

Name of Group	Meeting Date	Name of Group	Meeting Date
People-Led Policy Panel (PLPP)	3 September 2020 (*)	Leadership Alliance	21 January 2019
	22 October 2020		08 March 2019
	15 January 2021		23 April 2019 (Joint meeting with PLPP)
	03 March 2021		03 July 2019
	06 May 2021		21 August 2019
	27 October 2021		(**)
	16 December 2021		
	28 February 2022		
	28 April 2022		
	19 May 2022		

(*) The PLPP have been meeting regularly since October 2018. Meetings then were once a quarter. Since 2020 and the onset of the pandemic they have met more regularly online on the dates detailed above. Since 2021 they have also met with the PLPP officer for peer support meetings in between scheduled meetings.

(**) Please note that next scheduled meetings were due to be held on 24 October and week commencing 09 December 2019 plus a conference for April/May 2020 however we do not hold any further information regarding this.

Adult social care reform for Scotland – discussion paper

Purpose

1. To seek your views and input on working with Scottish Government and COSLA to develop a national programme to support adult social care reform.

Rationale

2. Scottish Government and COSLA recognise the significant challenges within adult social care in Scotland. The projected growth in demand requires a move to different models of care over and above increases in funding. This change must be holistic. It relates not only to the type of care and support that is delivered, and how and where, but also to the way in which care is assessed, organised and planned. The integration of health and social care – and the greater opportunities for multi-disciplinary working it enables – is one approach to addressing this fundamental change in the needs and expectations of our population. It is an historic shift that continues to require effort, energy, and change to realise in practice.

3. Within the new landscape of integration, Health and Social Care Partnerships' local strategic commissioning plans signify a step towards a new future for adult social care. Progress is being made by local areas in adapting the care landscape so that it is fit to respond to the current and future needs of their populations; in reshaping the nature and support of the workforce; and in working with communities to develop local capacity and resilience.

4. However, there continue to be challenges. While local redesign, innovation and collaboration are working towards reform, Scottish Government and COSLA recognise that there is a particular role for national support in ensuring the right conditions are in place for Partnerships to develop and deliver their plans, and realistically be able to make policy a reality.

5. Scottish Government and COSLA recognise the opportunity for national input to support and bring momentum to the reform agenda, and ensure that collectively, local reforms lead to a consistent outcome – namely realisation of our vision for health and social care. A national programme to support local reform has the potential to serve as a platform for Partnerships, providers, supported people, Scottish Government, COSLA, and other stakeholders to work together to provide shared leadership for this agenda. The Scottish Government's commitment to developing a national programme with partners was recently formalised by the First Minister in the 2018-19 Programme for Government¹, which was published on Tuesday 4 September.

6. The national programme of support will be developed with due regard to the wider policy landscape – not least the ongoing efforts nationally and locally to embed self-directed support; work identified through the National Health and Social Care

¹ Document available at: <https://beta.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/>. Relevant section on social care which mentions this commitment is on page 69.

Workforce Plan; the mainstreaming of the new Health and Social Care Standards; the review of integration; activity arising from the recently published Digital Health and Care Strategy; the Technology Enabled Care programme; the transformation of primary care; the Scottish Access Collaborative programme; Scotland's public health priorities; developments in housing and housing services; and others.

7. Scottish Government has also been working with Inclusion Scotland to establish the 'People-led Policy Group', a new engagement framework through which policy makers will access the views of people who have lived experience of adult social care when developing policy. The core group of around 15-20 people, supported by a wider policy panel of around 50 people, will be actively involved in the creation, testing, and early development of policy, and will complement existing local engagement methods such as Our Voice. It is likely to launch end October/early November. All members will be users of adult social care support, including carers, and will have experience of different kinds of social care for different purposes, and from a spread of areas across Scotland. The group is in development and many of you have been working with Inclusion Scotland to design the process for recruiting to it.

Developing a national programme of support

8. We want to work with you to identify where and how national input could best support local reform efforts. An initial step will be to form the principles, values and priorities for the national programme.

9. The Scottish Government recently carried out a period of research and engagement with stakeholders (listed at Annex 2) to gather views on the challenges within the current system and suggestions regarding national support of reform. Many of you were involved in this, and your expertise, experiences, and suggestions underpin the proposed direction of travel for the national programme. The findings of this work are summarised at Annex 1 and include the outcome of a substantial project to refine and develop our understanding of what needs to change in order for self-directed support to be fully embedded (the 'change map'). We would value the opportunity to reflect on these findings with you: specifically, whether you recognise your input if you were involved in the engagement; whether they are an accurate reflection overall of what you face in your work; and how they could best be used to inform:

- a) the national programme of support for local reform
- b) a refreshed Implementation Plan for self-directed support 2019-2021

10. Alongside our work with you we are engaging with Chief Officers, Chief Finance Officers, and Chief Social Work Officers, and other stakeholders including Local Authorities and NHS Boards; and will work closely with the People-led Policy Group. We aim to collectively build consensus on: the key areas for change, how this change will be achieved, who needs to be involved, and the collective leadership and ownership of the reform programme.

Key opportunities for a national programme

11. We are clear that the priorities and shape of the national programme must be developed in collaboration with the social services sector, the People-led Policy Group, Chief Officers, Chief Finance Officers, Chief Social Work Officers, and other stakeholders including further supported people. However, our initial stakeholder engagement has highlighted some potential areas where the programme could bolster local activity. These are expanded here:

Awareness and value of social care

a) It is widely recognised that there is a need to raise the profile of social care in Scotland and increase awareness of its value for individuals and society. The programme is an opportunity to raise this awareness collectively, at a national level. Recent research suggests that social services and social workers are held in higher esteem by the public than was previously thought². The most recent Health and Care Experience Survey (2017/18) found that 80% of people who received help and support from formal services rated the overall help, care or support services as excellent or good. There is, however, further work to be done to strengthen our understanding of perceptions around social care and social work – specifically, how social care is understood and valued in our society, the expectations of what statutory care services are there to provide, and the role of preventative and wider support in the community. This part of the programme would align with and build on the wider ongoing and developing efforts to attract and retain the best people to the social care profession.

Self-directed support

b) We recognise Audit Scotland's conclusion that self-directed support is not yet fully embedded as Scotland's approach to social care. We would welcome a discussion with you on the intention and practical realities of self-directed support; on how we work together to share and develop agreed best practice; and on how both the reform programme and a refreshed Implementation Plan developed with your engagement could support that aim.

Articulation of our vision and ambition for adult social care

c) Reform must be underpinned by a shared and widely recognised understanding of adult social care within the context of integration, and interpretation of what that means in practice. Stakeholders have been clear that this shared vision and purpose is necessary if policies such as self-directed support and integration are to have their full effect and bring about coordinated, systemic, and sustainable change for adult social care. Though these policies go some way in setting that vision, further reflection is needed on the systemic changes and collaboration required to realise it. The national programme is an opportunity to develop a national vision for social care that is rooted in practice, and the necessary levers and support to realise it. This will also help strengthen the representation of the ambition for social care in national planning.

The provider landscape

d) Currently, 80% of social care in Scotland is delivered by the private and voluntary sectors. How services and support are planned, designed, developed, and

² McCulloch, T., Webb, S. and Clarke, D. (2017) *What the public think about Scottish social services and why*. Available from: <http://www.socialworkscotland.org/What-we-do/Publications/>

delivered is key to reform. The national programme would be a vehicle for developing collective leadership of this agenda with these sectors. This would include learning from organisations that are changing to meet the new landscape and needs of our population, sharing good practice, supporting these efforts to be maximised throughout the sectors, and developing collective, pragmatic responses to the shared challenges across the system.

Cost of care and how care is paid for

- e) A national programme would create a platform for an honest discussion about the cost of social care, the value we place on social care as a society, and models of how care is paid for. This could involve exploring the balance of financial risk between the individual, local government, and national government; and how to address the challenge of prioritising preventative approaches within the reality of demand for care now and in the future.

Barriers to current reforms

- f) Feedback from Partnerships and wider stakeholders is that they frequently encounter barriers that delay or unnecessarily complicate their current reform efforts. The national programme would be a route to identifying these barriers, and making or supporting the changes that need to happen at local and/or national level to address them. This would offer a space to identify and develop necessary changes or developments to national policy to facilitate local improvement.

Strong and collective leadership

- g) Leadership of social care reform must be far-ranging. There is a need for parties from different parts of the sector – including Scottish Government and COSLA – to come together to consider the changes that still need to be made, their respective contributions to those changes, and to take decisions collectively that will enable those changes to happen. A key focus of the national programme would be on creating the right environment for collective decision-making.

Conclusion and next steps

12. We are seeking your:

- a) views on whether the material presented at Annex 1 resonates with your experience and understanding of the current system, its challenges, and where the national programme could bring additional value to support local reforms. If not, then your views on what is missing;
- b) initial views on a shared vision/common outcomes for adult social care and how it/they will be realised;
- c) views on potential short, medium, and long term priorities for the national programme, taking into consideration the suggestions presented throughout this paper and the material at Annex 1;
- d) views on any pitfalls that the national programme should avoid;

- e) views on what you would 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? Are you undertaking work around the indicators in the change map that you would like to publicise, and that others could learn from?);
- f) suggestions on how best to work with you – collectively and individually – on progressing the national programme.

13. **Included at Annex 3 is a pro forma for recording your views.** We would be grateful for return of your completed copy to [redacted] by **5pm on Thursday 27 September 2018.**

Jamie MacDougall
Deputy Director, Care Support and Rights
Scottish Government

John Wood
Chief Officer for Health and Social Care
COSLA

Summary of findings of research and engagement on the shape of a national programme to support adult social care reform

1. Scottish Government has recently carried out 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 direction, management and delivery; and
 - b) what adult social care should look like in the future, and what has to change to enable that.

2. A wide range of stakeholders were involved (full list at Annex 2), including:
 - supported people
 - 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

3. The feedback and insights gathered during that work were collated, and are presented here as:
 - stakeholders' views of the areas that, collectively, represent the root and locus of the key issues and opportunities within the current **adult social care system**, and where there is a need to consider how the national programme could help reform the system. This was with a view to both alleviating issues and capitalising on opportunities, to create a system that can deliver the right care and support for people, is sustainable for the future, and interacts in the right way with communities, healthcare, housing services, and wider public services (**Section A overleaf**); and
 - initial areas of exploration, to improve our understanding of the national picture of these key issues and opportunities within the current system, and inform decisions on priorities for the programme (**Section B overleaf**).

4. **At Section C overleaf** is the 'change map' that is the result of substantial work to refine and develop our understanding of what needs to change in order for self-directed support to be fully embedded.

A. Stakeholders' views of the areas that, collectively, represent the root and locus of the key issues and opportunities within the current adult social care system

Assessment and support planning	Commissioning and procurement and new models of care	The cost of care, and how care is paid for
Care homes	Decision-making and authority in the system	Supporting independent living
Workforce recruitment and retention ³	Portability of care	Transparent and impactful investment
Digital and technology ⁴	Community resilience	Unpaid caring
The provider landscape	Data on social care and how it is used	Local and national leadership
Intermediate care	Interface with primary and acute care	Multi-disciplinary working/seamless services for those who use them
Risk	Social isolation and loneliness	Inspection and regulation

³ Activity on workforce recruitment and retention is being taken forward under the National Workforce Plan Part 2. There will be a role for the wider reform activity to inform, support, and contribute to this work.

⁴ The Digital Health and Care Strategy and the established Technology Enabled Care (TEC) programme will be key vehicles through which to address the issues and opportunities of digital and technology in reform of adult social care.

B. Initial suggested areas of exploration to improve our understanding of the national picture of the key issues and opportunities within the current system (in Section A), and inform decisions on priorities for the programme

(1) (i) Understand what kind of data are collected in the different models for social care assessments across Scotland. (ii) Understand how the review and evaluation of assessment processes feeds into improvement initiatives. (iii) Understand what kind of data are collected when reviewing whether a care package is supporting someone in the right way, and to what extent these data are linked with data on assessments to inform process improvement.

(2) Research existing best practice models in assessment and resource allocation, and together with partners explore the potential for shared expectations and support for the adoption of best practice.

(3) Understand what data are available on the agility of the current system⁵, and what they tell us about how system agility impacts on people's experience and outcomes and the distribution of resources within the system.

(4) Quantify the social and economic impact of current provision on prevention, independent living and community participation.

(5) Evaluate the impact of the extension of free personal care as it is implemented for all adults, including costs.

