SOCIAL CARE SUPPORT
An investment in Scotland's people, society, and economy

SUMMARY REPORT OF DISCUSSION PAPER RESPONSES

Analysis of responses to the joint discussion paper from Scottish Government and COSLA on building a national programme to support adult social care reform

June 2019

COSLA

Scottish Government
Riaghaltas na h-Alba
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Contents

I. More information about some of the terminology used in this report

At certain points in this report, specific concepts, projects, legislation and policy documents will be mentioned that not everyone may be familiar with. To help with this, at the end of the report there is a glossary. This has descriptions of the concepts and more background information on the legislation and policy documents mentioned in the report.

1. Introduction

1.1 Background

Scottish Government and COSLA (Convention of Scottish Local Authorities) are working together with people who use social care support, carers, and a wide range of local and national organisations, professionals and individuals to develop a national programme to support reform of adult social care. In this report, groups of people and organisations are sometimes called stakeholders.

As part of this, Scottish Government and COSLA wrote a discussion paper which set out some suggestions for what the national programme could include. The discussion paper was written after speaking with people who use social care support; with a range of key leaders and representatives in the social care sector in Scotland; and with organisations providing information, advice and support around social care for people and policy makers.

The discussion paper describes an overall approach to reforming social care in Scotland that is based on consensus and collaboration. It outlines some of the key opportunities for a national programme to support local reform. These include:

- increasing awareness of what social care is and its social and economic value;
- embedding self-directed support as Scotland's approach to social care;
- developing a shared vision for social care which uses the new opportunities of integrated health and social care services and support in Scotland;
- considering how social care is provided;
- considering the cost of social care support and how it is paid for;
- understanding and removing barriers to current and future reform efforts; and
- supporting strong and collective leadership around social care.

A list of the specific topics, issues and opportunities contained in the discussion paper is at Annex A.

The discussion paper and accompanying questionnaire were developed to stimulate thought and gather a large range of views from stakeholders. The aim was to gain a deep and rich picture of the key issues affecting social care in Scotland. They were sent to stakeholders including disabled people's organisations, other groups and organisations representing views and experiences of people who use support and carers, information and advice organisations, local authorities, NHS health boards, integration authorities, relevant public bodies, professional bodies, and social care provider organisations during October 2018.

The questionnaire (see Annex B) is a series of seven open questions. Using a questionnaire meant a large amount of information could be gathered in a relatively short period of time. Some stakeholders held workshops with their members to create their response. See Annex C for a summary of the range of experience, specialisms and functions of those who contributed to the 54 responses.

Qualitative analysis of the responses looked for themes, insights and explanation for what social care is like now and what needs to change. This method was chosen because responses were unique to the respondent. This was because the questionnaire was designed to gather people's specific knowledge, experiences, opinions, attitudes, feelings and perceptions.

It is important to note that:

- many responses were from organisations or membership bodies and collated the views of a number of people or organisations;
- the questionnaire asked for comment on topics **not** covered by the discussion paper, so if people agreed with what was in the discussion paper they may not have commented on or repeated a specific topic even though they felt it was important or relevant;
- responses are not fact but reflect views and opinions;
- responses are not necessarily representative of public opinion.

This report presents a qualitative summary of the analysis. It focuses on what people said regarding:

a) topics relevant to the national programme and adult social care reform;
b) collective leadership for the national programme; and
c) a shared vision for adult social care.

The analysis identified topics that were mentioned frequently. Within these frequent topics, different responses often focused on different things. Topics that came up less frequently are also included in this report, as they raised important issues and provide valuable insights.

It is important to note that in many cases, the themes and topics presented in this report are interconnected and have a direct impact on each other, or form part of one another. They should not be regarded as individual or isolated topics.

The analysis in this report therefore represents a range of topics which stakeholders responding to the questionnaire said were relevant to reforming adult social care in Scotland. Further investigation through discussion with stakeholders will take place to reach consensus on the priorities for the national programme for adult social care reform.

1.2 How this report is structured

Chapter 2 talks briefly about a refreshed plan to support the implementation of self-directed support as Scotland's approach to social care. It sets out how and why this plan is relevant to the overall reform programme.

Chapter 3 presents the topics that were identified as themes/prominent categories within people's views about what was relevant to reforming adult social care.

Chapter 4 presents the topics that weren't classed as themes, but were still discussed by some stakeholders as being relevant to the national programme and reforming adult social care.

Chapter 5 sets out stakeholders' comments on collective leadership for the national programme, and overall for reforming adult social care.

In Chapter 6, the report then focuses on what people said should be included in the shared vision for adult social care, how it should be developed, and how it should be achieved.

2. The refreshed Implementation Plan for Self-directed Support 2019-2021

2.1 What is the Self-directed Support Implementation Plan?

Self-directed support is Scotland's mainstream approach to social care. It is defined in law by the Social Care (Self-directed Support) (Scotland) Act 2013. The approach set out in the Act is:

- social care is controlled by the supported person to the extent that they wish
- it is personalised to their own outcomes (including where they receive services commissioned or delivered by the public sector); and
- it respects the person's right to participate in society.

The move to a self-directed model of social care involves changes to systems, to the way in which workers go about their roles, and also to how supported people and the public think about social care.

There have been three phases of the implementation of self-directed support to date, in line with the original 10 year strategy. These have focused on:

- information to promote understanding of self-directed support;
- developing guidance for the Social Care (Self-directed Support) (Scotland) Act 2013;
- supporting innovation
- consolidating and sharing learning from innovative practice around self-directed support; and
- understanding and implementing self-directed support in the new context of integrated health and social care in Scotland.

Scottish Government is currently working with a range of partners to develop actions for the next phase, which will cover the years 2019 to 2021. These actions will be set out in an Implementation Plan.

2.2 How does the Implementation Plan relate to reform of adult social care?

The new phase of the implementation plan will be one of the ways to plan and take forward some of the things that stakeholders said need to happen, change, or grow to make adult social care in Scotland fit for now and for the future. The Plan will help to organise the activities and monitor progress to understand whether changes are happening quickly enough and in the right places. It will also be a way for everyone involved to commit to working together to achieve a common goal.

Stakeholders were asked in the questionnaire to say what they would wish to see in the new phase of the implementation plan for self-directed support (i.e. covering 2019-2021). Self-directed support is not a separate topic within adult social care, but describes Scotland's approach to social care overall. Therefore, all of the detailed information from the responses to this question are weaved throughout the main body of this report.

3. The themes that emerged from the responses to the questionnaire

3.1 Overview

This section of the report presents a review of the themes across all of the responses and all of the questions.

3.2 The themes

The social services workforce
Aspects relating to the workforce were one of the most common and repeated themes across the stakeholder responses. There was a consensus as to the challenges the system is facing in relation to the current workforce, and the outlook moving forward. Responses typically focused on issues related to:

- challenges to recruit sufficient staff to meet the projected care needs of the population;
- ensuring staff remain in the sector, both in terms of making sure it is an attractive career and supporting their wellbeing and resilience;
- ensuring that staff have access to and can attend training, learning and development opportunities that equip them with appropriate skills, for example, for outcomes-based support planning;
- widening access to training and development opportunities (for example to Personal Assistants), and training for people or carers managing social care budgets (for example around employing Personal Assistants); and
- ensuring payment of the Living Wage to social care workers.

A few responses expressed concerns about the potential impact of the UK's exit from the European Union on the recruitment and retention of social care staff. One response suggested that this would disproportionately affect rural and remote areas.

One response discussed workforce issues in the context of what they regarded as discrepancies between externally contracted staff and staff employed by Health and Social Care Partnerships or local authorities:

"*The struggle to recruit staff to fill rotas is the most pressing issue faced by social care providers. Increased resources are clearly required to achieve greater equivalence between public authority and externally contracted services*. *There are concerns that the National Workforce Plan* [the National Health and Social Care Workforce Plan for Scotland] *may not equally benefit or include third and independent sector providers.*" (quote from a third sector organisation)

Topics relating to workforce were listed repeatedly as areas of concern within the current social care landscape. They were often also integral to people's views on what the shared vision for social care should be. Tackling or resolving these issues were often regarded as a means of improving social care currently and into the future. Failing to address the highlighted issues was often referenced as one of the major risks or concerns for the success of the programme in supporting reform of adult social care.

Funding/investment

Comments relating to funding and investment were common and repeated across the stakeholder responses. While responses varied slightly in their views of which areas require investment in particular, overall, there was a call for an increase in funding in social care across the board. Some responses specifically discussed exploring new models for funding social care.

Responses that referenced funding discussed what they regarded to be a shortage of adequate funding in social care currently, and also in regards to maintaining support and services into the future. Some specifically commented on a need to ensure that there is adequate funding to properly enable self-directed support approaches. Some also suggested moving away from short term funding for projects around self-directed support to longer term funding, to allow projects to build success and sustainability.

