will be between the person and their provider(s).



### Commissioning and procurement relationships are adversarial

Moultrie (2012)<sup>2</sup> describes a constructive commissioning relationship as having a strong focus on outcomes for the person and being characterised by openness, flexibility and trust. Although commissioning relationships differ across Scotland they are primarily contract-led and could be fairly characterised as adversarial.

needs.

<b>Adversarial</b>	<b>Monopsony and too many providers</b> <b>Single commissioner, often switching providers</b> <b>Hierarchical management</b> <b>Low trust, contract led, challenges, penalties</b> <b>Over-specified</b> <b>No/few outcomes</b>
<b>Mature</b>	Multi-agency partnerships Mutually agreed specs and outcomes Strong commissioning linked to care management Consensus building Openness, flexibility, trust Equity of risks and benefits
<b>Passive</b>	Monopolistic Historic provision Day-to-day management Low challenge Low monitoring Little strategic direction Lots of spot contracting

Developments such as the PSP (Public Social Partnership) method may encourage the building of effective relationships though much depends on the application of the principles of the model not simply a focus on the process.<sup>3</sup>

### Providers need the skills to operate in the new commissioning environment

The move towards the individual as purchaser poses both opportunities and challenges for providers. Providers will need to develop their skills in marketing to individuals and marketing approaches that fit with their core values. To work effectively within a facilitated market providers need the skills to participate in, critique and use SDS commissioning strategies to shape their offer to meet people's needs and preferences.

### References

- 1 Audit Scotland (2012) "Commissioning Social Care"  
[http://www.audit-scotland.gov.uk/docs/health/2012/nr\\_120301\\_social\\_care.pdf](http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf)
2. Moultrie, K (2012) presentation  
<http://www.ccpscotland.org/events/ccps-conferences/CCPS-conference-2012>
3. IRISS/P&P/Falkirk Council (2012) Commissioning for Outcomes  
<http://www.iriss.org.uk/resources/commissioning-foster-care-services-falkirk-council-public-socialpartnership-approach>

### Resources

The Institute for Public Care (IPC)  
[www.ipc.brookes.ac.uk](http://www.ipc.brookes.ac.uk)



### About P&P

P&P is a four year policy and practice change programme supporting providers to prepare for, and showcase good practice in the journey to Self-directed Support. P&P is open to all third sector care and support providers.

More about P&P  
<http://www.ccpscotland.org/providers-and-personalisation>

### Legal

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