(6) Map the distribution of autonomy and authority within social care, and look at the different models for this existing across Scotland – including consideration of how risk at the front line is connected with corporate risk management structures.

(7) (i) Understand the current capacity for, and extent of, re-ablement and preventative and low-level interventions across Scotland, and the impact of this on people's outcomes, on independent living, and on the demand for care long term. (ii) Explore with partners examples of where and how re-ablement, and preventative and low-level interventions have been maximised.

(8) (i) Explore whether charging and/or charging practice influences individual and system behaviours, choices, and outcomes, and if so, how this manifests across Scotland. (ii) Understand the impact of variation in charging practice across Scotland on portability of care and the decisions people make about care.

(9) Understand the current and potential role, capacity, and visibility of community and community supports in social care.

(10) Understand how Partnerships' current work on the sustainability of the care home market and redesigning care homes for the future can be supported and further developed.

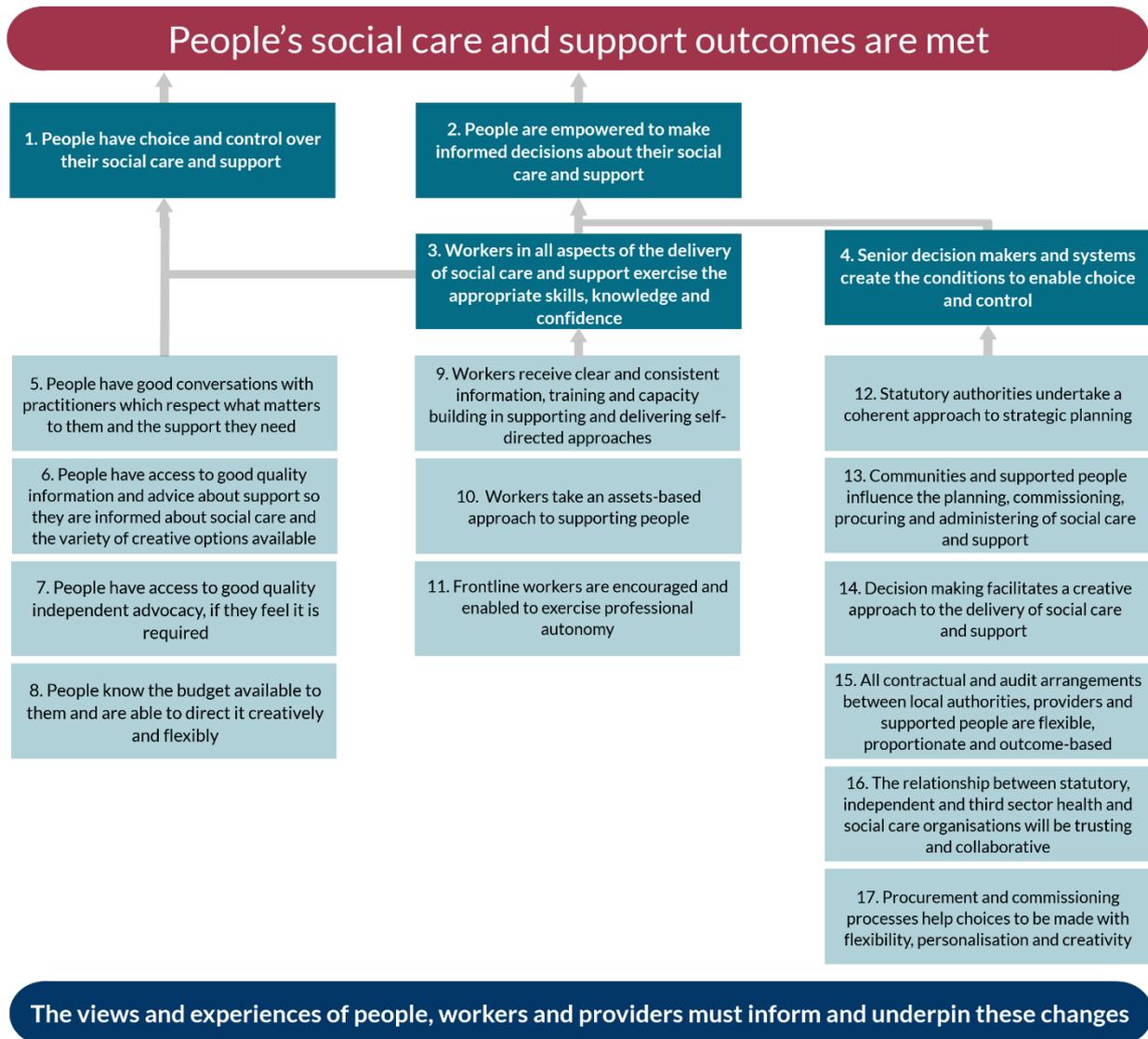
⁵ For example, end-to-end times from first contact to delivery of support, the speed of individual processes therein, and the nature and outcomes of review arrangements.

(11) (i) Understand the impact of commissioning and procurement practices, and their variation across Scotland, on the landscape of care provision and experiences of self-directed support. (ii) Identify existing good practice and (iii) explore how best to promote and support the adoption of best practice in commissioning and procurement.

(12) Understand the impact of definitions of care services in the Public Services Reform (Scotland) Act 2010 in the implementation of new models of care.

C. Change map for self-directed support

Change map for Self-directed Support



People, organisations and events involved in the engagement

Interviews or workshops were held with the following:

- Active and Independent Living Improvement Programme (AILIP)
- Age Scotland
- Alzheimer Scotland
- ARC Scotland (Chairs of providers forums)
- Chief Officers (individual basis)
- Coalition of Care and Support Providers in Scotland (CCPS)
- Coalition of Carers in Scotland (COCIS)
- Co-operatives UK
- Cornerstone
- COSLA
- ENABLE Scotland
- Glasgow Disability Alliance
- Healthcare Improvement Scotland
- iHub
- In Control Scotland
- Inclusion Scotland
- Marie Curie
- Minority Ethnic Carers of Older People Project (MECOPP)
- Royal College of Nursing
- SAMH
- Scotland Excel
- Scottish Care
- Scottish Enterprise
- Scottish Government Chief Social Work Adviser
- Scottish Government policy teams, including data, statistics and outcomes; housing; digital; technology-enabled care; analytical services; social isolation and loneliness; public health; primary care; Our Voice; fair work; social security, and others.
- Scottish Older Person's Alliance (SOPA)
- Scottish Social Services Council (SSSC)

- Social workers (individual basis)
- Social Work Scotland (SWS)
- The Scottish Commission for Learning Disabilities (SCLD)

These interviews and workshops were complemented with informal engagement and evidence-gathering at a range of events, including **among others**:

- 'Building the SDS change' conference
- 2017 Digital Health and Social Care conference
- 'Community Led Support in Scotland – 1 year on' (sharing of the learning from the first year of Community Led Support in Scotland and other connected programmes)
- 'Personalisation in the age of austerity' – Social Work Scotland seminar
- 'Embedding dignity and respect in social security systems' – Equality and Human Rights Commission seminar

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

Please email your response to [redacted] by 5pm on Thursday 27 September 2018.

embedded them in the context of the wider body of work that has been done on the development of the programme to date. Therefore, not all of the proposals captured on the post-its are reflected. That doesn't mean they are forgotten or excluded. If you feel that what we have focused on aren't the right things to make the biggest impact now towards our vision, or something crucial has been missed, let me know.

The documents attached are:

1. Reminder of the process so far and explanation of how the documents fit together
2. Statement of our shared vision for adult social care
3. The programme blueprint
4. The programme workstreams
5. Leadership Alliance terms of reference
6. Grouped 'vision action' proposals from March Leadership Alliance meeting
7. Introduction to concept of benefits and what we will be doing at the event on 23 April

The documents are being converted to Easy Read from now. Therefore, we're looking to minimise comments/changes to only the absolutely necessary at this stage. If there are any issues with the documents, please let me know as soon as possible so that we can avoid delaying the process for converting them to Easy Read.

The aim at the 23 April event will be to get joint sign off of the shared vision for adult social care, the vision and blueprint for the programme, and the workstreams. That will allow us to progress in proper to the next stage of building the workstreams.

Happy to discuss any of the above if that would be helpful.

Thanks,

[redacted]

[redacted] Adult Social Care reform
Care, Support and Rights Division
Scottish Government
St Andrews House
Edinburgh
EH1 3DG

[redacted]

[redacted]

British Sign Language (BSL) users can [contact us via](#)
contactSCOTLAND-BSL

What we together have done so far to develop the reform of adult social care national programme

- We asked people for their views and experiences on:
 - what social care is like now
 - what the biggest challenges are
 - what social care should be like in the future
 - what needs to change to achieve that
- Lots of people were involved. This includes people who use social care and carers, people who work in social work and social care, organisations who provide social care, and organisations responsible for managing and funding social care.

- The People-led Policy Panel, the Leadership Alliance and the Programme Delivery Team looked at what people said.
- We used what people said to describe what adult social care will look like in the future in Scotland. This is the **shared vision** for social care.

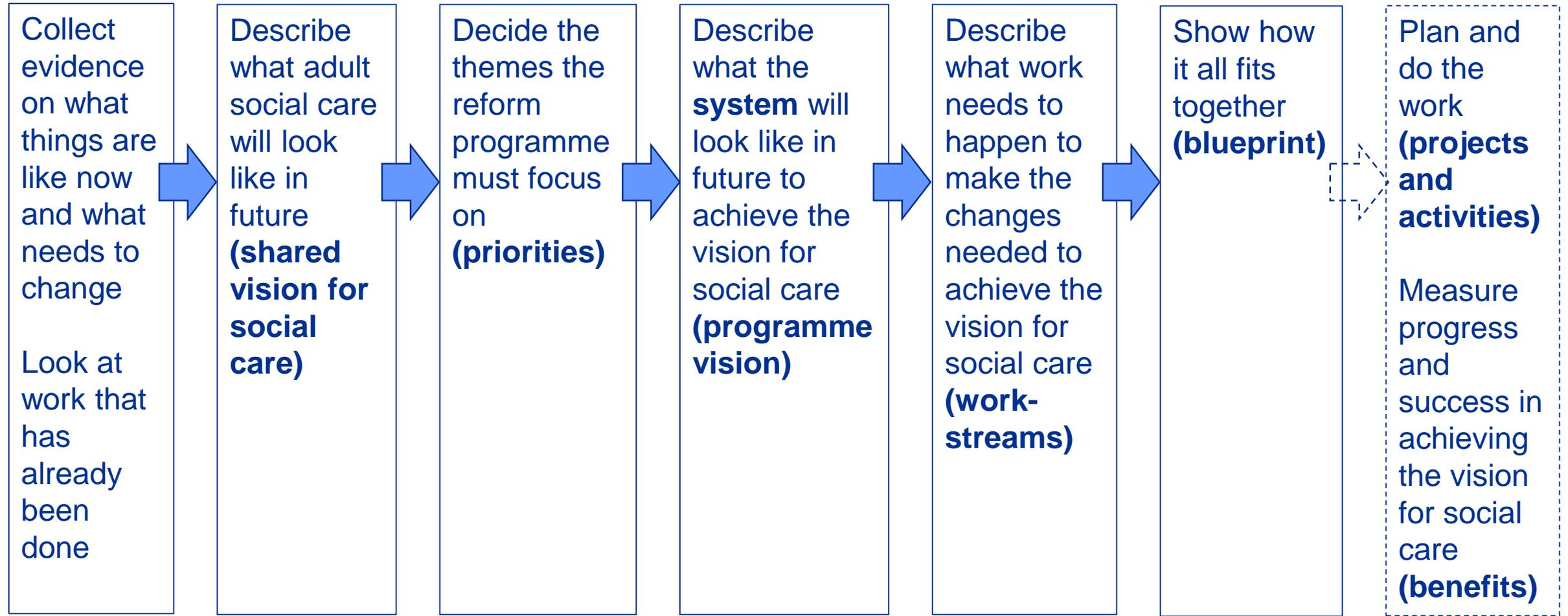
- The People-led Policy Panel decided the most important issues and themes for the reform programme to focus on to achieve the vision for social care. These are the **priorities**.
- We looked at the priorities and described what they mean for what the system needs to look like to achieve the vision for social care. This is the **programme vision**.

- The Leadership Alliance looked at the priorities, the vision for social care, and the programme vision and discussed what work needs to happen to make the right changes. This has formed the **workstreams**.
- The next step will be to plan the details of the work and take it forward. These will be the **projects and activities**.