Some responses discussed the challenge of balancing multiple competing priorities when making decisions locally on how to distribute funding between different supports and services. In this context, some mentioned challenges in securing sufficient resources for social care in the absence of 'ring fencing' of funding for adult social care (or ring fencing in general) within local budgets. Also, one response described what they felt overall to be a "*period of cuts to services, increasing care charges and changes to disability benefits*", with "*austerity*" generally having a negative impact on the social care support that people experience (quote from a third sector organisation).

Some responses felt that concerns around budgets, or overall a lack of funding in social care, were the main factors determining the options available to people accessing or trying to access care and support in the current system. Some also felt it was impacting on the development and implementation of national and local policies. The responses approached this in different ways. Some suggested this was necessary to ensure public funding is used in the best and most equitable way. Others described it as an indication of not recognising the real level of need for social care in Scotland:

"*There needs to be recognition that choice and control of care do not always offer best value, choice can be limited where resources are limited. A light touch audit for creative spend* [of personal budgets for social care] *needs to be balanced with accountability for* [overall Health and Social Care Partnerships'] *budgets.*" (quote from the public sector)

"*There is an evident challenge in securing agreement between commissioners and providers on the funds required to deliver the care sector our country needs, and*

both groups are facing acute budgetary pressures. In a context where the sector as a whole is underfunded, this will continue to be a difficulty and potentially a barrier to achieving the reform which is required in the delivery of care services." (quote from a third sector organisation)

"*there needs to be a better understanding of how adult social care has been and will be impacted by the savings programmes in local authorities and the budgets currently available locally to address demographic need.*" (quote from a third sector organisation)

The issue of funding often arose in the context of a discussion of other topics (e.g. increase in wages for staff) as well as a general comment in regards to the value placed on social care overall.

Increases in funding/investment were regarded as necessary in order for the programme (and the social care system overall) to achieve its aims and objectives. Moreover, some expressed specifically a view that investment in social care would produce better outcomes overall (it was assumed that this referred both to outcomes for people and system-level outcomes). One response from the public sector said that:

"*Delivering better outcomes (even better health outcomes) can only be achieved through investing in social care because health and social care should be indivisible".*

Throughout the responses that discussed funding, there was consensus on the need to have a "*full and frank*" discussion about funding, how resources are currently allocated and how they should be allocated moving forward, and that this had to look beyond social care. Some responses tied this to a wider discussion with the general public about social care:

"*A full and frank debate is required on funding social care and health, that fully supports the integration and transformation agenda. The current process that does not ring fence funding for health and social care places unacceptable pressures on IJBs* [Integration Joint Boards] *should full grant funding not be released by the receiving authority, i.e. local government.*" (quote from the public sector)

"*In the long term, social care in Scotland needs to be put on a sustainable footing to ensure that future increasing need can be met in a way which upholds people's human rights and enables them to continue to participate as active citizens in our society. This requires an agreement not just between the different levels of government and providers from different sectors, but also amongst the people of Scotland, about how social care should be funded and organised, and what constitutes a fair contribution from the different actors in the social care process. This needs to be considered alongside a similar assessment of how our health service functions in the long term. We need as a country to agree our responsibilities to and our expectations of each other, and begin to create both a culture and a legislative framework to enable that.*" (quote from a third sector organisation)

"[there needs to be] *an honest appraisal of the actual cost of care and support and how this is funded*]. *This includes an understanding of the real 'best use' of public resources. This means a whole system approach to commissioning, procurement and delivery so that problems in the inter-relationships between parts of the system can be identified and resolved. This includes politically sensitive considerations such as reviewing the cost and quality of in-house services; understanding the time and resource costs of competitive tendering and addressing the toxic system effects that result from increasingly tightening eligibility criteria.*" (quote from a third sector organisation)

One response from the public sector also mentioned funding in relation to the ability to focus more on preventative care and support. They suggested that mechanisms for Health and Social Care Partnerships to plan resources over a longer term would increase their ability to invest in preventative approaches:

"[We need] *Budgetary processes that take a more long-term strategic view, so that local authorities and IJB's* [Integration Joint Boards] *can set in place 3 – 5 year plans that are more outcome focused, that allows for development of early intervention and preventative approaches, in addition to meeting high need.*"

Coordination, collaboration and co-production

A recurring theme across responses was the view that there is a need for greater co-operation, communication and co-production within the social care sector, and between social care and wider support and services. People were as concerned with **how** changes in social care and the wider system were going to be achieved as they were with **what** changes were going to be achieved. Responses frequently called for greater partnership working both within and between sectors as a whole, as well as between and within different levels of governance and practice (e.g. leaders, frontline workers, etc.). One response specifically mentioned the need for "*a parity of esteem*" between *"government, care commissioners and care providers in developing an approach to the future of the sector*" (quote from a third sector organisation).

The theme of coordination, collaboration and co-production was often raised in relation to greater coordination of social care support with NHS services and the wider support and services under the management of Integration Joint Boards. Continuity of care when people enter hospital was raised as an issue, as was the need for greater links between social care and mental health support. One response commented specifically on the need for more effective collective leadership within Health and Social Care Partnerships, between the NHS and local authorities:

"*there are still funding issues* […] *we receive our budgets from two (or in one Partnerships case three) different organisations* [that] *become embroiled in joint meetings with no joint funding consideration.*" (quote from the public sector)

A few responses also discussed the theme of coordination, collaboration and co-production in the context of transitions between services and felt that this had been missed from the discussion paper. The transition most often referenced was from child to adult services. However, transitions across care and support in general were also referenced.

A number of responses said the discussion paper wasn't explicit enough about social care being part of a wider support system that a person may access. Two responses felt that the references in the discussion paper to the integration of support and services were misplaced. One respondent commented that:

"*While the discussion paper refers to the new landscape of integration, it doesn't adequately seek to integrate the reform of social care with health services and settings.*" (quote from a third sector organisation)

Social security and housing were two specific areas in the wider system of support and services that people said linked with social care. A central point raised in responses was that "*the provision of sufficient, appropriate and accessible housing directly influences the expenditure requirements of social care and crucially the delivery of personal outcomes*". Also, that there is a direct impact of access to social security benefits on "*means testing, eligibility, employment*" (both quotes from third sector organisations). An example was given of how housing and social care needs are being integrated in some local areas, through "*the development of different types of housing and support models such as extra care housing and housing with care where people are offered up to 24 hour on site support in their own tenancies*" (quote from the public sector).

Collaboration within the delivery of support and services was often discussed as both an issue within the current adult social care system, as well as a potential vehicle for the success of the reform agenda. A few responses discussed the existence of barriers to collaboration, and suggested investigating what is causing them and how to address them:

"[…] *The capacity and willingness of agencies from all sectors to set aside commercial or organisational interests to work cooperatively in the best interests of the people they support is a significant resource for change that is not yet fully realised. Many opportunities exist to better develop and capitalise on this, and for collaborative solutions to be generated and delivered 'bottom up' from the sector*. […] *Barriers to collaboration: The real or perceived imbalance in the status and power of statutory sector partners and voluntary / independent sector providers is felt keenly by providers in many areas and is a barrier to the opportunities for collaboration we set out above*" (quote from a third sector organisation)

Others discussed the need for a change in perspective in future collaborative work:

"*Meaningful partnership- despite changes in the way we talk about providers and local authorities the sector still feels it is treated as 'part of the supply chain' not as an equal partner*" (quote from a third sector organisation)

"*Explore how to increase and enhance the role of the Third and Independent sectors in strategic decision-making and strategic commissioning*." (quote from a third sector organisation)

"*There is a dire need for the independent movement to be resourced to 'spread the word' about SDS* [self-directed support]*, its foundation in the social model and its*

concept of independent living. Local authorities should resource and encourage peer-advocacy and support" (quote from an individual)

Equally frequent were emphases on the need for co-production in social care policy and practice – specifically, that people affected by decisions should be involved in the decision making process. For example, one response felt there was a need for "*greater transparency and accountability around decisions relating to self-directed support, for example decisions on eligibility and individual social care budgets*" (quote from a third sector organisation).

Understanding of, and attitude towards, social care

Many responses referred to a need to establish a higher regard for social care within local and national policy and public discourse. These references appeared throughout the answers to the different questions in the questionnaire. A few responses said there was a need to change perceptions of social care, to regard it "*as an investment in society rather than as a burden.*" (quote from a third sector organisation). Responses often described a need to engage with the public in order to raise awareness of the value of social care and the work done by social workers, social care workers, unpaid carers, and others delivering or involved in care and support. Comments often placed social care in contrast to the health care sector/the NHS and suggested an imbalance of esteem, outlook, and priorities. The common view was that health care holds a greater degree of priority and prestige in policy and investment decisions, as well as in public opinion:

"*The interface between acute and primary and community health and care needs to be addressed, as there is little evidence of a shift of resource to community, especially when the focus of acute is on addressing waiting time targets and tackling delayed discharge. Reform activity focused on promoting the value and status of social work and social care is to be welcomed.*" (quote from a third sector organisation)

Two responses made statements around the opportunity to reinforce or raise the status of self-directed support as Scotland's approach to social care. One response said that the 2019-2020 Implementation Plan should be used as an opportunity to "*reinforce self-directed support as the mainstream approach for social care assessment, support planning and review in Scotland.*" (quote from the public sector). The other suggested that the refreshed self-directed support Implementation Plan should include "*a statement on the value of self-directed support, emphasising the contribution disabled people and carers make to society.*" (quote from the third sector).

