

# **Keeping care support local co-design theme part 1 – local services: Summary of findings from regional forums**

September 2023

## About the National Care Service

The Scottish Government is working with people and organisations across the country to improve community health and social care support in Scotland.

We want everyone to have access to consistently high-quality local services across Scotland, whenever they might need them.

That's why we are introducing the National Care Service (NCS) and shaping it with the organisations and people who have experience of accessing and delivering community health and social care support.

## Introduction

Throughout the summer of 2023, we held a series of regional events across different communities in Scotland as part of our on-going work to co-design the National Care Service. These took place in places from Stranraer to Shetland and were chosen to ensure we worked with both rural (mainland and island) areas as well as town and urban areas. We also ran online events for people who could not attend in person. This report is a summary of what we heard from people and what we will do next to continue to co-design the National Care Service with the people and organisations who need or deliver community health and social care support.

At each of these regional events we ran three co-design theme sessions as well as more informal drop-in lunchtime sessions. In some areas we also went out to local organisations to run additional events on their premises.

The sessions were all aimed at people:

- with lived experience of community health and social care support
- with lived experience of working (in a paid or an unpaid/carer capacity) or volunteering in community health and social care
- or who have an interest in community health and social care in Scotland

The total number of attendees at these events was 606.

The co-design sessions related to one of the five current co-design themes of the National Care Service:

- Information sharing
- Keeping care support local (part 1 local services and part 2 community health care)
- Making sure my voice is heard
- Valuing the workforce
- Realising rights and responsibilities

The first part of each session involved sharing our current understanding of:

- people's current experiences of health and social care

- where people felt the changes to community health and social care in the National Care Service should be focussed

We wanted to check with people if our understanding was right and if we had missed asking any important questions.

In the second part of each session we then asked people to share their ideas about how to solve the problems or make the changes we had discussed in the first part of the session.

This report is a summary of the key things that we heard from people. We will use the full detailed feedback we have gathered to develop further co-design work with people and organisations over the next 18 months, as we move towards the final decisions about the design of the National Care Service.

We will also run additional sessions targeted at children and young people, as well as at people from groups who we know are currently under-represented in this work. This is to ensure that the National Care Service reflects and meets the needs of all the different kinds of people who need or deliver (whether paid, unpaid carers or volunteers) community health and social care support.

## **About Keeping care support local**

This report relates to the feedback we have gathered from the Keeping care support local sessions about local services. This was collected at the events in:

- Stirling
- Dundee
- Oban
- Strathpeffer
- Shetland
- Elgin

There was also an online event on this theme for people who could not attend an in-person event (for example due to ongoing concerns about Covid).

In total 109 people took part in Keeping care support local (Part 1) sessions.

One of the aims of the design theme is to work out how a National Care Service can achieve the right balance between:

- providing the same standard of service across Scotland
- meeting the different needs of local areas

## **How we ran the sessions**

People who attended took part in group discussions and completed group exercises.

A week before each event, we sent participants a summary of the questions we would be asking during the session. This also included some of what we had learned from previous research (Annex A).

On the day, we explained the discussion topics and provided written information to make sure the questions were clear.

During the sessions, we asked people to talk about their community health and social care support needs at a local level. The topics we covered were:

- how people's experience of accessing social care support and community health services is shaped by the local area they live in
- how people would like to participate in strategic decision-making processes about social care services in their local area
- people's hopes for how the National Care Service will meet their local needs

In the second half of the session people were split into groups. Each group discussed a different question. All of the questions were about people's hopes for how local services would work within the National Care Service.

We also collected feedback about how people felt the session itself went at the end and used this information to improve how other sessions were planned.

This was to make the regional forums as accessible as possible for participants and to make sure we were asking the right questions. Because of this, the discussion questions changed slightly between the first regional forum and the last regional forum.

## **What we learned**

The key themes that we discovered from the sessions were:

- how services are working at the moment
- how people would like to be involved in decisions about services in their area
- finding the balance between national consistency and local flexibility
- what 'local' means to people
- ambitions for the National Care Service

## **How services are working at the moment**

People told us that, when services work well, it is due to strong relationships between people providing support and those accessing it.

We heard about:

- specific health and social care workers who provide excellent care and support because of their integrity and commitment to helping others
- Specific examples of innovative and effective services

However, people also told us about many problems with the way services currently work. They said that:

- sometimes the support available is rigid and task-orientated, focussed on meeting people's basic needs rather than helping them thrive
- high staff turnover was a particular problem, given the time and energy required to build trust and understanding between people accessing and providing social care support
- In some areas, for some types of services, people said waiting lists are very long and caseloads are high – creating concerns that people are unable to access support that is essential to their health and wellbeing.