- We have described how the priorities, the workstreams and the programme vision fit together. This is the **programme blueprint**.
- All of the projects, activities and decisions in the programme will be about reaching the **shared vision for social care**. This is our shared aim.

- We will use the **blueprint** to make sure the programme is on track with helping the system to change.
- We will measure whether the reform work is achieving the vision for social care by looking at whether we are achieving the **benefits** we have said we expect to see.

What we together have done so far



Our shared vision for adult social care, including support for carers

The way we value and understand social care and support

- Social care is an investment in the people of Scotland.
- Care and support is person-led (all parts of it).
- It supports quality of life. That includes being connected with others, our right to participate in society, and for carers to have a life beyond caring.
- It is a mix of formal and informal supports.
- Communities are part of care; and care is part of the community.
- Investment in social care matches its important role in the whole system of supports and services in Scotland.

The way people access support

- People (supported people, carers, workers) experience kindness and respect at every stage in the journey – not only when someone is receiving care and support.
- Responding to crisis is the exception. People have conversations about, anticipate, and plan for care and support.
- People have all of the information they need to make informed decisions and choices about their care and support. This includes the full range of creative options. People have access to support to make those decisions.
- Carers' expertise and knowledge about the person they are caring for, as well as their ability and willingness to care, are taken into account in decisions.
- Care arrangements make sense for a person's individual needs, circumstances, and the phase of life they are in or are entering. They change with a person. Care and support options meet this range of circumstances and needs.

The way we support people

- Care arrangements recognise a person's individual goals, skills, capabilities, assets, limits and potential. They make the most of and support a person's strengths.
- Informal networks are part of care and support.
- People working in social work and social care are respected, valued and rewarded for the work they do. They are, and feel, empowered in their roles.
- People, their carers and families or their other social networks, have the right practical training and tools to be able to manage their care to the degree they have chosen.

- People are supported to live as independently as they wish and are able.
- Social care is effective.

Our systems, processes and decision-making

- We respect the dignity and contribution of all people accessing information, advice, and care and support.
- Social care is part of a whole system (of professions and formal and informal supports and services) that plans and works together to achieve the best outcomes.
- National and local policies, systems and processes are designed with the people of Scotland and on the basis of evidence.
- People who use support, the wider community, and people who work in the system take part in decision-making. This includes decisions about the system, for example on priorities and spending. Their voices have authority.
- Systems, processes and decisions are transparent. Accountability is clear and acted on.

Our support across Scotland

- This vision is delivered consistently in every area of Scotland. Achieving this vision is a human rights-based approach in practice.
- People's needs are recognised equally wherever they are in Scotland. They can move to a different part of Scotland with the confidence that they will be supported in the way that is right for them in the new place. Systems and processes make this as straightforward as possible.

Reform of adult social care national programme blueprint

Priority areas to focus the reform programme (developed by the People-led Policy Panel)	Reform programme workstreams	What the <u>system</u> will look like in future, to achieve the shared vision for social care (the programme vision)
<p><u>Shared agreement on the purpose of social care</u></p> <ul style="list-style-type: none"> • focus on human rights <p><u>Support around a person's life, not the other way around</u></p> <ul style="list-style-type: none"> • transferability of care between different areas • principles of self-directed support • support for changes in responsibility around support as a person gets older or becomes more independent (in the current system, this is the 'transition' between 'child' and 'adult' services) • rights and aspirations of unpaid carers, including the right to be listened to 	<p><u>1. The principal workstream: The purpose and value of social care</u></p> <p><u>2. The workstreams about designing a new way of doing things in social care in future:</u></p> <ul style="list-style-type: none"> • Consistent experience and expectations • New models of care <p><u>3. The workstreams about changing or improving parts of the current system to</u></p>	<p>The way we value and understand social care and support</p> <ul style="list-style-type: none"> • The public, and the system and policy makers view social care as an investment in Scotland's people and economy. • The central focus of formal and informal networks of social care supports is both meeting needs and ensuring quality of life. 'Needs' incorporate a person's whole wellbeing, for example social, physical, mental. • Public health messages promote strengths-based approaches and attitudes, self-management, and maintaining community connections for health and wellbeing. • Supports and services across the whole system plan and work together to achieve the best outcomes. This includes formal and informal support and different kinds of care, for example medical, physical, therapeutic, social, psychological.

<ul style="list-style-type: none"> • people get enough care to participate in society (incl. appropriate transport to achieve this) • housing 	<p><u>support the new way of doing things:</u></p> <ul style="list-style-type: none"> • Workforce conditions and skills • Investment in care • Commissioning and procurement • The community in care 	<ul style="list-style-type: none"> • Early intervention and prevention are embedded in cycles of planning and delivery. This looks at how all parts of someone's life have a role to play in them living as well as possible for as long as possible (for example, socialising and being connected with others, housing). • Planning for the future is routine. • Value of the social work and social care workforce is demonstrated through appropriate parity of opportunities, conditions and authority. • Unpaid carers are regarded and supported as equal partners in care. • Social care is sufficiently resourced as part of the whole network of supports and services in Scotland. How social care is paid for is appropriate and sustainable.
<p><u>Changing people's attitudes towards social care</u></p> <ul style="list-style-type: none"> • must respect value of individuals who use social care and their contribution to society • social care as an investment in people and society • people experience and treat each other with kindness and respect 	<p><u>4. The essential enablers, the things that need to be in place for reforms to be possible:</u></p> <ul style="list-style-type: none"> • Investment in reforms • Removing barriers to reforms • Aligning national policies 	<p>The way people access support</p> <ul style="list-style-type: none"> • People's needs are recognised equally regardless of where they live in Scotland. • People have access to appropriate information, advice and practical support to make decisions about their support. This includes creative support options. • People are directed to appropriate information, advice and practical support to make decisions about their support.
<p><u>Valuing the workforce</u></p> <ul style="list-style-type: none"> • make social work/care an attractive career • parity of value and opportunity for the full spectrum of social care workers, e.g. personal assistants vs council staff 		

<p><u>Health and Social Care Partnerships should replicate the People-led Policy Panel model of inclusion</u></p> <ul style="list-style-type: none"> • person-led as well as person-centred. That means decision-making • balance of control/power between the person/carer and the social worker/Health and Social Care Partnership or Local Authority • person/carer has a voice and a real share of the power • decisions are made together and it is clear and transparent why decisions have been made (this also means decisions about the system and processes) 		<ul style="list-style-type: none"> • Care and support teams are made up of people from different professions. They have the range and mix of expertise and skills needed to support people and carers when they are making decisions about their care. • People know the budget and resources available to them and can direct them creatively and flexibly. • People are fully involved in processes that affect them and lead decision making about their care and support. • Formal assessment and support is just one part of a solution for a person. • Alternative support routes are visible and valued, and accessed alongside formal support to achieve the best possible outcomes. • People access support (formal/informal) before reaching crisis. • Professionals and practitioners routinely work with the supported person, their strengths and networks to achieve the best possible care and support arrangements. This includes formal and informal supports and services. The arrangements work for how the person wants to live their life and what they want to achieve. Where someone is supported by an unpaid carer, it includes asking for and taking into account the carer's views.
<p><u>Investment/funding</u></p> <ul style="list-style-type: none"> • lack of funding 		

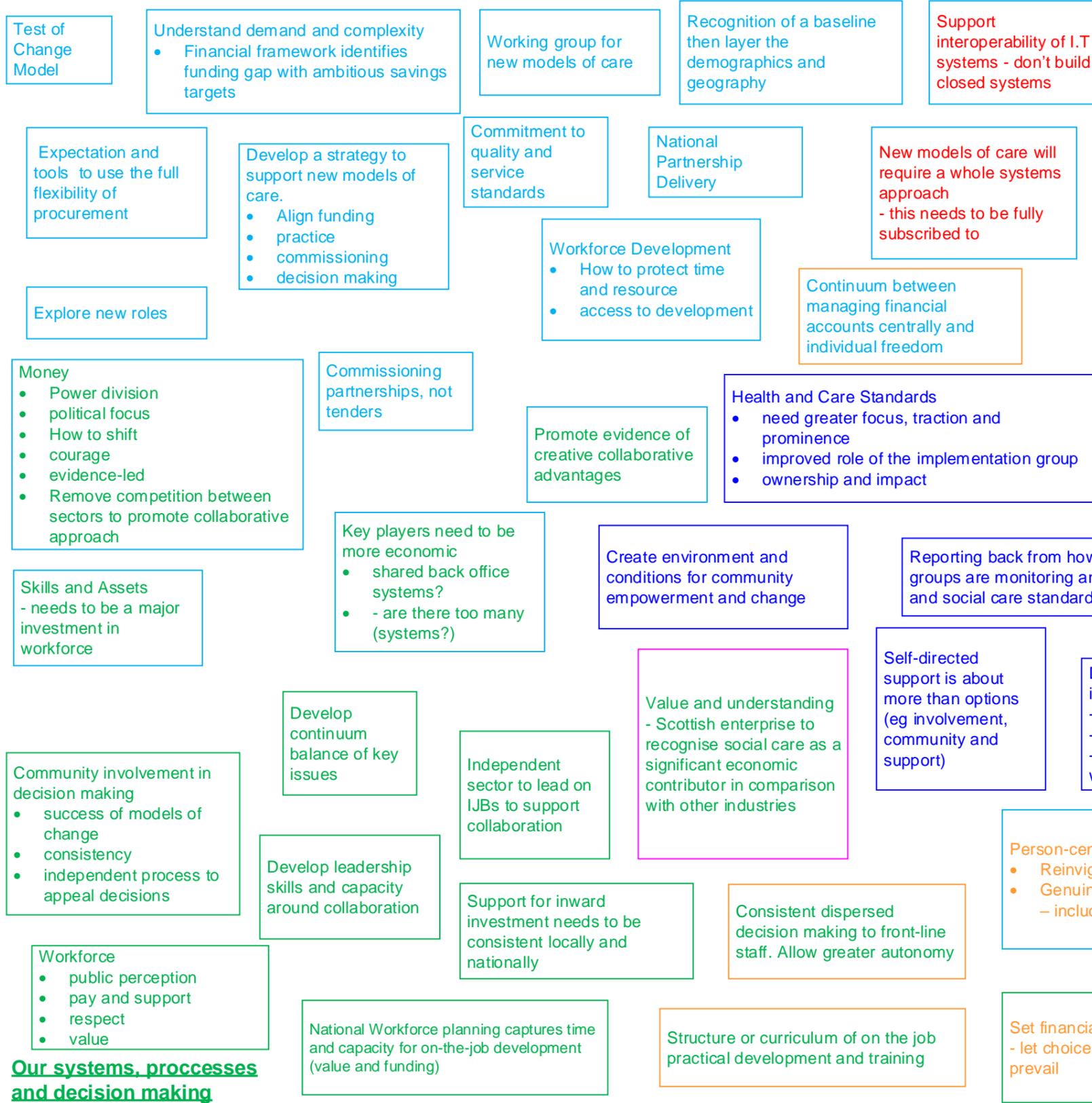
<ul style="list-style-type: none"> • management of funding (including mismanagement) • social care as an investment in society • transparency around decision-making on spending (both spending at a system-level and decisions on individual budgets) • individual funding should meet an individual's needs 		<ul style="list-style-type: none"> • Assessments are timely and happen at times and in places that are appropriate and helpful for people. • Assessments are outcomes-focused and use best practice models. • People's care and support needs are reviewed so that they receive the right support at the right time. • All social care is personalised. • All social care budgets are personalised, no matter how they are managed. • People with diverse backgrounds can understand and access the social care system, and support that works for them. <p>The way we support people</p> <ul style="list-style-type: none"> • People experience best practice in social care, no matter where in Scotland they are. • There is a diverse range of flexible and creative support options. • Support options enable people to fulfil their right to participate in their community and society, to live life in the way they choose, and to achieve their goals. • Commissioning and procurement processes promote a diverse range of flexible, personalised and creative support options.
<p><u>Equity of treatment</u></p> <ul style="list-style-type: none"> • balance of control (nationally versus locally) • consistency in approaches • independent appeals procedure • accountability; agreed standards and timescales 		
<p><u>Evaluate and learn from data</u></p>		