Data

Aspects relating to data were often repeated as an issue in adult social care. Responses typically referenced a lack currently of "*meaningful*" measures, or a lack of "*quality*" in regards the data that is currently collected. Responses said there was a need to have a focus on improving the collection and utilisation of quantitative and qualitative data within social care. This was in regards to both measuring the implementation of self-directed support, as well as measuring the effect of changes in practice on people's experiences of care.

Responses were mixed in terms of how to resolve the issues highlighted. Some responses suggested the development of new measures or metrics, whilst others felt the way forward was more robust adoption or better utilisation of already existing measures. Nevertheless, there was general agreement that changes and improvements around data were integral to adult social care reform.

Some responses discussed the need for better "*data logistics infrastructure*". Many referred to creating opportunities for greater data sharing between different organisations, to support holistic, multi-faceted care and support. Others mentioned this in terms of improving the way that data is used to understand how the system is performing for people and to support improvements:

"*The significance and value of social care data and the potential of tracking pathways through health and social care in identifying systemic pressures, for instance, around delayed discharge should be realised.* […] *Systems and processes for gathering robust data on unmet need would also prove useful in this context, and their introduction is critical for commissioning.*" (quote from the independent sector)

A few responses described that the **kind** of data that is collected, and **how** it is collected can have an impact on what is valued or prioritised and therefore on practices and processes in the social care system. For example, reporting requirements have impacted on the design of social care assessments and on people's ability to innovate:

"*Any national input that supports consistency across different areas in terms of assessment and support planning is welcome. In particular, this input is welcome around expectations in terms of both information gathering and capturing information in numerous key documents. This currently results in duplication of information, and subsequently impacts on frontline staff time and increases pressure on managers to oversee quality assurance. In order to support local reform of the way assessment and support planning is undertaken, there needs to be a commitment to look at reporting requirements, via Census etc. Currently, these requirements make very significant challenges whenever an attempt is made to do things differently, for example when considering different models of care etc. However, specific performance and quality measures should be in place that ensure visibility*" (quote from the public sector)

Another specifically said that the type of data that is collected nationally to demonstrate progress needs to change in order for self-directed support to be properly embedded in local social work and social care practice. They felt there needed to be a "*shift away*" from reporting at national level on hours/days of social care support towards national-level outcomes-based reporting:

"*Please develop outcomes focused performance measures at national level, which incorporates the process outcomes and the difference the support has made to the person.* […] *Shift away from reporting in hours/days and limited number of services which fails to reflect accurate activity. As we strive to embed the personal outcomes approach to practice through creativity and innovation, the outcomes and impact of this is not captured/measured appropriately at national level as focus remains on 'options' and volume*" (quote from the public sector)

Evaluation/best practice
Evaluation and best practice were often referenced throughout responses. The need to evaluate aspects of self-directed support (particularly its implementation in practice) was the most often cited. For example, one response defined the importance of evaluation, or monitoring/tracking progress, in terms of being able to provide targeted support in a timely manner to local areas around the implementation of self-directed support. However, a wide array of topics were raised as potential focuses for current and future evaluative work.

Evaluation was often discussed together with the topic of establishing and spreading best practice across Scotland. Again, this was a common focus of comments relating to the implementation of self-directed support. Many responses called for a greater focus on innovative practice, and the sharing of learning/practice across the social care sector. Responses ranged from suggestions to explore and evaluate existing examples of best practice in social care/self-directed support, to the establishments of new networks or forums to assess, establish, and share information and best practice in order to improve practice across Scotland as a whole. However, one response emphasised the need to move beyond merely "*highlighting*" best practice towards taking steps for the principles and values of self-directed support to be realised in all social work and social care practice, so that "*it becomes standard and consistent*" (quote from the third sector).

Some responses commented on how spreading best practice would improve people's experiences of social care across Scotland. One raised this specifically in the context of the full implementation of self-directed support across all areas of Scotland:

"*Feedback from people with learning disabilities also suggests that there is a mixed picture across Scotland in terms of take up and delivery of self-directed support. Local authorities are obligated to give independent information about self-directed support, but provision across Scotland is inconsistent. While local contexts will always have an impact, this does not seem consistent with the principles of self-directed support. For this reason the national programme should aim to promote best practice of how self-directed support has been implemented, and consider how national oversight and accountability can be improved.*" (quote from a third sector organisation)

Community development and participation in the community
Many responses saw the community as having an active role in care and support. Supporting and developing this role was a theme that emerged across responses. The majority of references to this topic were in regards to empowering communities or investing in/increasing community capacity to support social care delivery:

"*We know that when we put people and communities at the forefront of planning and developing services and support, the outcomes have greater impact, are more cost effective and the process is demonstrably more person-centred. We also see much more innovative service design. The national programme could further support work with communities, neighbourhoods and people to harness their resources and innovation as well as those of providers and local authorities. We*

need to invest in practical support which creates capabilities locally and resources communities." (quote from a third sector organisation)

"*Invest in approaches which place a value on reciprocity and strong community connections between all formal and informal sources of support. This will encourage joint working, pooling of local assets, opportunities to form relationships, appropriate data sharing and two-way signposting systems*." (quote from a third sector organisation)

"*In terms of a ensuring an holistic consideration of all related issues and opportunities within the adult social care system, the national programme will need to think beyond the care system itself and look at the strengths, assets and networks that support people in our communities.*" (quote from the public sector)

Some felt that the national programme provided an opportunity to strengthen existing efforts to move social care and wider support and services in Scotland towards a more person-centred philosophy and practice. One response cited:

"*We believe that the potential of this piece of legislation* [the Community Empowerment (Scotland) Act 2015] *has not been fully explored in the context of social care as it may provide opportunities for local communities to take control of assets and to explore other more creative ways of providing services*." (quote from the third sector)

References to community were often tied to other topics (e.g. investment in social care overall, or the linking up of community support with wider social care services). A few responses commented on the need to ensure that the narrative around building 'resilient communities' did not translate to extra 'burdens' being placed on communities without the necessary resources and support. A few responses specifically mentioned concerns around a risk of an increase in the 'burden' on unpaid carers.

Responses also emphasised continuing to work towards ensuring that individuals can receive care in the community, if that is right for them. Community was also often referenced in relation to the role of supported people within their communities. These responses were in agreement that supporting people to participate in their communities has tangible benefits for individuals and society, and should be one of the core objectives of social care and reform.

Balance between national and local approaches

Several references were made in relation to the consistency of processes/care across Scotland. An emergent theme across responses was a desire for greater national focus on particular elements in social care. This theme was often discussed in relation to improving consistency, or learning from a range of perspectives. The common view was that a national focus for adult social care, or elements of adult social care, would bring about improvements and would "*help to provide equity of care across the country*". This topic was discussed by some in relation to the full and consistent implementation of the self-directed support legislation. Within this discussion was a view by the respondents that the legislation/self-directed support

had not been fully/adequately implemented in Scotland, and that addressing this discrepancy would help achieve positive outcomes:

"*Robust and consistent implementation of the SDS Act* [the Social Care (Self-directed Support) (Scotland) Act 2013] *across all areas of Scotland would provide the blueprint for achieving sustained progress towards realising a vision for a modern, dynamic adult social care system.*" (quote from a third sector organisation)

Responses emphasised, however, that there still needed to be sufficient flexibility for local solutions:

"*the national programme should not prescribe the delivery model or state a preferred model for delivery. Every community should be able to develop their own model based on their existing assets, their potential for development and learning from the experience of others.*" (quote from a third sector organisation)

"*we believe there may be some merit in exploring whether the resourcing of social care support should be centralised, but combined with responsibilities on local government to provide an enabling assessment and delivery infrastructure.*" (quote from a third sector organisation)

Responses raised this topic in different contexts and made a range of specific suggestions, for example:

- establishing national eligibility criteria for accessing social care support, with one response citing this was needed to "*increase transparency*" and "*foster realistic expectations and promote consistent application of individual eligible funding nationally* (quote from the public sector);
- introducing a national element of access to/provision of social care, beyond local Health and Social Care Partnerships' eligibility criteria. One suggestion was for this to be through additional funding for local areas demonstrating that they are *"embedding inclusive and transparent decision making locally, upholding rights and involving disabled people (and other social care users) in the monitoring and implementation of the Self-directed Support Act*" (quote from a third sector organisation);
- establishing national peer learning networks;
- national 'guidelines' for the "*standard of care each individual receives*" (quote from a third sector organisation);
- taking a consistent approach to social care assessment;
- establishing a national policy for social care charging;
- national expectations for how long the process from social care assessment to someone receiving their individual budget and putting in place support, should be, on average; and
- removing local variation in/conditions around access to self-directed support according to age;
- A national, independent mechanism/function for those delivering and accessing social care/self-directed support to raise concerns;

- creating national, outcome-focused performance measures for self-directed support, incorporating both outcomes for people, and process/system outcomes; and
- exploring centralised funding for social care, among others.