We heard that challenges were even greater in rural areas, due to:

- lack of facilities
- shortage of health and social care workers
- infrequent or unreliable transport
- lack of affordable housing for health and social care workers

Other points that came up in these discussions were:

- having to fight for services through bureaucratic processes
- some people spoke of being afraid of moving local council area as this would mean starting again with care and support
- self-directed support has been implemented well in some areas but not others

People told us that:

- they felt they had to be confident and capable of navigating bureaucratic processes in order to secure the services they needed
- some people said they were afraid to move because different local authorities have different approaches to assessment of need, the application of eligibility criteria, and charging for non-residential social care services.
- people were not always able to take their care records with them to new areas and people said moving might also affect their eligibility for social security payments.
- this caused frustrations as people felt they were having to make important life decisions based on available care in particular areas rather than based on other factors such as wellbeing, proximity to family, or finances.
- self-directed support has been implemented well in some areas but not others

## How people would like to be involved in decisions

People were enthusiastic about the idea of having a greater say in how care services are managed and delivered.

A range of suggestions were made for getting people involved:

- some participants said that it would be necessary to use several different methods to make sure that everyone can engage 'on their own terms'.
- suggested methods included running events, online engagement, bringing together panels of engaged citizens to discuss particular issues and having people with lived experience on boards that oversee community health and social care services.

People told us that:

- collecting and taking action on informal feedback from both people who use services and paid workers was important
- information from 'everyday conversations' should be used to shape services on an ongoing basis
- long-term investment is needed to build the capacity of communities so they can engage in decision-making

They also said that:

- they want to be involved in making specific decisions that they can genuinely influence, not just talking about values and principles
- online forums, such as Care Opinion, were seen as a good way for people to provide feedback on services because organisations are accountable to the public for their response

Some people talked about the challenges of being involved in more formal decision making about services – for example as a service user or unpaid carer representative on boards responsible for health and social care services. They said:

- board papers were long and hard to use
- it was hard to find time to ensure they understood the views of people they were representing
- they sometimes felt that the views of lived experience representatives were not given proper attention.

Ideas for how to support people with lived experience to perform a board role well people suggested included:

- training and practical support, for example, with finances, technology, accessibility, or respite care
- for people accessing care support services, it was suggested that the person's involvement in a board should be written into their care package to make sure they received the right support

- membership of boards should be changed to include more people with lived experience and a greater range of interested parties (such as care providers, trade unions, community groups, and third sector organisations).

People also told us that:

- we should learn what is working well in existing integration authorities and we should not 'reinvent the wheel' when devising future governance models
- there should be a clearer process for how service user and unpaid carer representatives are appointed to the board, possibly via elections,
- there should be maximum terms for those appointments.

### **Finding the balance between national consistency and local flexibility**

People had similar views on this subject across different parts of Scotland. People felt that certain aspects of care provision should be standardised around the country. These included:

- eligibility and the right to receive social care services
- assessments
- the type of services available
- minimum levels of care available
- the quality of services
- how much services cost
- timeframes for care to start after a referral
- consequences for providers when standards are not met

Suggestions for how to ensure these included:

- streamlining the layers between central funding and people accessing services so that more money can be spent on community health and social care services for people.
- care packages should be tailored and person-centred and support existing family ties.
- ensuring a consistent and robust approach to implementing Self-Directed Support across all local authorities
- making sure decision-makers consider different needs in different locations or subsidising services in less populated areas.

However, people also recognised that community resources will vary between areas and there could be different ways of achieving the same outcome. For example, in an area where there is a shortage of care home beds, it would be acceptable to offer someone a care at home service instead, as long as that would also fulfil their needs.

People also said that local flexibility in commissioning of services was a good thing, as it meant services could be tailored to the needs of local populations and people could get involved in shaping those services. Some people suggested that small organisations could be more responsive and flexible.

## **What 'local' means to people**

We already knew that it is important for community health and social care to be rooted in local areas, but we wanted to understand what that meant to people in practice.

People talked about the importance of:

- feeling involved in the local community
- taking part in community groups or community leisure activities
- accessing facilities and activities beyond just 'social care'
- wanting better links between social care support provision and leisure, housing and third sector amenities within areas

We also heard that:

- carers from local areas had better understanding of needs and made people feel more comfortable
- though in small communities where you might know your local carers, a carer from outside the community could preserve your privacy and dignity
- care support organisations don't need to be based locally, as long as carers themselves have local knowledge
- social care support services don't have to be delivered by local authorities in order to be well connected to the local area

People had different views about the value of support being provided over the internet. Advantages and disadvantages included:

- people can be digitally excluded by factors such as age, sensory impairments or low income
- the quality of communication can be poorer when people are interacting through screens
- online services work well in some cases
- online services can help people access services in areas where there is a shortage of workers

## **Ambitions for the National Care Service**

People shared some heartfelt and well-thought-out aspirations for the National Care Service. We heard that:

- the National Care Service should take a preventative approach, providing early help to sustain a high quality of life for people for as long as possible
- nature prescriptions, support for people to engage with the natural world in their communities, and support for people to change their lifestyles were mentioned as some ways to improve public health.