<ul style="list-style-type: none">• measure what we're doing so that we can learn• change from reporting care provided in hours to outcomes achieved for individuals• a learning culture		<ul style="list-style-type: none">• Care and support is appropriate for people's circumstances, needs, and phase of life.• Care and support changes with a person.• Social care support at home and in the community is outcome-focused and flexible.• Care and support is holistic, addressing both physical and social needs.• Care and support teams have the range and mix of professions, expertise and skills needed to deliver care and support that is right for a person.• People working in social care are adequately trusted, trained, resourced and autonomous to deliver self-directed approaches and support people in the right way. They feel and are empowered in their roles.• Social care jobs are well paid and secure.• Teams of care and support professionals are integrated, skilled, and compassionate.• Workers take a strengths-based approach to supporting people.• Technology supports people to be contributing, active citizens and to live as independently as possible.• Technological solutions are used proactively for prevention, care, and care planning and management.
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		<ul style="list-style-type: none">• In general, care and support arrangements include a mixture of person-provided and technological solutions. <p>Our systems, processes and decision making</p> <ul style="list-style-type: none">• Systems are responsive and efficient.• Decision-making is dispersed, particularly for decisions on budgets and spending.• Decisions are transparent.• Bureaucracy is minimal.• Frontline staff, or people working at levels closest to the supported person, have autonomy and authority.• The specific skills and knowledge of social care and social work professionals are recognised, included and valued in multi-disciplinary teams.• System decisions are made with supported people and communities.• Communities and supported people and carers shape the planning, commissioning and monitoring of support.• Health and Social Care Partnership strategic commissioning plans are co-produced.• Decisions taken at national level are realistic and practical for local delivery.• There is national consistency but local flexibility.
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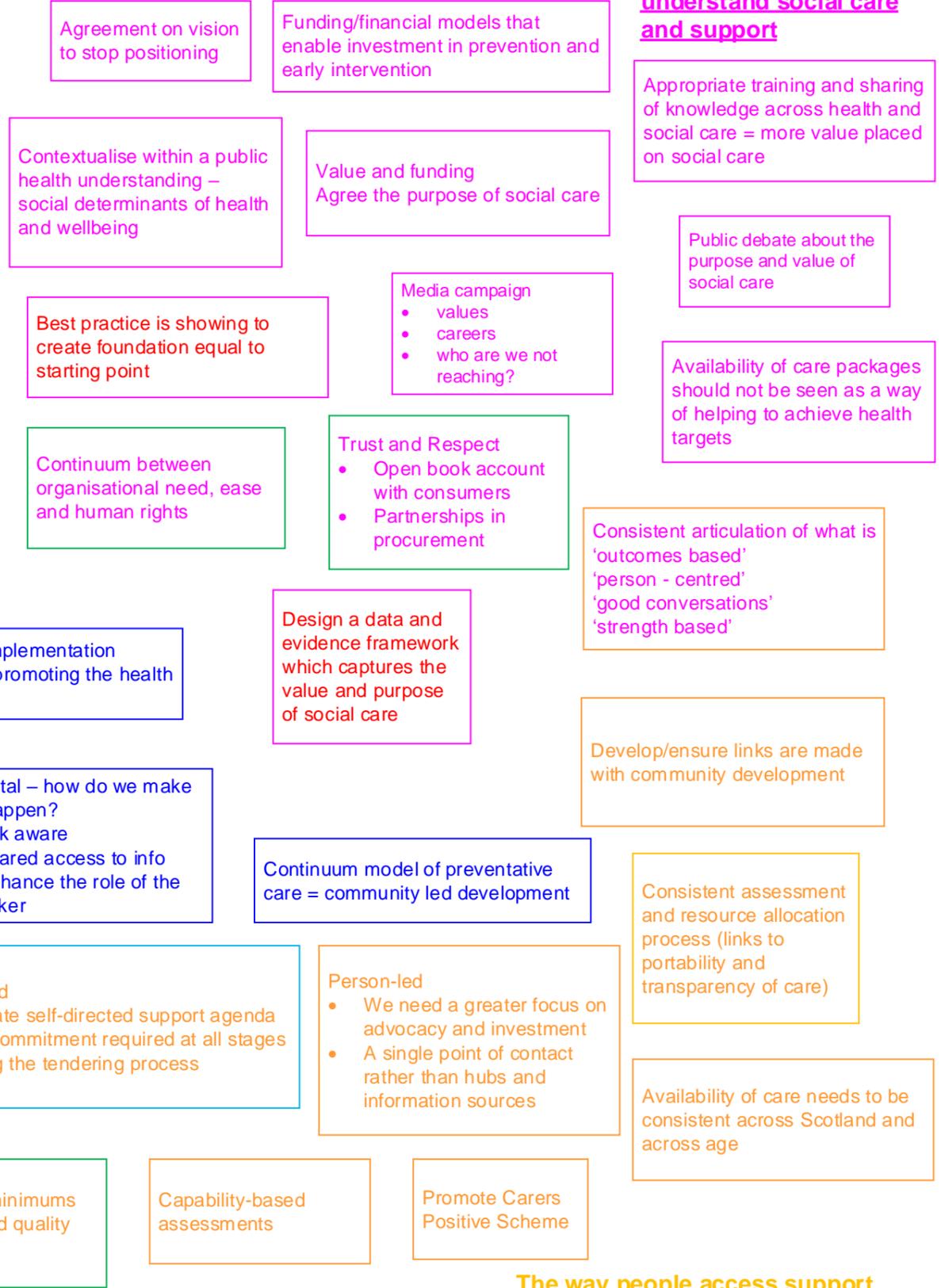
		<ul style="list-style-type: none">• There is parity of esteem across system players and all are working to common outcomes and objectives.• The relationship between public, independent and third sector health and social care organisations is trusting and collaborative.• There are independent and consistent processes and advocacy for appealing decisions or raising concerns, and to hold responsible bodies to account. <p>Our support across Scotland</p> <ul style="list-style-type: none">• Decision-making is based on data and evidence that is holistic (reflecting physical and social needs and system sustainability).• Data and evidence is used to optimise services, models of support, and investment decisions.• Data and evidence is used to improve the coordination and integration of services and supports.• Best practice builds, maintains, and develops a sustainable social care support system.• The wider network of support and services that social care is part of adapts as a whole system to changing circumstances.
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The way we support people



Our systems, processes and decision making

The way we value and understand social care and support



The way people access support

Text or a box in this colour means that we have grouped the statement or action under the heading 'The way we support people'

Text or a box in this colour means that we have grouped the statement or actions under the heading 'Our systems, processes and decision making'

Text or a box in this colour means that we have grouped the statement or action under the heading 'The way people access support'

Text or a box in this colour means that we have grouped the statement or action under the heading 'The way we value and understand social care and support'

Text or a box in this colour means that we have grouped the statement or action under the heading 'Our support across Scotland'

Text or a box in this colour means that the statement or action was key to three or more of the headings.

Text in one colour and a box in a different colour means that the statement or action was key to two headings.

Agreeing the benefits of the reform programme

- At the event on 23 April with the Leadership Alliance and the Programme Delivery Team, we will be doing a group exercise in the afternoon.
- The aim of the exercise will be to describe what **benefits** we all expect the reform programme to achieve.

What is a benefit?

- In programme management, we describe a benefit as an improvement that happens as a result of a change.
- For something to be called a benefit, we must be able to measure it.
- It must be seen as positive by stakeholders.
- It must help with achieving the overall outcomes for the programme.

What will our shared aim be on 23 April?

- At the event on 23 April we will together:
 - identify the benefits that will come from the adult social care reform programme
 - describe them
 - start to think about how we will measure them
- There will be programme management experts there to help us with this. They will also explain more about the process and why it is helpful to do this.

Reform of Adult Social Care Programme Approach

Version: 1.0

Date: July 2019

Author: [redacted], Programme lead

Owner: Reform of Adult Social Care, Senior Responsible Owners:

Jamie McDougal, Deputy Director, Care, Support and Rights Division, Scottish Government
John Wood, Chief Officer, COSLA

1. Programme purpose

Scottish Government Ministers, COSLA and other local and national partners have agreed to work together to develop and deliver a national programme of support to deliver local change in adult social care to support and promote future sustainability of the sector. There is agreement this needs to be transformational to ensure quality support for those who need it now and in the future. This document summarises the process to form the programme, programme approach to support engagement and governance, and sign posts to key programme documents.

2. Forming the programme

A Discussion Paper was jointly developed by Scottish Government and COSLA. This was distributed to a very wide number and range of stakeholders including those who use social care and carers, and organisations responsible for managing and funding social care. In the Discussion paper people were asked for their views and experiences on:

- what social care is like now
- what the biggest challenges are
- what social care should be like in the future
- what needs to change to achieve that

The People-led Policy Panel, the Leadership Alliance and the Programme Delivery Team looked at what people said.

- We used what people said and existing policies and legislation to describe what adult social care will look like in the future in Scotland. This is the **shared vision** for social care.
- The People-led Policy Panel decided the most important issues and themes for the reform programme to focus on to achieve the vision for social care. These are the **priorities**.
- We looked at the priorities and described what they mean for what the system needs to look like to achieve the vision for social care. This is the **programme vision**.
- The Leadership Alliance looked at the priorities, the vision for social care, and the programme vision and discussed what work needs to happen to make the right changes. This has formed the **workstreams**.
- The next step is to plan the details of the work and take it forward. These will be the **workstreams and activities**.
- We have described how the priorities, the workstreams and the programme vision fit together. This is the **programme framework (blueprint)**.
- All of the projects, activities and decisions in the programme will be about reaching the **shared vision for social care**. This is our shared aim.

What we together have done so far

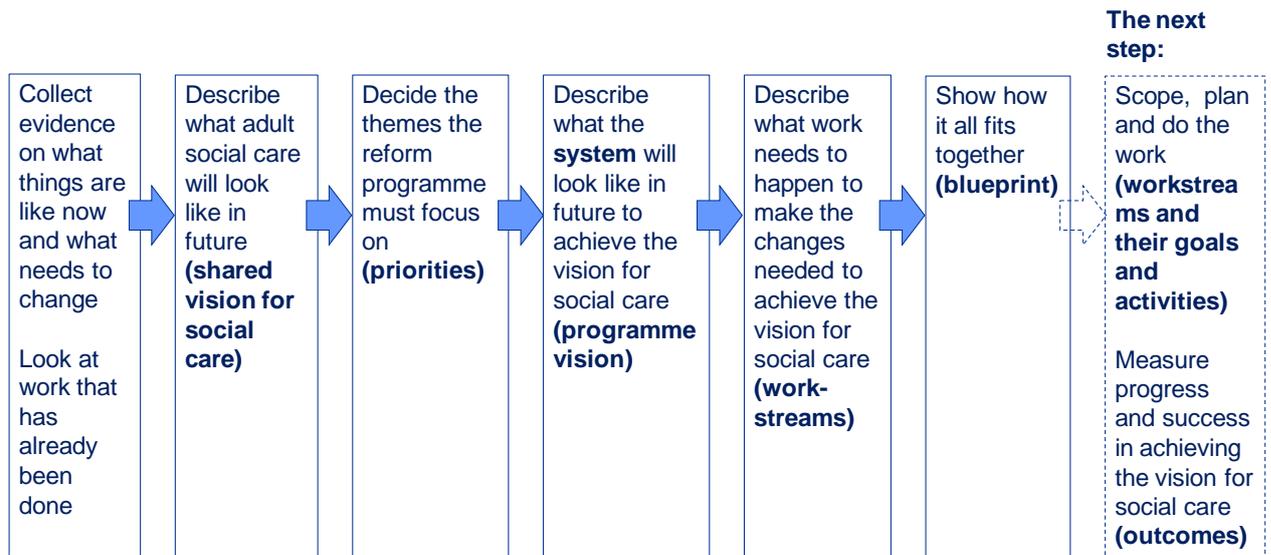


Figure 1

3.

4. Programme approach

Given the complexity of the social care system, and also to ensure we align with the Scottish Government approach to policy making, it is essential that the programme benefits from collective leadership. The programme is being taken forward with buy in from a wide range of stakeholders, including people who use social care support. The process for establishing the programme has been one of co-production, ensuring connection to a full range of policy priorities, transparent programme management and appropriate buy-in from stakeholders across the social care and wider integrated landscape. A wide inclusive approach is being taken to the decision-making within the programme.