One response from the public sector described a view that a potential benefit of a national approach was that it could "*help to set the public's expectations* [in a way] […] *that IJBs\Councils can't.*" The response discussed recognising "*the challenges and reality of meeting assessed need – availability of care, remoteness of service user and ultimately cost of care.*", and felt there was a risk of creating "*a culture where entitlement to service comes at any cost*".

Person-centred approach

Many responses throughout the questionnaire made reference to the need to place the individual at the heart of the process in social care. This was true irrespective of whether the responses were discussing national policy, local policy and management, or frontline practice. Two responses specifically commented on their concern that "*choice and control*" for the supported person were not being achieved in the current adult social care system. The responses also commented on the need to ensure that the reform agenda itself takes a person-centred approach.

The common thread across the actions that responses suggested needed to be taken to reform adult social care was that it should be done with a focus on the individual: their views, their rights, their assets, their agency, and their needs. As a result, overall, taking a person-centred approach was a theme that underpinned many of the topics under discussion within the responses.

Prevention

Many responses emphasised the need for there to be a focus in the reform programme on approaches that prevent people from reaching a 'crisis' situation before they receive care and support. This included both 'formal' support and less formal supports, for example community groups:

"[…] *highlight the need for longer term wellbeing initiatives which form part of the prevention and early intervention agenda. This is needed if the unsustainable demand placed through lack of early intervention and prevention is to be reduced.*" (quote from the public sector)

The consensus amongst responses which mentioned prevention as an issue/opportunity to consider, was the need to increase the focus on preventative support and interventions, and the opportunity that the reform programme provides to do so:

"*The reform agenda also presents an opportunity to finally achieve a shift of resources towards preventative as opposed to responding to crisis. Common sense suggests this will lead to better outcomes and longer-term savings*. *However compelling this argument is, preventative approaches have not been routinely adopted. A better understanding is need*[ed] *of the barriers to progress. Through progressing 'data on social care and how it is used' there is an opportunity* [to]

present data in the ways that will have the most practical impact on informing planning and commissioning decisions." (quote from the third sector)

"*Include the wider context of prevention, low level support, community engagement and the less formal supports e.g. community meal makers*" (quote from the public sector)

Some mentioned specific policy and practice initiatives in Scotland that focus on prevention and preventative care, and that there were opportunities for the reform programme to link up with these:

"*Focus on Prevention – Initiatives such as the AHP* [Allied Health Professional] *lead model, Active and Independent Living Improvement Programme, or AILIP* [Active and Independent Living Programme] *Life Curve are also relevant in the context of adult social care*" (quote from the public sector)

One response specifically mentioned the impact of a person's home environment on their ability to remain living independently and as well as possible. This was in the context of local 'Care and Repair' services and opportunities to make adaptations to homes, to support people who are disabled or who are becoming less able than they were before, to live independently at home.

4. Additional topics discussed by stakeholders

4.1 Overview

In addition to the substantial themes in chapter three, a number of connected topics were discussed by stakeholders in their responses to the questionnaire. Some of these build on the content of the discussion paper.

4.2 The topics (in alphabetical order)

Assessments
Social care assessments were referenced in responses in a number of different ways. Some responses referred to delays in people receiving social care assessments (one response specifically mentioned hearing this from older people), and the need to address this. Others commented on the need for assessment processes to be more flexible and responsive to changing conditions and individual circumstances. This was to ensure that assessments can be carried out at times that are appropriate and helpful for people. Across all of the responses, there were also a couple of comments on the need to 'streamline' assessments. One response suggested exploring if assessments could be undertaken by social care providers and/or community experts, rather than only social work staff.

Responses also emphasised the human rights basis of the self-directed support legislation; the importance of an outcomes-focus to assessments and for them to be reflective of a person's right to live a meaningful life; and flexibility in the way in which resulting social care budgets can be used by a person to support them. Some also gave examples of people not being given the right information to make a

decision about their support. However, one response highlighted that for assessments to be underpinned by choice and control for the person who will receive the support, there must be sufficient resources for this to be realised:

"*Other resource issues include assessment and waiting times, and the limits that resource pressures place on realising personal choice and control.*" (quote from a third sector organisation)

"*issues noted* [around adult social care assessment and support planning] *included a lack of clear information, people not being told about the SDS Options* [self-directed support options]*, many people not being told their budget and a lack of outcomes focussed planning. Members also reported many examples of a lack of flexibility in budgets, for example people being told they could only use their Direct Payment for support hours. Members were also concerned that in many cases people could only access their rights under SDS* [self-directed support] *and social care by 'fighting' for them.*" (quote from a third sector organisation)

"*There should be no unnecessary delays between assessment and provision of social care support for people living with a terminal illness and their informal carers. Services should also be able to change social care packages quickly to respond to a crisis, deterioration of patient or their carer, or if the person's wishes change.*" (quote from the third sector)

Some responses also mentioned alternative forms of support, and avoiding formal assessments unless they are necessary and appropriate:

"*the identification of social isolation and loneliness should be given a priority for early intervention e.g. through a network of 'Befrienders' who could come from the voluntary sector before the need for any assessment of care needs.*" (quote from the public sector)

Alongside assessments for social care, some responses suggested that there should also be "*regular review processes for everyone accessing social care (including those already in receipt of SDS* [self-directed support])". The responses related this to the fact that people's circumstances, conditions, priorities, personal outcomes and needs change, and that it was important to ensure "*people are encouraged to fully explore all four options* [of self-directed support] *to best establish the most appropriate arrangement that meets their outcomes.*" (quotes from the third sector)

Charging

Some responses specifically expanded further on the topic of charges for adult social care. The responses that discussed charging were generally negative on the topic, for example, questioning care charges overall, and describing concerns about impacts of complex and variable charging approaches:

"*Disabled people's views and experiences on Care Charges are very clear: Care Charges contribute to disabled people's poverty, stop people from accessing the care and support they need, and constitute a discriminatory tax on disabled people's* (sic)" (quote from a third sector organisation)

"*Charging* […] *is a key issue which requires further consideration as there are many inconsistences around charging and an ever more complicated landscape with the introduction of free personal care and waiving of charges for carers. We are concerned that as local authorities face increasing demands on finances, carer support will be achieved (through 'default') by supporting the cared for person where charges can be applied*." (quote from the third sector)

Commissioning and procurement
A number of responses raised the topic of practice around the commissioning and procurement of adult social care services. In general, responses called for greater application of flexibility in commissioning practices, in line with the principles of self-directed support:

"*It would be good to see an approach that encourages a range of collaborative, creative ways of commissioning and delivering flexible outcome focused support.*" (quote from a third sector organisation)

One response commented on what they felt was a move away from this sort of approach:

"*SDS* [self-directed support] *raised the possibility of more creative approaches to the commissioning of services, particularity with regard to options 1 and 2* [for self-directed support]*. However, in practice we have noted increasingly restrictive approaches imposed by local authorities on what services can be purchased and from whom, thereby restricting individual choice, control and autonomy.*" (quote from the third sector)

Complex needs
Two responses felt that an issue that required further consideration in the discussion paper was considering how social care provision interacts with the population's increasingly complex needs. Responses felt that the current system/way of doing things wasn't fit for adapting to/planning for complex needs:

"*Providing quality care and support to meet increasing complexity of need is an issue that providers of social work and social care are currently grappling with*." (quote from a third sector organisation)

Digital/technology
Few responses mentioned specifically that digital solutions/technology in social care were topics that were not sufficiently covered in the discussion paper, and that needed further emphasis or a different focus. Some respondents took the opportunity to comment further on this topic. These comments were mixed. Some commented on there being a potential for digital technology to support people in helpful and positive ways. Others expressed concerns about overestimating the improvements and cost savings that digital solutions will have in social care, and commented that digital solutions will not be appropriate for everyone:

"*Empower individuals and communities to be contributing, active citizens, especially in areas of high deprivation. This demands longer term investment in local communities and groups to ensure people are supported to live well outside of*

hospital, e.g. using technology to support and enable self-management, and easy access to information and tools to improve health and care literacy." (quote from a third sector organisation)

"*IT and technology related solutions will only go some way to provide solutions for multiply challenged, very elderly people*." (quote from the public sector)

"*Digital technology such as the use of prepayment cards to manage and monitor SDS funding, or 'telecare' systems to supplement other forms of social care support, may have a part to play in 'modernising' services and making best use of limited resources. However, they may also exclude large groups of disabled people who are 'digitally excluded' and unable to use them to control their support. […] 'telecare' systems may be seen as more cost effective by funders, but they also risk increasing the anxiety, reducing the flexibility to meet urgent need, and ultimately adding to the isolation from human contact that many disabled and older people are already more likely to experience. We would argue, therefore, that both options should be available if they are positive choices that enhance an individual's ability to control their own life; but neither should be imposed on a person purely out of financial or administrative expediency.*" (quote from a third sector organisation)

One response felt that there was a particular need to help spread the use of digital technology to the third sector, and that the national programme was an opportunity to do so:

"*Third sector providers have expressed a willingness to explore digital and technological solutions, but have reservations about the cost and risk involved in developing these, as well as the lack of specialist expertise and knowledge within the sector. The national programme could have an important role in supporting knowledge exchange and reform, connecting them to the higher education and private sectors.*" (quote from a third sector organisation)

Eligibility

Many respondents felt that changes to the current eligibility criteria for adult social care was an issue that wasn't sufficiently covered in the discussion paper. Broadly, this was referenced either in regards to a) a "tightening" of criteria over time, and people not being eligible for support that previously would have been available to them; and b) criteria currently being at levels such that only "critical" need is being addressed.