- people wanted to know what the National care Service could do about public health problems such as air pollution or poverty in order to stop people needing care to begin with
- some people said that a 'shift in society' was needed. They said care support should be about communities coming together to help one another.
- people also said they needed support to understand the community health and social care support system in their local area and what care support is available to them
- they also suggested that the system might need to become less formalised and rigid, for example by making it easier for people to take on paid caring roles for a few hours per week, alongside other responsibilities.
- a clear and compelling vision for the National Care Service will help motivate people to bring about change.

## **Next steps**

### **What's next for keeping care support local**

We will use what we have learned during the regional forums to continue to develop the approach to local services.

We're going to start some work to help improve local care service provision. This will include how we can:

- make sure people with lived experience can have a stronger voice in local decision making
- balance providing the same standard of service across Scotland with meeting the different needs in local areas
- promote better-connected community health and social care

We will continue to analyse what people have told us to see if there are gaps in what we understand about what is working well or not working well, and check for areas we need to explore further. We will also work with people to develop proposals that address the issues they have raised.

### **How services are working at the moment**

We will work with people to develop proposals on the range of interconnected and complex issues we heard about in relation to current service provision, in particular:

- the lack of availability of services,
- inequalities between services available in urban and rural locations,
- and difficulties for people in moving between areas.

### **How people would like to be involved in decisions**

We will work with people and other parts of the National Care Service work to develop ideas for:

- making it easier for people to learn about how decisions about the National Care Service and community health and care services in their area are made

### **Finding the balance between national consistency and local flexibility**

We will work with people to further explore and develop ideas for:

- what elements of the community health and social care system should be standardised across the whole country while retaining flexibility in relation to how services are delivered to ensure they can be tailored to local need
- how to embed an outcomes-focussed approach in all aspects of community health and social care delivery.

### **What ‘local’ means to people**

We will work with people to further explore and develop ideas for:

- making it easier for local people who use community health and social care services to get involved in decisions about local services
- understanding how to get the right balance between online and in person services, whilst ensuring that people who are digitally excluded are not disadvantaged
- community health and care services are integrated with other local services, like community groups, housing and transport

### **Ambitions for the National Care Service**

We will work with people to explore:

- how the National Care Service might help promote a preventative approach to community health and social care provision
- how to help communities and local people drive a change in their areas about how community health and social care is perceived
- how to ensure local people know their rights
- ideas for ways to make it easier for local communities and people to provide care support to others.

### **What’s next for the National Care Service**

The Scottish Government remains committed to delivering a National Care Service to improve quality, fairness and consistency of provision that meets individuals’ needs. We are also working to make improvements to the social care system now.

What we have learned during the summer events will inform these early improvements, as well as the future structures and policies of the NCS, including the National Care Service (Scotland) Bill.

The Bill is currently in Committee stage in the Scottish Parliament. In January 2024, MSPs will take their first vote on the general principle of the Bill. This is called Stage 1.

Over the next 18 months we will continue to co-design with people who have experience of accessing and delivering social care support to design the National Care Service.

We will be doing additional work with people from groups we know are currently under represented in our work so far.

In the meantime, we will continue to drive forward improvements across the social care sector, including improving terms and conditions for our valued workforce - making it an attractive profession and bringing even more talent into the sector.

### **Getting involved**

We want to hear from as many voices as possible as we shape and develop the new National Care Service. If you'd like to share your experience or views, you can join our [Lived Experience Expert Panel](#). If you join the panel, you'll be invited to take part in different things like:

- surveys
- interviews
- helping come up with ideas about what the NCS could look like
- helping us understand what our research is telling us  
helping us make sure we're designing the NCS to meet everyone's needs

For more information about the National Care Service, visit [gov.scot/ncs](https://gov.scot/ncs).

## Annex A

Before the session, we sent everyone who was attending some points from previous user research. These were:

- when people use social care support and community health services, they prefer the first person they speak to, to be someone they know
- people cannot find out or are not told clearly what support is available for them.
- getting information online can be hard or impossible for some people.
- it can take a long time to get support in place and that can make things getting worse for people and their families.
- the way social care support and community health is given is different from one area to another.



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