The specific approach of the programme is to:

- ➔ Learn from the experience of people who use social care support and those who provide care;
- ➔ Develop the plan for reform in co-production with social care users and carers, social workers, and the 'delivery landscape' (for example, those with the statutory duties to commission and deliver social care services, social care providers, and regulators);
- ➔ Build on the change that is already being taken forward by Integrated Joint Boards (IJBs), Local Authorities, providers and others;
- ➔ Develop an explicit role for the national programme that complements and supports the duties and early intervention and prevention work of Integration Authorities and Local Government; and
- ➔ Have a specific focus on bringing together discrete changes that are happening across the system to consider their real and collective consequences;
- ➔ Consider change in the context of the whole system.

5. Governance approach

Reform of adult social care programme is being taken forward under the leadership of the Ministerial Strategic Group for Health and Care under the joint political leadership of Scottish Government and COSLA. Attached is the paper through which they endorsed the programme. Senior Responsible Owners (SRO) from Scottish Government and COSLA have been appointed. The programme approach is collaborative and supported by 3 key groups.

The **People-led Policy Panel** is one of the two leadership groups for the programme. The Panel is a group of 50 diverse people from across Scotland who have lived experience of adult social care support, including unpaid carers. More information on the People-led Policy Panel can be found below. [The People-led Policy Panel](#)

The other group is the **Leadership Alliance**. This is made up of key leaders from across the care and support sector. Full membership of the Leadership Alliance can be found below. The SROs are also members of the Leadership Alliance. [Full membership of the Leadership Alliance](#)

The programme **delivery team** is a group of around 15 managers from across the care and support sector. Their role is to develop the working methods, ensure workstream activity is coordinated and develop a way to track change. The programme also has analytical support from Scottish Government. This team is currently designing the workstreams and coproduction approach to these.

Projects taken forward to achieve the objectives of the programme will have appropriate governance arrangements, particularly where resources are being committed.

6. Programme documents – shared vision and programme framework (blueprint)

The shared vision and blueprint are summarised in figure 2. The internal circles represent the **Shared Vision Statements**, the outer circle contains the **workstreams** and the outermost circle with arrows details the **priorities** to be addressed as described by the People-led Policy Panel. The full shared vision, framework document and supporting diagram is here <https://www2.gov.scot/Topics/Health/Support-Social-Care/Support/Adult-Social-Care>

The programme priorities are;

- A shared agreement on the **purpose of adult social care support**, with a focus on human rights;
- Social care support that is **centred on a person**, how they want to live their life, and what is important to them – including the **freedom to move to a different area of Scotland**;
- Changing attitudes towards social care support, so that it is seen as an **investment in Scotland's people, society and economy**;
- Investment in social care support, and **how it is paid for in the future**;
- A valued and skilled **workforce**;

- Strengthening the **quality and consistency of co-production** at local and national level with people with lived experience and the wider community;
- **Equity of experience** and expectations across Scotland; and
- Evaluation, **data and learning**.

The Scottish Government Social Care support division have nominated a lead for each workstreams identified to achieve the Shared Vision are as follows:

- The purpose and value of social care support and self-directed support **[redacted]**
- Models of care and support including care homes **[redacted]**
- Investment in care and support **[redacted]**
- Consistent experience and expectations **[redacted]**
- Workforce conditions and skills **[redacted]**
- Commissioning and procurement (**[redacted]**)
- Communities care and support **[redacted]**

Understanding of the role and issues for carers must be embedded throughout the programme. **[redacted]**

Data and evidence underpins the whole programme **[redacted]**

Social care support: An investment in Scotland's people, society and economy

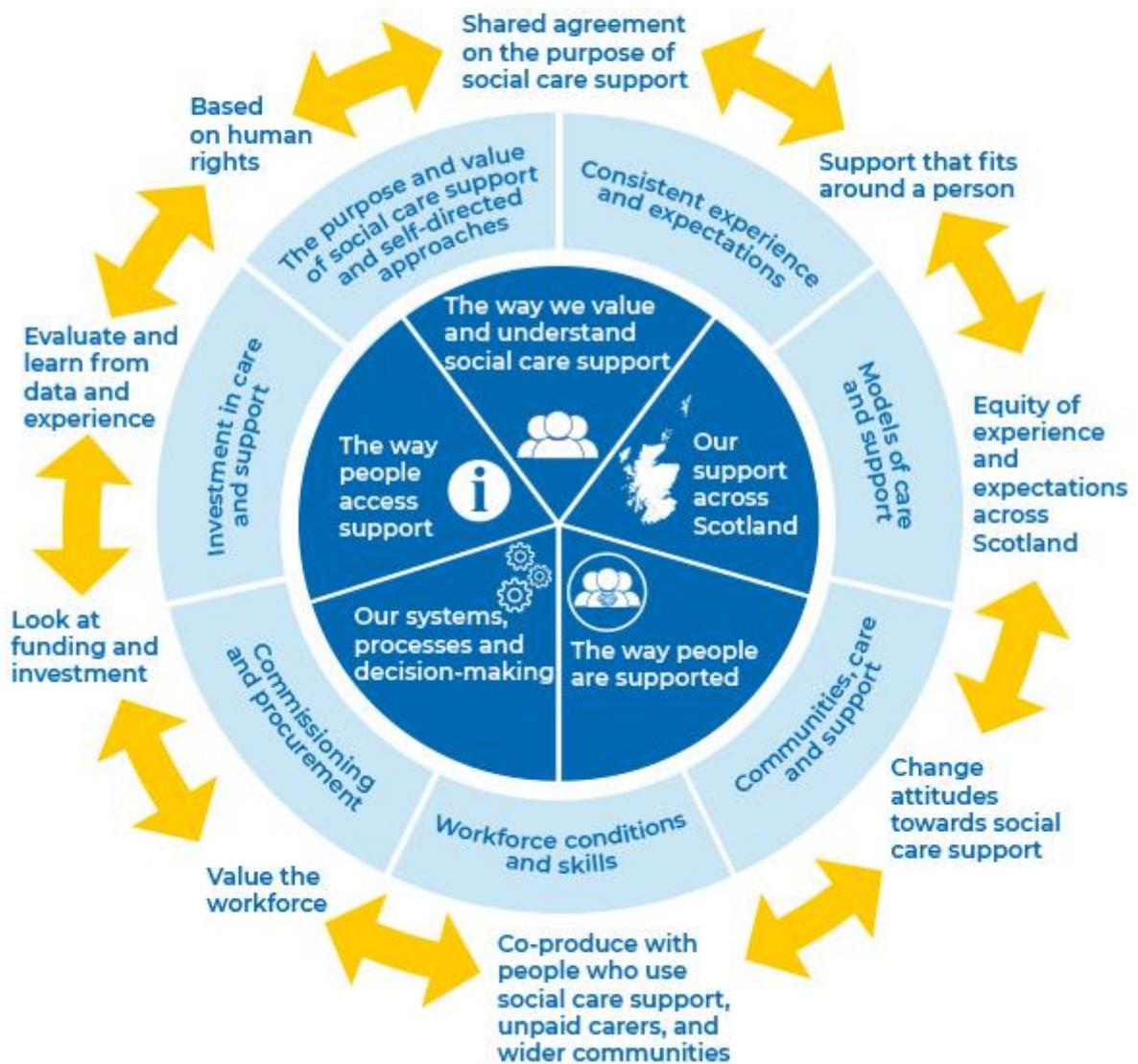


Figure 2

7. Document Control Sheet

Key Information:

Title:	Reform of Adult Social Care Approach
Date Published/Issued:	July 2019
Date Effective From:	
Version/Issue Number:	1.0
Document Type:	Governance
Document Status:	Draft
Author:	[redacted] Programme Lead
Owner:	Jamie MacDougall and John Wood, Senior Responsible Owners
Contact:	[redacted]
File Location:	

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.1	5/07/19	First draft	[redacted]	

Distribution: This document has been distributed to

Name:	Title/Division:	Date of Issue:	Version:

Ministerial Strategic Group paper approved on 29 May 2019



Ministerial Strategic Group for Health an

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE

Paper no: MSGHCC/119/2019
Meeting date: 29 May 2019
Agenda item: 5

Purpose:
FOR DECISION

Title:	REFORM OF ADULT SOCIAL CARE SUPPORT
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Key Issues:	<p>The priorities for social care build on and align with the outcomes for integration. The reform programme focuses on accelerating the pace of change and embedding best practice. This paper:</p> <ol style="list-style-type: none">1. informs MSG of research, engagement and planning undertaken by Scottish Government and COSLA to develop a partnership programme of reform of adult social care,2. seeks endorsement to the programme launch3. provides further context and rationale for the proposal to develop measures that reflect the whole care and support system to report to MSG, as set out in paper no. MSGHCC/117/2019 from 29 May 2019.
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Action Required:	<p>The MSG is invited to:</p> <ol style="list-style-type: none">1. Note the coproduction approach.2. Endorse the reform programme.3. Note the role and contribution of the programme to the development of a more holistic profile of indicators for reporting to MSG.
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Author:	Scottish Government - Care, Support and Rights Division, Health and Social Care Integration Directorate COSLA Health and Social Care Team
Date:	May 2019

Background and Purpose

1. To provide MSG with the priorities for reform of adult social care. This builds on and aligns with the outcomes of Integration. Its focus, on social care, reflects the importance of this service to the individuals who rely on it and to the wider Health and Social Care system. Alongside Primary Care and Public Health Reforms, it represents a core part of the next stages for the Integration landscape.
2. We have restricted the scope to social care support and, initially at least, to adults. This is to ensure that the programme can get into the detail of the reforms needed across a service that supports 250,000 people and in which we annually invest around £3 billion. In order to do so the programme will need to consider the role of and support for Scotland's 800,000 unpaid carers. Together they provide an estimated £10.8 billion of care which is essential to the sustainability of the system.
3. The social care system is complex. Duties for social care needs assessment and self-directed support sit with local authorities and are delegated to integration authorities. There are over 1,000 social care providers across the public, private and third sectors employing 200,000 people. In the main, providers contract with local authorities to provide publicly funded social care support.
4. The MSG will have a good understanding of social care support and receives updates through data collected on delayed discharge. However, this does not capture the wider impact and importance of social care support which is to support people to live independently in their own homes and communities, manage their mental and physical health, tackle loneliness and social isolation, prevent escalation of need, rehabilitation and manage dignified and compassionate end of life.
5. A key part of the programme will be to create evidence that improves understanding of the individual and societal value of social care.

Programme Priorities

6. The full range of programme priorities are as follows:
 - A shared agreement on the **purpose of adult social care support**, with a focus on human rights;
 - Social care support that is **centred on a person**, how they want to live their life, and what is important to them – including the **freedom to move to a different area of Scotland**;
 - Changing attitudes towards social care support, so that it is seen as an **investment in Scotland's people, society and economy**;
 - Investment in social care support, and **how it is paid for in the future**;
 - A valued and skilled **workforce**;
 - Strengthening the **quality and consistency of co-production** at local and national level with people with lived experience and the wider community;
 - **Equity of experience** and expectations across Scotland; and
 - Evaluation, **data and learning**.

7. Priorities for the programme have been developed from academic literature; learning from Audit Scotland and self-directed support; engagement with people who use support and work in social care; and responses to a joint COSLA/Scottish Government Discussion Paper on reform of adult social care support. Responses to this paper were received from all parts of the social care landscape, health care organisations and the wider support sector.

8. Analysis of the responses found **consensus for fundamental change** to enable adult social care support to be fit for the future. It also highlighted work to be done on perceptions around social care support, and improvements needed for it to be an effective partner in the integrated landscape consistently across Scotland.

Co-production Framework

9. All parts of the reform programme to date have been co-produced with a full range of stakeholders, in particular people who use social care support and those who run services. This will continue to be the principle for all activities under the programme. While this can take longer than traditional top-down approaches, it has the dual advantage of ensuring that the programme is built on evidence and views from a comprehensive range of perspectives, and that stakeholders who will be required to make changes as part of the programme recognise and are bought into them.

10. The co-production framework comprises three core programme groups:

- The **People-led Policy Panel**, a group of 50 people who use services and support and carers;
- The **Leadership Alliance**, people in leadership roles across the system including chief officers, social care providers, regulators and improvement organisations; and
- The **Programme Delivery Team**, a working group with similar membership to the leadership alliance.

Vision and Programme Framework

11. The programme groups have worked together to produce:

- The **shared vision** sets out our shared ambition for what adult social care support, including support for carers, will look like in the future in Scotland. It is a full description of social care in the context of integrated services. It pulls commitments from existing policy and legislative commitments and feedback from stakeholders from the discussion paper.
- The **programme framework** (blueprint) describes what the system will look like in the future to deliver the shared vision, identifies the workstreams necessary to deliver change and connects these to the programme priorities.