Other topics referenced included: an "*inevitable tension between the use of eligibility criteria and the principle of preventative support."* (quote from the third sector); and the 'discrepancy' between health and social care insofar as there being universal criteria for access to the NHS, yet local criteria for access to social care.

Equality/protected characteristics

A small number of responses commented on the need to be more explicit in the discussion paper about considering the specific challenges for, or characteristics of, particular demographic groups:

"*Understanding barriers to engagement (awareness of services, ability to navigate systems, language, disabilities both physical and learning disabilities) and consulting with 'harder to reach' individuals and communities, will help to design a universal service that is proportionate to need.*" (quote from the public sector)

"*particular and unique challenges faced by ethnic minority groups to accessing social care (often language/culture barriers), travelling communities, etc.*" (quote from a combined group from the third sector and independent sector)

One of the responses highlighted the need to remember that social care is accessed by a wide range of people, and that care should be taken to ensure a reformed system is not biased towards a particular demographic (their specific example was in relation to older populations):

"*The national agenda for Adult Social Care should explicitly include all demographic groups including people with mental health problems, those with physical disability and those with learning disability, to counter any tacit assumption that adult social care refers solely to the older population.*" (quote from a third sector organisation)

Flexibility

A few responses specifically listed "*flexibility*" as an issue within the current adult social care system. It was also often referenced within responses to other parts of the questionnaire. Comments generally revolved around either a lack of flexibility in how social care is currently delivered, or the need for greater flexibility in the system and processes around adult social care in future.

What each response meant specifically by 'flexibility' was not often elaborated upon. However, references to flexibility were often when responses were discussing self-directed support:

"*Related to this is the need to look at how the system can be made more flexible* [to] *respond to needs that change, often quite quickly. Self Directed Support should support this flexibility*." (quote from a third sector organisation)

Some specific examples that were given of increased flexibility included increasing the 'portability' of care, so that people are able to relocate within Scotland freely whilst still receiving the same care provision; and a greater degree of flexibility around what individual social care budgets can be used for. One response mentioned specifically that there was an opportunity for more innovation around the potential to use budgets for support focused on enabling people to participate in the community. Another called for measures to flex access to self-directed support payments according to a person's situation – for example, allowing self-directed support payments for someone who is at the end of life to be made to family members if they wish/that is appropriate.

A few responses related the current level of flexibility to a "*reluctance to change*" within the system:

"*Many respondents identified reluctance to change (personal/organisational and systemic) was at the root of the challenges faced in social care. Inflexibility of the*

system was identified as the key driver for inflexible procurement and contracting approaches; eligibility criteria; and; assessment processes. Reluctance to change was also seen as a driver (and cause) of rigid expectations of what 'a good life' looks like for supported people and rigidity in the provider- contracting authority relationship." (quote from the third sector)

Free advice/advocacy
A few responses felt that increasing access to advocacy and good quality, free information and advice for people accessing or trying to access social care, should be added to the topics considered in the discussion paper:

"*The availability of free advice is also a key issue within the adult social care system. We believe it's a necessity within reforming social care that people are aware of their options and rights, and where they can access further advice and support*" (quote from a third sector organisation)

Suggestions revolved around opportunities for more information on self-directed support to be provided both nationally (e.g. by Health and Social Care Partnerships, Scottish Government, etc.) as well as locally (e.g. by GPs, hospitals, social workers, healthcare professionals).

Free personal care
A few responses felt that free personal care should be explicitly referenced in the discussion paper as a topic to consider in the national programme for adult social care reform. Comments often suggested there was ambiguity in regards to how changes in free personal care policy will impact on social care delivery:

"*Consideration should be given to the implementation of free personal care for under 65s and the impact to current models of adult social care and how this will be resourced."* (quote from the public sector)

Human rights
A few responses specifically discussed the topic of human rights. They felt that they should be considered explicitly in the national programme, and should be the overall foundation for social care and social care reform. For example, a few responses commented on the need to embed a human rights-based approach into the refreshed Implementation Plan for self-directed support.

"*The social care system should be based on a framework of Human Rights and equal participative Citizenship."* (quote from an individual)

"*We believe that the reform should be outcome led and informed by a framework of human rights* […] *The language of human rights is increasingly being used in social care and associated legislation but we have yet to see this fully embraced by local authorities."* (quote from a third sector organisation)

Joining up with existing work
A few responses felt that the national reform programme was an opportunity to tie into and expand upon work that is already underway:

"[The national] *Programme should recognise the opportunity provided by the Health and Social Care Delivery Plan in terms of building upon and considering the whole system of care*" (quote from the public sector)

Similarly, one response commented that there could potentially be confusion around how the national programme to support social care reform and other ongoing pieces of work tie together:

"*There are obvious risks of confusion between the adult social care reform and other policy developments such as Fairer Scotland, self-directed support, health & social care integration and Keys to Life review. Opportunities exist to model cross policy approaches at a national level that will enable local coordination. Agreeing a common vision and outcomes and consistent use of language would help.*" (quote from the third sector)

Leadership

A few responses emphasised leadership within the system as one of the key areas to focus on in the national programme. Leadership was often discussed in the context of building capacity within the system; collaboration across the system; and models that support collective and dispersed decision-making:

"*We consider that 'Local and National Leadership' is fundamental, as all the other issues are dependent on strong and effective leadership. While effective local leadership is crucial, we consider that the challenge in respect of the adult social care agenda is so significant that leadership from the Government is key. So, national leadership then local leadership."* (quote from the public sector)

"*We believe that co-production approaches to public policy reform requires a different sort of leadership to traditional 'leading-from-the-front' models. While we want Local HSCI* [Health and Social Care integration] *partners, IAs* [Integration Authorities] *etc, the third sector and communities to take ownership of the changes, we are concerned that the current leadership models are more about retaining or gaining power, which does not lead to the outcomes* [we are aiming for]" (quote from a third sector organisation)

"*Strong and collective leadership is needed and leadership in social care reform needs to be far ranging. A process that allows for collective decision making is key to enable local change, this will help to ensure decisions that are made nationally are realistic for local delivery and are based on local needs.*" (quote from the public sector)

"[the vision for adult social care will be achieved by] *National and local sign up at all levels to the vision/outcomes*" (quote from the public sector)

Chapter 5 of this report discusses in more detail what stakeholders said about collective leadership for the national programme and for the reform of adult social care.

Legislation
A few responses listed current legislation around social care as an issue that should be discussed further. Some of these responses felt that current legislation allows for inconsistency in how it is implemented between different areas of Scotland, and that the system resulting from it is overly complex:

"[a concern is] *The patchwork of legislation that determines what and how social care is delivered, and issues and inconsistencies in its implementation as well as the complexity it creates for people who need care.*" (quote from a third sector organisation)

"*Scotland has led the world on setting a person / citizen centric approach to delivering public services and empowering individuals to self-drive, self-direct their own lives. This policy is in our view correct but policy needs to be implemented and Scotland is fighting the inertia of the market, the status quo and generations of organisation centric thinking. Policy will only realise its potential if an ongoing proactive and positive endorsement and education of that value and clarity of what person / citizen centric means and how it can be implemented.*" (quote from the third sector)

Local authorities and NHS Boards
A few responses specifically discussed the role of local authorities/local government and NHS Boards, and felt that this should be considered explicitly in the national programme. Typically, these responses argued that current power and decision-making structures would need to change in order for widespread improvements in social care, and more widely in the integration of health and social care, to be seen:

"*A fundamental change in the relationship between local authorities and health boards in order for the integration of health and social care to deliver transformational change in services required. The reform of adult social care is a significant opportunity to do so.*" (quote from the third sector)

"*The current* [31-authority] *Scottish Local Government structure, although beyond scope of this programme, should be acknowledged as a significant issue in relation to effective reform.*" (quote from the public sector)

"*Decision making and authority* [reference to a category included in the discussion paper]*: This area* [of work, if included in the programme] *needs to encompass the requirement to shift power away from local authorities and health boards and towards communities, as one of the fundamental principles of Integration* [the integration of health and social care in Scotland, as legislated for in 2016]." (quote from the third sector)

Furthermore, some responses called for the 'streamlining' of local processes around adult social care, to "*enable better and speedier access to personalised options*." (quote from a third sector organisation)

Local IT infrastructure
A few responses felt that greater IT system capacity and capability within social care to meet future challenges was a topic that required further emphasis within the discussion paper:

"*robust IT systems that communicate between health and social care*." (quote from the public sector)

New 'models of care'
In their responses across the questions in the questionnaire, a few respondents specifically mentioned creating opportunities for new ways of supporting people. This was mentioned in the context of ensuring that social care support can be person-centred:

"*there also needs to be a debate on what types of care and support are eligible for state funding. There are many tasks and interventions that could potentially have a very positive impact but they are not classed as 'social care'. Care Managers in the main still decide what a person needs and the individual has to choose from what is on offer. Genuine personalised services are very rare.*" (quote from a third sector organisation)

One response suggested exploring new ways for how social care providers operate:

"[There should be] *Incentives to encourage community based providers to deliver care with a mix of voluntary and paid work to deliver on individual outcomes. This will expand provision and create more resilience and sustainability into the social care economy as well as contributing to other social and economic benefits.*" (quote from a third sector organisation)

Out of hours care
Access to out of hours care was raised as an issue in one response as needing further attention, and that should be an element of what is considered in the programme.

Palliative and end of life care
Two responses felt that palliative care deserved specific attention in the reform agenda. This was mentioned particularly in light of demographic changes, with more people living longer on average and with more complex needs towards their later stages of life. Responses mentioned this both in terms of a) access to care for people living with a terminal illness and those at the end of life, and b) a more holistic approach to support and support planning throughout life, and a role for adult social care and social work professionals in this:

"*The* [national programme to support] *reform of adult social care is a significant opportunity to ensure that people with terminal conditions and those at the end of life get the care and the support they need in all settings. As such, we believe there should be much more of a focus on people's journeys and how they move across different services and between different settings, and making sure social care is organised and co-ordinated in a way to support that.*" (quote from the third sector)

(NB: The Scottish Government has committed to ensuring that, by 2021, everyone in Scotland that needs palliative and end of life care has access to it. More information can be found in the document The Strategic Framework for Action on Palliative and End of Life Care. This Framework was launched in 2015. It sets out the key actions to be taken to deliver the Government's commitment on access to palliative care. It is accompanied by a Supporting Evidence Summary document which is informing how the actions in the Strategic Framework are being taken forward.)

Risk

A few responses provided further comments on how risk is evaluated and approached across the management and delivery of adult social care. They felt that measures to support the adoption of a "*risk enablement approach*" would be an important part of reforming adult social care:

"*Risk-enablement will be a key area of focus for the future. This links directly to the SDS* [self-directed support] *aspect of the discussion paper*." (quote from the public sector)

One response suggested that "*local authorities/individual practitioners may be 'risk averse' rather than enabling positive risk taking*", and there needed to be efforts made "*to encourage greater autonomy at individual social worker level*". (quote from the third sector)

Unmet need

One response cited unmet need as one of the issues that should have greater specific consideration in the discussion paper. There were also various references to unmet need in the answers to all of the questions in the questionnaire. A few examples of these are:

"*It should be established if existing data sources can be aligned to give a more holistic picture of outcomes, expectations and levels of unmet need, or if more significant changes are required."* (quote from the third sector)

"*data on unmet need could then be used to identify the real level of funding required to make independent living a reality for all disabled and older people. Information of this kind is essential if we are to have a meaningful public debate on the future funding of social care in order to inform future policy and decisions about public expenditure priorities.* […] *As a first step* [in the programme] *we urgently need to start collecting meaningful information on the level of unmet need. This does not mean information based on professional assessments (which are often tailored to locally determined eligibility criteria and are designed to ration demand, meet budget constraints, and manage risk). Proper assessment of unmet need must be based on the core principles of independent living*." (quote from a third sector organisation)

"[a priority for the programme in the short term should be] *Quantifying resource needed to provide adult social care services currently and what the unmet need is.*" (quote from the public sector)

Urban/rural
One group of stakeholders from the third sector and independent sector commented on the need for the programme to "*explicitly recognise the difference between challenges in urban and rural areas (e.g. accessible public transport, availability of care providers, etc.)*". A few responses also made reference to rurality in response to later questions within the questionnaire. These references similarly related to differences between rural/remote areas and urban areas affecting what approaches to social care were appropriate, as well as differences in challenges between the two. This was particularly in regards to the cost of care, recruitment of social care staff, stability of care home availability, and the range of/ability to attract care and support providers.

5. Collective leadership

The questionnaire also asked stakeholders how the national programme could enable partners (relevant organisations, teams, individuals, etc.) across local and national levels to work together to establish collective leadership for the programme..

The topics stakeholders felt were important for collective leadership of the programme included:

- Ensuring sufficient and equitable/appropriate representation of a full range of interests;
- Including people who use social care support;
- Establishing mechanisms for collective decision-making;
- Getting the right 'balance' of involvement of people in senior positions and those working in social work and social care;
- Having and committing to a shared vision for adult social care, and a common, "*solution-focused*" approach to the programme;
- Clearly defining goals, expectations, roles and responsibilities;
- Using new networks or forums, and/or using "*existing models for engagement, such as Health and Social Care chief officers group, community planning managers, Third Sector Interfaces etc.*" (quote from the public sector);
- Aligning work that is already underway with the work that arises from the programme;
- Engaging with other related policy agendas (mental health was provided as a specific example);
- Co-ordinating activity between different partners (e.g. Scottish Government, Health and Social Care Partnerships, third sector organisations etc.);
- Creating a comprehensive communication and engagement strategy;
- "*engaging teams where the leaders involved don't have (or choose not to use) traditional control mechanisms (such as Key Performance Indicators) or*

management styles (such as 'command and control')." (quote from the third sector);

- Learning from successful examples of collective leadership. Examples provided were:

  "*The overnight support redesign national programme, developed by HIS* [Healthcare Improvement Scotland] *with input from a range of other national partners, worked with 13 Health and Social Care Partnerships and demonstrated in practice the value of mutual support and shared learning in delivering person led change.*" (quote from the public sector)

  "*One potential approach to providing practical implementation support is through the use of Redesign Collaboratives. These consist of national bodies working with locality based teams to work through a topic specific redesign issue together. They can support health and social care partnerships to develop awareness, understanding and capability.*" (quote from the public sector)

  "*The recently established National Suicide Prevention Leadership Group provides one model of a mixed membership body charged with overseeing delivery of the new national policy*" (quote from a third sector organisation)

6. Developing a shared vision for adult social care

This section of the report describes stakeholders' comments in relation to **what** they felt the shared vision/common outcomes for adult social care should be. It also briefly discusses their views on **how** that shared vision/common outcomes should be developed. While there were specific questions about this in the questionnaire, information is drawn from answers across the whole questionnaire.

6.1 Do we need to develop a 'new' shared vision for adult social care?

A number of responses believed that a shared vision for social care already exists and that there is no need to develop one as part of the national programme. They felt that there was the potential for focus on the aims and objectives for social care to be fragmented if a 'new' vision were developed.

However, others felt that developing a shared vision through the national programme would be an opportunity to simplify the landscape of policies that influence social care and better align towards a common goal. They said, however, that this should incorporate the work that has been done so far on vision and ambitions for social care support.

6.2 Views on how a shared vision for adult social care should be developed

There was widespread consensus among responses as to how a shared vision for adult social care should be developed. Respondents said the vision should be co-produced with people who access social care support and wider services, and carers, and the social services and wider health and care sector.