12. The programme workstreams cover:

- **Investment and purpose of social care**
 - increase knowledge and understanding of social care and its economic value;
 - consider future funding and charging models.
- **Consistent experiences:**
 - actions in the self-directed support implementation plan;
 - making necessary changes to commissioning and procurement to support outcomes focused support;
 - redesign national data and evidence framework.
- **Models of care and support:**
 - to support the role of social care in multidisciplinary teams and development of a Framework for Community Health and Social Care Integrated Services (commitment in the Review of Integrations);
 - Build on the review of the National Care Home Contract to consider the role and sustainability of residential care for adults;
 - Consider the role of the community and informal support and links with the Community Empowerment Act.
- **Workforce conditions and skills:**
 - embedding fair work practices including living wage;
 - Support and build on the recommendations from the National Health and Social Care Workforce Plan.
- **Carers**
 - increasing understanding of the impact of unpaid caring roles within the wider political landscape, including employment, social security and the economy;
 - embedding support and rights for carers under the Carers (Scotland) Act 2016.

High-level Programme Plan

13. This will be a long term programme which will take several years to make a significant impact. Programme governance, planning and measures are being put in place to track and review progress. Co-production will be employed by all programme activities to support innovation and achieve buy in to change.

14. Programme stages:

- 12 June 2019 - launch Reform of Adult Social Care Support programme.
- June- December 2019 - design work streams and extend stakeholder participation.
- 2019-2020 - identify workstream priorities, activities, deliverables, progress measures, timescales and milestones. Begin workstream activity.
- 2020-2021 - implement new and larger pieces of work being considered, such as the potential development of a new financial scheme for adult social care ('top up' scheme) and commission work on new data collection in social care.
- 2021-22 onwards - focus on embedding changes throughout the system.

Finances

15. Initial programme activity will be funded through the existing self-directed support budget. Currently this funds local authorities to embed culture and process changes to support self-directed support (£3.5m), independent support organisations in 30 IJBs (£2.9m) and national partners to deliver change programmes (£2.8m). In the main, activity will be taken forward by existing partners - largely the organisations and bodies represented on the Leadership Alliance and Programme Delivery Team (including SG and COSLA) - in co-production with people who use support, carers, and social work and, social care practitioners, and wider care, support, and community development professionals.

Recommendation

16. The Ministerial Strategic group is invited to:
- **Note the coproduction approach taken to ensure the programme is built on a wide range of evidence and views and to achieve buy in from those who need to be part of changes.**
 - **Endorse and champion the Reform of Adult Social Care Support programme to be launched by the Cabinet Secretary for Health and Sport and Cllr Currie, COSLA Spokesperson for Health and Social Care, on 12 June at the 2019 Social Work Scotland Conference.**
 - **Note the intention to redesign the national social care support data and evidence framework. This will support delivery of the proposal to develop an appropriate core suite of whole system indicators for MSG to carry out its assurance functions.**

Care, Support and Rights Division
Health and Social Care Integration Directorate

COSLA Health and Social Care Team

Priority	Overall, this is about
<ul style="list-style-type: none"> • <u>Shared agreement on the purpose of social care</u> <ul style="list-style-type: none"> ○ focus on human rights 	COLLABORATION
<ul style="list-style-type: none"> • <u>Support around a person's life, not the other way around</u> <ul style="list-style-type: none"> ○ transferability/portability of care between different areas ○ principles of self-directed support ○ support for change in responsibility around support as get older/more independent (i.e. in current system, 'transition' between 'child' and 'adult' services) ○ rights and aspirations of unpaid carers ○ people get enough care to participate in society (incl. appropriate transport to achieve this) ○ social housing 	PERSON-CENTRED
<ul style="list-style-type: none"> • <u>Investment/funding</u> <ul style="list-style-type: none"> ○ lack of funding ○ management of funding (incl. mismanagement) ○ social care as an investment in society ○ transparency around decision-making (system-level spending and decisions on individual budgets) ○ individual funding should meet individual's needs 	SUSTAINABILITY
<ul style="list-style-type: none"> • <u>Parity: equality/equity of treatment</u> <ul style="list-style-type: none"> ○ balance of control (centrally vs locally – there is a variability in application) ○ consistency in approaches ○ independent appeals procedure ○ accountability; agreed standards, timescales, etc. 	EQUITY AND TRANSPARENCY
<ul style="list-style-type: none"> • <u>Changing people's attitudes towards social care</u> <ul style="list-style-type: none"> ○ must respect value of individuals who use social care and their contribution to society 	VALUE AND UNDERSTANDING

<ul style="list-style-type: none"> ○ social care as an investment in people and society ○ people experience and treat each other in the system with kindness and respect 	
<ul style="list-style-type: none"> ● <u>Valuing the workforce</u> <ul style="list-style-type: none"> ○ make social work/care an attractive career ○ parity of value and opportunity for the full spectrum of social care workers, e.g. personal assistants vs council staff 	SKILLS AND ASSETS
<ul style="list-style-type: none"> ● <u>Local Authorities should replicate the People-led Policy Panel model of inclusion</u> <ul style="list-style-type: none"> ○ person-led as well as person-centred. That means decision-making ○ balance of control/power between the person and the social worker/Local Authority ○ person has a voice and a real share of the power ○ decisions are made together and it is clear and transparent why decisions have been made (individual and system level) 	PERSON-LED
<ul style="list-style-type: none"> ● <u>Evaluate and learn from data</u> <ul style="list-style-type: none"> ○ measure what we're doing so that we can learn ○ change from reporting care provided in hours to outcomes achieved for individuals ○ a learning culture 	LEARNING AND IMPROVING

Collated answers from the People-led Policy Panel to Question 1: what would good social care look like?

Strategic (i.e. the 'How')

Joined-up approach:

- Coming together. Aims and ambition shared across many policy areas to enable equality – share funds.
- Wider system implications – benefits, housing, libraries.
- Connection with other parts of the system; housing, transport, and HMRC.
- Good practice shared – appoint regional spokesperson to share experience.
- More joined up between health and social care.
- Open and respectful communication between everyone involved.

Consistency:

- A shared model for self-directed support across all Local Authorities in Scotland – same rules for everyone.
- Consistency across Scotland.
- Fair – remove postcode lottery. Confident of getting a good care and support experience regardless of where you live.
- A common framework, 'rules', and language across Scotland for social care, and standardisation of certain things (e.g. standardised bracket for the per hour cost of a personal assistant). Flexibility to tailor things to local circumstances within that, but limited to what is necessary (e.g. travel expenses additional in rural areas vs urban).
- Ability to transfer your budget: an indicative budget in one area of Scotland should mean the same thing in one Local Authority as in another.

Funding:

- National approach to funding.
- Correct (enough) funding.
- Funding managed/spent in the right way.

Care charges:

- Fair charging.

System change:

- See beyond what we have already done.
- Start from scratch with social care system.
- Look at other countries and their models of care.
- Learn from lived experience and build a new system.
- Creative – use 'what's there' in the community.
- Representation of disabled person needs to change – take account of hidden disability.
- A system that is not just about 'money'.

Person-led:

- We need to get rid of the idea of person-centred services and promote person-led services. Social care assessments may be person-led but the decision making isn't. It needs to be person-led, not person-controlled.
- Responsibility for risk lies with the person.
- Balance of control/power between the person and the social worker/Local Authority. The person has a voice and a real share of the power. Decisions are made together and it is clear and transparent why decisions have been made.
- One practical thing would be the client being represented as part of the group that decides how much money is allocated.
- We need more responsibility from providers in line with Convention on the Rights of Persons with Disabilities (CRPD). Social care providers should be mandated to have user involvement.
- User-led information and advice services. Centres for Inclusive Living (CILs) are organisations which are Disabled People's Organisations (DPOs) and give advice to disabled people about how to manage their self-directed support. Studies have found that user-led organisations are more effective than non-DPOs because of shared life experiences and expectations of those using the service. Users expect a higher level of service delivery from DPOs.
- Re-assessment should be if the needs of an individual have changed. Not if the authority chooses to do so for financial reasons.

Accountability/ independent appeals:

- Proper accountability, and 'real' consequences for when care services perform poorly.
- Monitoring the quality of assessment and how it meets people's needs / achieves the intended outcomes.

Simple and fully accessible system:

- A realistic assessment process.
- Simple system that is easy to understand and navigate.
- Flexibility of meeting times and clear communication of social care provision.
- Regular contact with social worker.
- People have a means to communicate. There are options for alternative means of communication. Text to speech, pictures, etc. for non-verbal people.
- Raising awareness of what's available – what self-directed support is
- Clear and accessible information about how I can work with my social care budget (good example is Highland's 'red, amber, green' information on their website to help people understand what budgets can be used for).
- No waiting lists for care and support.

Outcomes: users of care

- Quality of life and having choice to decide what you need in your life. Respect for individual's right to life – person-centred planning.
- Person themselves has the best idea of what they need.

- Let the person dream. We have the right to dream like anyone else. Social care is based on assessed need. This means that dreams and ambitions are not part of it. Assessment should be on the individual's potential.
- Having choice, and my choice being respected. I get to decide what is important to me and what I need. Everyone is different. Some people want to live their lives with 5 days of activity, others want something different.
- One size does not fit all. Support has to be tailored to the individual and holistic. The process/decision-making has to be free from judgement.
- The person at the centre must feel safe and secure.
- The right sort of support (before Local Authorities funded critical to moderate need, now only critical need).
- Can't just all be about personal care or 'the basics'. What about mental health? Social care should be more than just wiping bums. It needs to look at the potential for inclusion in society. Social aspects of life are just as important as personal care.
- People have the choice to remain in their home, or in their community.
- True control and choice over your support package that isn't hampered by having to "fit a box".
- Freedom to decide what you want to do with your social care budget that meets your personal outcomes, and the ability to implement that.
- Continuity of support and who a person's carers are, to enable people to build proper relationships, friendships, and have fun. Continuity, time and good communication are key to this.
- A system where technology is used appropriately. Where there is support to use technology. Where there are also alternatives available to doing things online / using technology.

Freedom/flexibility

- Freedom to choose what I want to do, when (enabling people to live the life they want to lead).
- Ability to live independently and be independent – without being isolated or anxious. Not having to rely on family members/friends for everything.
- Ability to change my schedule. Flexibility – about when support workers/carers come/don't come.
- Packages need to be more flexible, particularly if you have a fluctuating condition.
- Knowing where to go and what to do if you want to challenge social care.
- Support that is about enabling. Support that is about increasing my skills. Support that means you can have a life. A daycare centre isn't necessarily the right thing for that/for everyone (this is also about dignity).
- The right to choose where you access your support.
- We don't need to work if that isn't possible, but we need opportunities to participate.

Dignity

- Being treated as a person. I am a person not just 'a service user'. I am not just about needing care.
- Empowering the individual. The control of social care must transfer from local authority to individual.
- Being kept properly informed: told when support is set up, told if support staff have to change (and why).
- A good support worker should listen and be respectful.

- The person is at the centre of everything.
- Charities/third sector organisations are good at putting people at the centre.
- Open and respectful communication between the person, the social worker, the social care worker, the family – everyone who is involved. There should be courtesy and consideration for the person's feelings.
- A future where I/we don't have to fight to get the support I/we need.
- Knowing that the Local Authority will be there for me when I need support.
- Open relationship – transparent. Being able to have a conversation to change support if it's not working.
- Having the same choices and opportunities as everyone else.
- There needs to be dignity. People who provide social care need to be respectful of the individual.
- Dignity in social care has been lost. Human rights need to be respected.
- Age appropriate care. Access to respite care. I'm 25 and I would need to go into a care home. Solution could be for personal assistants who stay over / support worker to take you. There are accessible holidays.

Administrative

- The right to independent advocacy and timely and straightforward access to it.
- We need to have flexible and simpler processes, with HMRC on board. Admin light.
- Insurance and health and safety should not get in the way. It needs to be easy to employ people.
- Accessible, comprehensive, personalised and affordable support with managing a budget, employing care workers (payroll etc.), etc. Option 1 can be quite daunting.
- The right technology to help with managing things like insurance and payroll.