6.3 Views on a shared vision for adult social care

A few common themes emerged within people's responses on what a shared vision for adult social care should include. The broad themes included:

- A human rights-based approach
- A focus on participation
- Respecting and reflecting agency
- Prevention/early intervention
- A holistic approach
- Meeting of need
- Appropriately funded
- Valued staff
- Integrated and well-coordinated

7. How will the shared vision/outcomes be achieved?

Stakeholders were also asked to give their views on **how** a shared vision/outcomes would be realised. Most of the themes discussed have already been covered in the sections above. These are:

- Increased investment in social care
- More/better partnership working
- Addressing diverse issues and opportunities around workforce/staffing
- Changing perceptions around social care and raising awareness of its value
- Community development
- Further development and uptake of digital/technology

- Ensuring people can be cared for in their communities

- Taking a human rights-based approach to the policy around, and provision of, adult social care support
- Strong, collective and diverse leadership

- Sharing best practice

- Co-production with people who use social care support

- Collaboration and coordination

- Promoting and embedding preventative approaches

- Consistent and full implementation of the Social Care (Self-directed Support) (Scotland) Act 2013

In addition to these common themes, other specific suggestions were:

- Creating the 'right' organisational cultures – the importance of organisational culture, and creating an environment that will support reform:

  "*Create an environment and culture where inter-disciplinary and relationship-based care can operate and successfully deliver person-led care and support*" (quote from the independent sector)

- Embedding the Health and Social Care Standards

  "*To some extent, this vision* [the respondent's suggested vision, namely that 'every person, in every community, can experience high quality care and support which supports their wellbeing in a way that suits them'] *is developed further in the Health and Social Care Standards and embedding these in practice, planning, provision and importantly in commissioning activity will help to deliver this*." (quote from the public sector)

- Creating and responding to feedback mechanisms – developing the way in which feedback is listened and responded to, in order to learn from experience and create a continuous cycle of improvement to achieve the shared vision for adult social care:

  "*Development of an integrated and simple feedback and improvement framework (not just a 'complaints system') that speeds up the process and taps into the person's experience, by asking them to contribute their ideas for improvement. This will introduce a positive aspect to a usually negative process and represents true co production.*" (quote from a third sector organisation)

- Using and supporting the tools created by the integration of health and social care – embedding the shared vision in local strategic commissioning plans:

"[the vision] *should be incorporated in the IJB* [Integration Joint Boards] *Strategic Plans and through local commissioning plans and embedded in the activities of locality improvement groups. It does need a governmental statement of intent with key principles."* (quote from the public sector)

"By ensuring local strategic commissioning plans are consistent with the vision and outcomes and have sufficient resource to deliver." (quote from the public sector)

8. What happens now?

The information in this report is being used to help decide what the national programme to support reform of adult social care will focus on. It will inform both the broad priority areas for the programme and the specific work that will be done to bring about the changes that are needed.

There are two main leadership groups for the reform programme. These are the People-led Policy Panel and the Leadership Alliance.

The People-led Policy Panel consists of 50 members, with a core group of 19 people who meet on a more regular basis. All members are people who have lived experience of adult social care support, including carers. The Panel's members are from different areas of Scotland, have different backgrounds and experiences, and use adult social care support for a range of different purposes.

The Leadership Alliance is made up of leaders in organisations or bodies from across the social care support sector. This includes local and national government, Integration Joint Boards, social care providers, the social services workforce, and regulatory and improvement bodies. The members of the Leadership Alliance represent key elements of the current adult social care system in Scotland, and are in a position to collectively make decisions and take action to change things.

The People-led Policy Panel and Leadership Alliance are working together to set the priorities for the national programme. Organisations from across the sector have signed up to working together to take forward the changes that need to happen within these priorities.

The national programme will have a set of outcomes and milestones so that people can follow its progress and understand whether changes are happening. These will be developed when the priorities have been set.

9. Glossary

Term	Description
Active and Independent Living Programme (AILP)	The Active and Independent Living Programme sets out how the allied health professions (AHP) will work together with others to develop new approaches to active and independent living. More information can be found in the document Allied Health Professions Co-creating Wellbeing with the People of Scotland.
Active and Independent Living Programme (AILP) Lifecurve survey	The 'Lifecurve' is a way of setting out the order in which we lose our ability to carry out everyday activities. More information can be found on this flier.
Acute care services	Acute care is mainly hospital-based care. For example, emergency care (Accident and Emergency), outpatient departments or elective treatment. Acute care is sometimes also referred to as 'secondary care'.
Adaptation	An alteration or addition to the home to support a disabled person or older person to live safely and independently.
Advocacy	Independent advocacy helps people to speak up for themselves.
Allied Health Professions (AHPs)	The allied health professions include: arts therapists; diagnostic radiographers; dieticians; occupational therapists; orthoptists; orthotists; paramedics; physiotherapists; podiatrists; prosthetists; speech and language therapists; and therapeutic radiographers. More information about what each of these professions does can be found here.
Assessment	A health, social work or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home. For carers, an 'adult carer support plan' or 'young carer statement' involves a conversation to understand their caring situation; identify the outcomes/goals that are important to them; identify their needs (if any) and any support to be provided.
Befrienders	Usually volunteers working with people who are isolated and/or feel lonely.
Best practice	A working method that is officially accepted as being the best to use in a particular business or industry.

Care and Repair	Advice and practical support to help homeowners repair, improve or adapt their homes so that they can live safely and independently. The service is available to owner-occupiers, private tenants and crofters who are aged over 60 or who have a disability.
Care Inspectorate	Registers and inspects social care services.
Care manager	The person who co-ordinates and reviews a person's care and support alongside them. Care managers are often qualified social workers but may also be other care professionals.
Charging (social care)	In Scotland charges are applied to care delivered in the community and care homes. Support for carers cannot be charged for.
Collective leadership	This means distributing and allocating leadership power to wherever expertise is in an organisation or system rather than through a hierarchy.
Commissioning (social care)	The process of assessing needs, planning and prioritising, purchasing and monitoring social care services, to get the best outcomes.
Community Empowerment (Scotland) Act 2015	The Community Empowerment (Scotland) Act 2015 helps communities to do more for themselves and have more say in decisions that affect them. It helps to empower community bodies through the ownership or control of land and buildings, and by strengthening their voices in decisions about public services. More information about the Act can be found here.
Community Planning	Community Planning is a process which helps public agencies to work together with the community to plan and deliver better services that make a real difference to people's lives. There are 32 Community Planning Partnerships across Scotland – one for each council area.
Competitive tendering	Organisations bid for the right to run a service or gain a certain contract.
Contracting authority (care and support)	The body or organisation that awards the contract for a care and support service. In Scotland, the contracting authority for care and support services is usually the local authority.
Co-production	A process that involves people who use services from the start to the end of any project that affects them.

COSLA	COSLA stands for the Convention of Scottish Local Authorities. It is the organisation representing local government in Scotland.
Delayed discharge	This describes people who are ready to move from a hospital ward to another setting, but whose move is delayed.
Direct Payment	Some people choose to arrange and pay for care and support themselves with a personal budget from the local authority to meet the outcomes in their support plan. This way of receiving their budget is called a Direct Payment.
Eligibility criteria	In Scotland, local authorities have criteria to determine who they will be able to help financially with the cost of care and support. They also have to publish separate local eligibility criteria for carer support.
Equipment	Any item or product used to increase the functional capabilities of people with disabilities. Does not include medical devices or anything that is invasive to the body. Examples of general equipment include shower chairs, bathing equipment, flashing doorbells or standard wheelchairs. Additionally, equipment can be personalised and uniquely specified for an individual.
Fairer Scotland Action Plan	The Scottish Government's response to conversations at more than 200 public events, involving 7,000 people, on a 'fairer Scotland'. These conversations took place throughout 2015 and 2016. Poverty was a central focus to the fairer Scotland discussions. There was a strong sense that society should be doing everything it can to reduce and ultimately end poverty. The Action Plan contains 50 actions to reduce poverty and tackle inequality in Scotland.
Health and Social Care Chief Officers' group	Each of Scotland's 31 Health and Social Care Partnerships has a Chief Officer. Chief Officers meet regularly as a group to influence Government policy and share good practice.
Health and Social Care Delivery Plan	Scottish Government's programme to ensure that the people of Scotland can live longer, healthier lives at home or in a homely setting. The full plan can be found here.

Health and Social Care Partnerships	A Health and Social Care Partnership is the operational function of the Integration Authority (see definition of Integration Authority).
Health and Social Care Standards (Scotland)	A series of statements to describe the experience people should expect when using a health or social care service. The Care Inspectorate and Healthcare Improvement Scotland take account of them in their inspections of registered services (see definitions of the Care Inspectorate and Healthcare Improvement Scotland).
Healthcare Improvement Scotland (HIS)	Healthcare Improvement Scotland is a public body which focuses on helping health and social care services to improve.
Holistic	Dealing with or treating the whole of something or someone and not just a part.
Independent Living Fund (ILF) Scotland	ILF Scotland is a Scottish Public Body. It supports people to lead independent lives through the provision of cash awards to be used for the purchase of care and support in the community. It is designed to complement and add value to the care provided by local authorities.
Integration (health and social care services and support in Scotland)	The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS Health Boards and Local Authorities to integrate some health and social care services for adults. It aims to transform the way health and social care services are provided in Scotland and drive real change that improves people's lives.
Integration Authority	An Integration Authority can be a local authority or a Health Board, or an Integration Joint Board (IJB), depending on how integration has been done locally (see definition of Integration Joint Board). The term Integration Authority covers both of these models of integration as identified in the Public Bodies (Scotland) Act 2014: the body corporate model (Integration Joint Board) or the lead agency model (Health Board or local authority).
Integration Joint Board (IJB)	The Integration Joint Board (IJB) is a statutory body, constituting a separate legal entity to local authorities and Health Boards. Each Integration Joint Board is required to appoint a Chief Officer (and a Chief Finance Officer) to support it in delivering its functions. An IJB is the decision-making and governance body for all functions, services and budgets that are delegated.