Care staff/unpaid carers and social workers

- Appropriate payment of social care workers for the job they do, and parity across social care workers (i.e. council employed and those employed directly by individuals). Wages for social care workers should reflect the difficult and important nature of the work that they do (i.e. more than they are being paid now).
- Value the social care profession.
- System where there are enough staff. Well trained social workers and social care workers, who have a good salary. Workplace pension and living wage. Opportunities to do a few hours here and there (e.g. people in the community, people with other jobs). Will attract more and different people.
- Quality and consistency of social worker. Good social worker would be your advocate.
- Put time into training and recruitment.
- Carers need to be valued and paid well – it is a vocation. They need security of income.
- Caring should be seen as a vocation. It needs to be exciting.
- Culture in the system needs to change – NHS included.
- Good care workers should be rewarded – continuity of care and relationships are important.
- More incentives for PAs (Personal Assistants) – e.g. financial incentives for PAs that do a good job.
- Need to have fun with person you are caring for – get to know them.

- Provider structure needs to have career structure.
- Network of informal support is important – but need to remember that not everyone has this.

Trust

- Social care and the system are based on trust.
- There is trust in the person, and trust between the social worker and the person. A fair balance of control between the person and the social worker.
- Accessible; trusted, listened to, flexible (not what is always done), and imaginative.

Priority from the People-led Policy Panel (future state: experience)	Overall, this is about	Relevant from current system	Action to bring about necessary change (current, planned, required)	Future state: system	Programme vision
<ul style="list-style-type: none"> • <u>Shared agreement on the purpose of social care</u> ○ focus on human rights 	COLLABORATION	<ul style="list-style-type: none"> – Culture/cross-sector relationships – Value/awareness – Co-production – Commissioning – Decision-making – Funding/investment – New models of care – Consistency – Attitudes/expectations – Workforce – Data – Performance – Risk appetite 		<p>The way we think about health and social care</p> <ul style="list-style-type: none"> • The public view social care as an investment in Scotland's people and economy. • Public health messages promote strengths-based approaches and attitudes, self-management, and maintaining community connections for health and wellbeing. • Planning for the future is routine. • The central focus of formal and informal networks of social care supports is both meeting needs and ensuring quality of life. • Value of the social work and social care workforce is demonstrated through appropriate parity of opportunities, conditions and authority. • Unpaid carers are valued. 	<p>The way we think about health and social care</p> <p>The social care system in Scotland is based on a framework of human rights and equal, participative citizenship. Investment in social care is a positive investment in Scotland's people and economy. The 'minimum expectation' for social care includes support to participate in the community. People experience kindness and respect at every stage in the journey – not only when they are receiving care and support. This is also the case for all those working, or otherwise involved in, the network of supports and services in Scotland. All 'elements' of the system are equally able to fulfil their part in delivering the Health and Wellbeing Outcomes. Total resources are distributed across the whole system, according to a set of common outcomes. Early intervention and prevention are embedded in cycles of planning and delivery. These do not just consider care, but look at how all elements of someone's life have a role to play in keeping them as well as possible for as long as possible (social interaction, housing, etc.). 'Needs' encompasses a person's whole wellbeing - social, physical, medical. There is national consistency but local flexibility. Social care is sufficiently resourced.</p>
<ul style="list-style-type: none"> • <u>Support around a person's life, not the other way around</u> ○ transferability/portability of care between different areas ○ principles of self-directed support ○ support for change in responsibility around support as get older/more independent (i.e. in current system, 'transition' between 'child' and 'adult' services) ○ rights and aspirations of unpaid carers ○ people get enough care to participate in society (incl. appropriate transport to achieve this) ○ social housing 	PERSON-CENTRED	<ul style="list-style-type: none"> – Self-directed approaches – Workforce – Co-production – Commissioning – Decision-making – Consistency – Portability – New models of care – Prevention – Unmet need – Digital – IT – Culture/cross-sector relationships – Transparency – Community – Data – Performance 		<p>The way people access support</p> <ul style="list-style-type: none"> • People's needs are recognised equally regardless of where they live in Scotland. • People have access to appropriate information, advice and practical support to make decisions about their support. This includes creative support options. • People are directed to appropriate information, advice and practical support to make decisions about their support. • People know the budget and resources available to them and can direct them creatively and flexibly. • People are fully involved in processes that affect them and lead decision making about their care and support • Formal assessment and support is just one part of a solution for a person. • People access support (formal/informal) before reaching crisis. • Professionals and practitioners routinely work with people, their strengths and networks to achieve the best possible care and support arrangements. This includes formal and informal supports and services. • Assessments are timely and happen at times and in places that are appropriate and helpful for people. • Assessments are outcomes-focused and use best practice models • People's care and support needs are reviewed so that they receive the right support at the right time. • All social care is personalised. 	<p>The way people access support</p> <p>Recognition and meeting of needs is independent of someone's location in Scotland. People (supported people, their social support networks including carers, and the wider public) are informed about social care and the variety of creative options available. Formal assessment is a 'last resort', or just one part of a solution for a person. Alternative support routes are visible and valued, and accessed alongside formal support to achieve the best possible outcomes. Assessments happen at times that are appropriate and helpful for people. People are supported before they reach crisis, at a time and in a way that makes sense for their circumstances, needs, and phase of life. People can access the information and tools they need to make informed decisions about their care and support. People are directed to that information and those tools. People are supported to make decisions about their</p>
<ul style="list-style-type: none"> • <u>Local Authorities should replicate the People-led Policy Panel model of inclusion</u> ○ person-led as well as person-centred. That means decision-making ○ balance of control/power between the person and the social worker/Local Authority ○ person has a voice and a real share of the power ○ decisions are made together and it is clear and transparent why decisions have been made (individual and system level) 	PERSON-LED	<ul style="list-style-type: none"> – Co-production – Self-directed approaches – Culture/cross-sector relationships – Decision-making – Commissioning – Consistency – New models of care – Workforce – Transparency – Risk appetite 			
<ul style="list-style-type: none"> • <u>Investment/funding</u> ○ lack of funding ○ management of funding (incl. mismanagement) ○ social care as an investment in society 	SUSTAINABILITY	<ul style="list-style-type: none"> – Funding/investment – Decision-making – Transparency – Co-production – Consistency – Commissioning 			

<ul style="list-style-type: none"> ○ transparency around decision-making (system-level spending and decisions on individual budgets) ○ individual funding should meet individual's needs 		<ul style="list-style-type: none"> – Self-directed approaches – Culture/cross-sector relationships – Unmet need – Prevention – New models of care – Community – Data – Risk appetite 		<ul style="list-style-type: none"> • All social care budgets are personalised, no matter how they are managed. • People with diverse backgrounds can understand and access the social care system, and support that works for them. 	<p>care and support. The budget that is available to a person for their care and support is disclosed to them. People have choice over their care and support. People's care and support needs are reviewed so that they receive the right support at the right time. Care and support changes with a person. Transition between 'child' and 'adult' services is only relevant at an administrative/organisational/service planning level. The make-up of social care support responds quickly to crisis or a change in circumstances. All social care is personalised and all social care budgets (no matter how they are managed) are used in this way. The network of formal and informal care and support services in Scotland reflects the needs and perspectives of its diverse population. Public health messages are about strengths-based attitudes and approaches, self-management, and maintaining community connections for health and wellbeing.</p>
<ul style="list-style-type: none"> • <u>Parity: equality/equity of treatment</u> ○ balance of control (centrally vs locally – there is a variability in application) ○ consistency in approaches ○ independent appeals procedure ○ accountability; agreed standards, timescales, etc. 	<p>EQUITY AND TRANSPARENCY</p>	<ul style="list-style-type: none"> – Decision-making – Consistency – Transparency – Funding/investment – Workforce – Data – Performance – Portability – Unmet needs – Culture/cross-sector relationships – Self-directed approaches 		<p>The way support is delivered</p> <ul style="list-style-type: none"> • People experience best practice in social care, no matter where in Scotland they are. • There is a diverse range of flexible and creative support options. • Commissioning and procurement processes promote a diverse range of flexible, personalised and creative support options. • Care and support is appropriate for people's circumstances, needs, and phase of life. • Care and support changes with a person. • Social care support at home and in the community is outcome-focused and flexible. 	<p>The way support is delivered</p> <p>People experience best practice in social care, no matter where in Scotland they are. Self-directed support means the same thing and is experienced to the same extent and degree of quality everywhere in Scotland. All models of care in Scotland are, from 'start to finish', person-centred, outcomes-focused, and co-developed. Approaches fulfil care and support needs in creative ways. All contractual and audit arrangements between local authorities, providers and supported people are flexible, proportionate and outcome-based. Commissioning approaches enable and favour collaborative, creative, and flexible ways of delivering outcome-focused support. Community-based and participative approaches to social care and support are the norm; unless another setting or a greater emphasis on comfort would better meet someone's individual needs. Care and support professionals are appropriately respected, valued and rewarded for the service they provide. Unpaid carers are regarded and supported as equal partners in care. Teams of care and support professionals are integrated, skilled, and compassionate. They are adequately trusted, trained and resourced to work efficiently and effectively and support people in the right way. Their range of disciplines covers people's individual needs. Technological solutions (to both care and self-management) support individuals to be contributing, active citizens and to live as</p>
<ul style="list-style-type: none"> • <u>Changing people's attitudes towards social care</u> ○ must respect value of individuals who use social care and their contribution to society ○ social care as an investment in people and society ○ people experience and treat each other in the system with kindness and respect 	<p>VALUE AND UNDERSTANDING</p>	<ul style="list-style-type: none"> – Value/awareness – Attitudes/expectations – Culture/cross-sector relationships – Co-production – Funding/investment – Commissioning – New models of care – Community – Self-directed approaches – Decision-making – Workforce – Data – Performance – Unmet need – Risk appetite 		<ul style="list-style-type: none"> • Care and support is holistic, addressing both physical and social needs. • Care and support is provided through coordinated multi-disciplinary approaches. • People working in social care are adequately trusted, trained, resourced and autonomous to deliver self-directed approaches and support people in the right way. • Social care jobs are well paid and secure. • Teams of care and support professionals are integrated, skilled, and compassionate. • Workers take a strengths-based approach to supporting people. • Technology supports people to be contributing, active citizens and to live as independently as possible. • Technological solutions are used proactively for prevention, care, and care planning and management. • In general, care and support arrangements include a mixture of person-provided and technological solutions. 	<p>Our power structures</p> <ul style="list-style-type: none"> • Systems are responsive and efficient. • Decision-making is dispersed, particularly for decisions on budgets and spending. • Decisions are transparent. • Bureaucracy is minimal. • Frontline staff, or people working at levels closest to the supported person, have autonomy and authority. • System decisions are made with supported people and communities.
<ul style="list-style-type: none"> • <u>Valuing the workforce</u> ○ make social work/care an attractive career ○ parity of value and opportunity for the full spectrum of social care workers, e.g. personal assistants vs council staff 	<p>SKILLS AND ASSETS</p>	<ul style="list-style-type: none"> – Workforce – Culture/cross-sector relationships – Decision-making – Consistency – Self-directed approaches – Funding/investment – New models of care – IT – Digital – Risk appetite 		<p>Our power structures</p> <ul style="list-style-type: none"> • Systems are responsive and efficient. • Decision-making is dispersed, particularly for decisions on budgets and spending. • Decisions are transparent. • Bureaucracy is minimal. • Frontline staff, or people working at levels closest to the supported person, have autonomy and authority. • System decisions are made with supported people and communities. 	
<ul style="list-style-type: none"> • <u>Evaluate and learn from data</u> ○ measure what we're doing so that we can learn ○ change from reporting care provided in hours to outcomes achieved for individuals ○ a learning culture 	<p>LEARNING AND IMPROVING</p>	<ul style="list-style-type: none"> – Data – Performance – Decision-making – Culture/cross-sector relationships – Funding/investment – Co-production – Workforce 		<p>Our power structures</p> <ul style="list-style-type: none"> • Systems are responsive and efficient. • Decision-making is dispersed, particularly for decisions on budgets and spending. • Decisions are transparent. • Bureaucracy is minimal. • Frontline staff, or people working at levels closest to the supported person, have autonomy and authority. • System decisions are made with supported people and communities. 	