	These are identified in local integration schemes, jointly agreed by the relevant local authority and Health Board.
Key Performance Indicators	One way of measuring progress towards a goal. They are usually quantifiable measures.
Keys to Life	Keys to Life is Scotland's learning disability strategy. More information on the strategy can be found here.
Legislation	A law or set of laws suggested by a government and made official by a parliament.
Living Wage	In 2018/19, the real UK Living Wage is £9.00 per hour. It is independently calculated each year based on the cost of living for employees and their families. Employers choose to pay the real Living Wage on a voluntary basis. The real Living Wage is different from the UK government's 'national living wage'.
Local authorities	Scotland has 32 local authorities. They are responsible for providing a range of public services. This includes education, social care, roads and transport, economic development, housing and planning, environmental protection, waste management, cultural and leisure services. Each local authority is governed by a council. The council is made up of councillors directly elected by the residents of the area they represent.
Multifaceted	Having many different parts or sides.
NHS/NHS Boards	In Scotland, frontline healthcare services are delivered by the National Health Service Scotland (NHS Scotland). NHS Scotland is made up of 14 local NHS Boards. They are responsible for the protection and the improvement of their population's health and the delivery of frontline healthcare services. These NHS services are free at the point of delivery. In addition to the local NHS Boards, there are seven special NHS Boards and one public health body that support the local Boards by providing a range of important specialist and national services.
National Health and Social Care Workforce Plan for Scotland	The National Workforce Plan sets out recommendations for a national approach to some aspects of workforce planning for the health and social care workforce. Part 2 of the Plan focuses on social care.
National Suicide Prevention Leadership Group	The National Suicide Prevention Leadership Group was set up in September 2018 to help drive the implementation of Scotland's Suicide Prevention Action

	Plan. The Group has committed to operating by collaborative leadership, and to support, challenge and facilitate activity to influence change, remove barriers, and ensure progress against the Action Plan. The group's terms of reference can be found here.
Palliative care and end of life care	Palliative care is treatment, care and support for people with a life-limiting illness and their family and friends.
Peer advocacy	Peer advocacy is one-to-one support provided by advocates with a similar disability or experience to a person using services. It can also mean organisations with similar experiences or facing similar challenges supporting each other.
Personal Assistant (care and support)	Someone who can help to support a client with their social care needs. Often employed directly by the person they are supporting.
Policy	A plan or course of action put in place by government to change a certain situation.
Pooling of local assets	Pooling assets means bringing together resources (e.g. money, people, equipment, knowledge) to maximise their effects.
Procurement	The process of buying services by public bodies.
Social care provider	An organisation that provides care or support.
Ring fencing (of funding)	To make sure that a sum of money is protected and only used for a particular purpose.
Scottish Social Services Council (SSSC)	The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland.
Self-directed support	Scotland's approach to social care. It allows people, their carers, and their families to make informed choices on what their social care support looks like and how it is delivered. More information about self-directed support can be found here.
Social model of disability	Disability is caused by barriers that arise because society is not designed to accommodate people who have impairments. It is these barriers that disable people who have impairments and stop them from being included in society and participating on an equal basis. If these barriers are removed, a person may still have an impairment but will not experience disability.

Strategic commissioning	The activities involved in assessing and forecasting the care and support needs of communities in an authority area; and linking the spending of money to desired outcomes.
Support plan	A plan of how care and support will be provided, agreed in writing between an individual and the service provider. The plan will set out how an individual's assessed needs will be met, as well as their wishes and choices.
Telecare	Technology-based ways to support someone in their home. Sometimes called community alarms or warden call systems.
Third sector	The third sector is a term used to describe the group of organisations in Scotland which includes charities, social enterprises and voluntary groups.
Third sector interfaces	Third sector interfaces (TSIs) support collaboration between third sector organisations and local authorities. They provide a single point of access for support and advice for the third sector within a local area. There is a network of 32 interfaces across Scotland – one for each local authority. More about TSIs can be found here.
Waiting time targets	The NHS in Scotland has been set a number of targets for the maximum times that people should have to wait to access specific NHS services. These targets cover a range of services, from the time waiting to be seen in an Accident and Emergency ward, to the waiting time for an outpatient appointment or a planned inpatient treatment.
Whole system approach	Identifying the various components of a system and understanding the links and relationships between each of them.

Annex A – Topics, issues and opportunities included in the discussion paper on adult social care reform for Scotland, September 2018

The discussion paper was developed after a period of research and engagement into:

a) the understanding, perceptions, and experiences of the current adult social care system in Scotland – both for those seeking or using support, and those involved in its leadership, management and delivery; and
b) what adult social care should look like in the future, and what needs to change to enable this.

A wide range of stakeholders were involved in this engagement, including:

- people who use social care support
- support/representative organisations, including carers organisations
- social work staff
- professional bodies
- care providers
- Care Inspectorate
- Local Authorities and Health and Social Care Partnerships
- policy teams across related areas of Scottish Government

The key topics, issues and opportunities included in the paper were (in alphabetical order):

- Assessment and support planning
- Attitudes to, and management of, risk
- Care homes now and in the future
- Adult social care charging and charging practices
- Commissioning and procurement practices and the impact on care provision and experiences of self-directed support
- Community participation
- Data on social care and how it is used
- Decision-making and authority in the system – for example, mapping the distribution of autonomy and authority within social care, and look at the different models for this existing across Scotland
- Digital and technology
- Inspection and regulation
- Interface between adult social care and primary and acute care
- Intermediate care

- Local and national leadership
- Monitoring the impact of the extension of free personal care to all adults
- Multi-disciplinary working/seamless services for those who use them
- New models of care and understanding what is needed to enable these
- Portability of care
- Prevention (both understanding the current capacity for preventative and low-level interventions and the impact on people's outcomes, and maximising preventative approaches)
- Researching, promoting and adopting best practice models
- Social isolation and loneliness
- Supporting independent living
- The cost of care, and how care is paid for
- The provider landscape
- The role, capacity, and visibility of community and community supports in social care
- Transparent and impactful investment
- Understanding the impact of current processes on people's experience and outcomes, and the distribution of resources within the adult social care system
- Unpaid caring
- Workforce recruitment and retention

Annex B – Questionnaire

Adult social care reform for Scotland – discussion paper

RESPONSE FORM

Are you responding as an individual or an organisation?

☐ Individual

☐ Organisation

Full name or organisation's name:

Phone number:

Email:

QUESTIONS

Question 1 **Is there a key issue or opportunity in the current adult social care system that is not included in Annex 1 and that you believe should be added? If so, please give details here.**
Question 2 **In your view, what should the shared vision/common outcomes for adult social care be?** **How should the vision/outcomes be developed?** **How will the vision/outcomes be realised?** **How would success be measured?**

Question 3
What should the priorities for the national programme be in the short, medium and long term, taking into consideration the suggestions presented throughout this paper and the material at Annex 1?

Short term priorities:

Medium term priorities:

Long term priorities:

Question 4
What potential pitfalls do you see arising in the development and implementation of the national programme?

Question 5
What would you wish to see in the refreshed Implementation Plan for self-directed support 2019-2021? (e.g. what barriers or enablers could be addressed at national level to support what you are doing locally?)

Question 6
Are you undertaking any specific work around the indicators in the change map for self-directed support (at Annex 1) that you would like to publicise and that others could learn from?

Question 7
Within your wider work on health and social care integration, does your organisation have established mechanisms for adult social care improvement that the national programme should engage with? (Or if you are an individual, are you involved with anything of that sort?)

How can the national programme enable partners across local and national levels to work together to establish collective leadership for the programme?

Additional comments

Annex C – Who responded to the questionnaire?

In total, 54 responses were submitted by stakeholders. The 54 responses represent a much larger number of voices as many were joint responses by groups of people or organisations.

Views and insights were provided from a range of perspectives and experiences. This included:

- individuals and groups of people who use social care support and carers, and organisations representing their interests (for example, membership organisations; subject- or condition-specific campaign, information and support organisations; and equality organisations)
- organisations that provide independent information, advice and support on social care, housing, or other related support, such as community development
- Health and Social Care Partnerships
- the social work and social care professions (individuals and their representative membership organisations)
- third sector, not-for-profit, and independent sector social care and support providers – including providers of palliative care – and their representative/intermediary bodies
- housing associations
- the regulator for the social services workforce in Scotland – the Scottish Social Services Council (SSSC)
- the Independent Living Fund Scotland (ILFS) – the public body that administers additional financial support for disabled people in Scotland who are current recipients of the Independent Living Fund
- national and third sector organisations that provide support and leadership for change and improvement in health and social care, or other specific expertise, such as procurement support
- local authorities
- the Scottish Ambulance Service
- NHS Health Boards

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
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EH1 3DG

ISBN: 978-1-78781-906-1 (web only)

Published by The Scottish Government, June 2019

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS594250 (06/19)