		<ul style="list-style-type: none"> - New models of care - Commissioning - Community - Self-directed approaches - Unmet need - Value/awareness - IT 		<ul style="list-style-type: none"> • Communities and supported people shape the planning, commissioning and monitoring of support. • Health and Social Care Partnership strategic commissioning plans are co-produced. • Decisions taken at national level are realistic for local delivery. • There is parity of esteem across system players and all are working to common outcomes and objectives. • The relationship between public, independent and third sector health and social care organisations is trusting and collaborative. • There are independent and consistent processes for appealing decisions or raising concerns, and to hold responsible bodies to account. <p>How we adapt to change</p> <ul style="list-style-type: none"> • Decision-making is based on data and evidence that is holistic (reflecting physical and social needs and system sustainability). • Data and evidence is used to optimise services, models of support, and investment decisions. • Data and evidence is used to improve the coordination and integration of services and supports. • Best practice builds, maintains, and develops a sustainable social care support system. • The wider network of support and services that social care is part of adapts as a whole system to changing circumstances. 	<p>independently as possible. Technological solutions contribute to reducing health inequalities. In general, care and support arrangements include a mixture of person-provided and technological solutions.</p> <p>Our power structures Decision-making powers are dispersed. Frontline staff/people at levels 'closest' to supported people have autonomy and authority. There is appropriate parity of opportunities, conditions and authority across the social work and social care workforce, including unpaid carers. Dispersed decision-making supports a mobile and efficient system. It applies across the board, especially to key levers e.g. decisions on spending/budgets. There is appropriate appetite for, and balance and ownership of, risk throughout the system to enable dispersed decision-making. There is parity of esteem across system players and all are working to common outcomes and objectives. Creativity, innovation and efficiency led by individuals or small groups can reach a system level. Decisions taken at national level are realistic for local delivery. People experience true co-production no matter where in Scotland they live. System decisions are made with supported people and communities. This includes the planning, commissioning, procuring and administration of social care support. Communities and people can and do exert power over decisions. Taking ownership of your care and support and managing it to the degree that you wish is straightforward and commonplace. Decisions are made collectively. Decisions are transparent. There are independent and consistent processes for appealing decisions or raising concerns, and to hold responsible bodies to account.</p> <p>How we adapt to change Decision-making is based on integrated, holistic data and evidence. Measurement and reporting on meeting people's needs assesses performance of the whole system. Data is used to optimise services, models of support, and investment decisions. Best practice builds, maintains, and develops a sustainable social care and support system as part of a wider network of support and services.</p>
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'Co-production' = broadest sense. Supported people, carers, formal workforce, system, etc.

A report on how people think local change of adult social care support in Scotland could be made



The Scottish Government and CoSLA have been asking people who provide or use adult social care support how it could be better.



These people are called **stakeholders**.

CoSLA speaks up for Councils.



This is an Easy Read version of the report made for the People-led Policy Panel.

There is a lot of information so this is a shorter version.



We need to look at it together to see what we think are the most important things to do to make adult social care support better.



Stakeholders were asked to read a Discussion Paper about adult social care support. They were asked lots of different questions about adult social care support and how it can be better. What works and what needs to change.



By looking at the answers we hope to:

Agree the best ways to run adult social care support.



Agree on how we will know if adult social care support is better.



Agree what our **priorities** are for changing adult social care support?



Think about the **challenges** there might be for changing adult social care support.





Make sure that the changes to adult social care support are added to policies and plans that already exist.

For example the plan for Self-directed Support which tells you how Self-directed Support should be offered.



Make sure that all the people who provide adult social care support work well together.

Make sure they listen to and work with people who use adult social care support.



The answers will help us to build a programme of work to help make adult social care better.

54 Stakeholders answered the questions. Some of them were individual people and some represented lots of people.



Themes were areas that often came up in people's ideas about what should change or get better. There were **10** themes.



This is what people said about the themes. It is what they felt from their experience and knowledge. They are opinions and ideas.



There were different opinions. Not everyone agreed on everything. Not everyone gave their opinions on everything.



1. **The workforce**

These are the people who provide support, like Support Workers, Personal Assistants, Social Workers, and Managers.



Making sure there were enough people to provide support.

That the people thought it was a good job to do, with good pay and chances to do training.



2. Funding / investment

Making sure there is enough funding for adult social care support. We need to talk about it in Scotland.

We maybe need to look at a **new way** of funding adult social care support?

Does having less money to pay support workers make it harder for them to stay in the job?

Could spending more money be spent on adult social care support also stop people having to go to hospital?

Without enough money for adult social care support the choices some people may have will not be enough to have a good life and enjoy **independent living**?





3. Collaboration and co-production

This means working together.

People working in the system need to speak to each other more and work together better. Particularly between the NHS, local authorities and Health Partnerships.

There need to be better links between adult social care support and mental health. Also between adult social care, benefits and accessible housing.



How can the **transition** between child and adult services be made better by working together?



People affected by decisions made about them need to be involved in the decisions.



4. Understanding adult social care support and attitudes towards it



We need to change some people's attitudes about adult social care support. Social care support needs to be valued as much as other forms of support, such as health care.



It needs to be seen as an investment in the people of Scotland. Money needs to be moved from other services to adult social care and the community.



Self Directed Support
My Support My Choice

Self-Directed Support is the main way to plan social care support in Scotland. We need to make sure that everyone knows this. We need to make sure that everyone is offered it.

5. Data

Data means information.

We need to collect better data about adult social care support. We need to use this data better to improve adult social care support.

We need data that tells us how Self-directed Support is working for people. We need to know how it changes their experience of adult social care support.

There needs to be change from reporting on hours spent on social care support to reporting on the outcomes.

We need to be better at sharing data nationally, so everyone can see if things are working. Also, so that they can work better together and plan support around the person.





6. Evaluation / best practice

Evaluation is when we test how well something is working.



Best Practice is an example of when things are done well.

The need to evaluate Self-directed Support was important.



We need to be better at sharing best practice around adult social care support.

One idea was setting up a network or forum to look at and share information on best practice.



We need to make sure that best practice is not just shared, but also carried out. Sharing best practice could improve people's experience of social care support across Scotland.

7. Community development and participation in the community.



The community plays an active part in providing care and support.



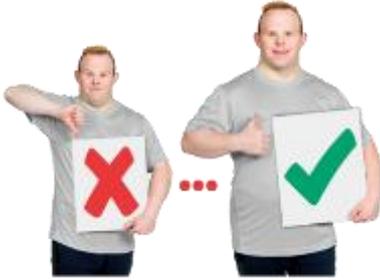
Communities should be allowed to be involved in providing adult social care support. They need to have enough help and money to do this. There needs to be more help and money for communities to offer more choices.



Individuals should be able to receive support in the community, if that is right for them.



Supporting people to take part in their community is good for everyone.



8. Balance between local and national approaches

We need a greater national focus on parts of adult social care support. This could make adult social care support fairer and better.

Self-directed Support has not been carried out in the right way in some areas of Scotland. Making sure it is right would make our adult social care support better and up to date.

Local areas still need to work with their communities to do what is right for them locally.

There are some examples of differences across Scotland that need to change. For example, differences about age and access to Self-Directed Support in different places.

We should make the way care is accessed the same wherever you live in Scotland. For example, having a national approach to charging. Making sure assessments are not different depending on where you live in Scotland.



Collecting national data on outcomes to understand how well adult social care is working for individual people and how well it is working for everyone. Make assessments, and the way care is accessed, the same wherever you live in Scotland.



We should think about national funding for adult social care support.



9. **Person centred approach**

The person receiving support needs to be at the heart of the adult social care service.

It is important that the person has choice and control over their adult social care support.



This is not always happening with the current adult social care support.

National changes should be person-centred too.

10. Prevention

Prevention is early action to stop something bad happening to someone.



There needs to be more access to support to prevent problems. This should be for both paid and unpaid support. For example, community groups.



We need to stop people getting in to a really bad situation before they get support. This is not good for people and the providers of adult social care support cannot cope. This is sometimes what is happening now.



People should be offered adult social care support and any other support before it gets to that point.



There are programmes in Scotland that focus on prevention. There is some work already going on to increase this kind of support. We need to support that work more.

There were other issues that came up that not everybody talked about.

In alphabetical order:

Assessments

Social Care Support Assessments were brought up by lots of people. They talked about assessments in different ways. For example, some people have to wait a long time to get social care support assessments.

Assessments should be flexible and take into account changing conditions. People should get reviews to make sure that support is still right for them because things can change.

People should be able to use their adult social care budgets in a flexible way to support them.





Charging

People mainly had negative feelings about charging.

Some said it was an unfair tax on disabled people. Some said that charging is different across Scotland, and it needs to change.



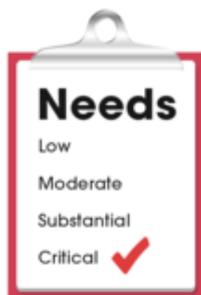
Commissioning and procurement

Commissioning is the word for how local authorities buy a support service. Procurement is a word that means to buy something.

Stakeholders thought that commissioning should be more flexible. This is so that support services can be more flexible and can work with Self-directed Support.

Some Councils have more strict rules than before about what support services can be bought. This has reduced people's choice over what they use their individual social care support money on.





Complex Needs

We need to make the adult social care support system work better for people with more complex needs.

Some people working to provide adult social care support are trying to do this, but are finding it difficult.

Digital / Technology

Technology can be used to support people but it will not be right for everyone.

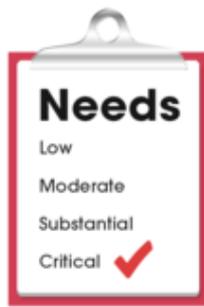
It may not work for elderly people and people who have very complex needs.

It could make disabled people and older people feel excluded and lonely.

So, there should be digital and non-digital options for people to choose from depending on what is right for them.

Charities in particular would need support to use technology more.





Eligibility

Eligibility criteria are increasing. It is harder for people to get social care support than before. Only critical needs are being met. We need to look at this

Equality / Protected Characteristics

This means that the needs of people who are sometimes discriminated against are thought about.



The Discussion Paper needs to think about the needs and barriers of people from different equality groups. We need to understand the particular barriers they might face compared to other people.



People from ethnic minority groups should not be discriminated against, for example.

Social care is not just about elderly people.

Flexibility

Flexibility means being able to respond well and quickly to change.



The system needs to be more flexible to respond to people's changing needs. For example, Self-directed Support should help this flexibility.



People should be able to use their social care budgets in more creative ways to support them.



People would like to be able to move across Scotland and be able to keep the same level of support.



Someone felt that people in system did not want change.

Free Advice / Advocacy

This was a topic stakeholders' thought was missing in the Discussion Paper.



They thought access to free advice and advocacy was important for people who needed adult social care support.

And more information around Self-directed Support should be available both nationally and locally.



Free Personal Care

We need to think about how making personal care free for people under 65 as well as people over 65 is funded.



We need to understand how this change will affect social care overall.



Human Rights

Human Rights should be at the heart of social care support reform.

There should be a Human Rights based approach in updating Self-directed Support and adult social care support changes.



Joining up

We should be building upon work that is already done or is already completed.



People may be confused about how new work to help improve adult social care fits together with work that is already planned or going on.



Leadership

There needs to be strong leadership in the system. This has to be at local and at national level. Building good leadership needs to be part of this programme of work.



People who use services, like the People-led Policy Panel, need to be involved in leading changes to adult social care support.



Legislation

Legislation is another word for agreed laws.

People feel that the current laws aren't joined up. It makes it hard for people to understand and use the system.

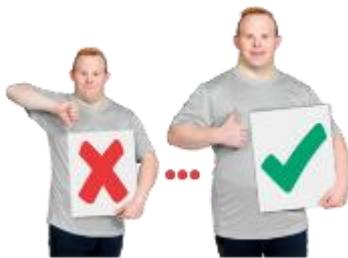


The way in which laws for social care are being carried out currently isn't the same across Scotland.



There needs to be more support for how to carry out the legislation and person-centred approaches.

It also makes it hard get the same support if you move house.



Local Authorities and NHS Boards

Local authorities/ local government and NHS boards need to work better together so that support and services can be improved. The relationship between them needs to change.

The way that decisions get made need to change for a better adult social care support system.

Communities should have more power and say in decision making.

Local IT infrastructure

We need IT systems that can meet the needs of the future.





New Models of Care

There are opportunities for new or different ways of supporting people.



There should be support for these new ways of supporting people and people should be allowed to choose them.

At the moment, many people can't choose these new or different kinds of support.



Out of Hours Care

Out of hours care needs to be thought about.

This means someone needs support outside of normal working hours. Normal working hours are usually 9am to 5pm.



Palliative and End of Life Care

Palliative care is a form of medical, emotional, and social care support given to a person with a serious illness, and their family / friends. Or to people at the end of their life.



Palliative care needs to be thought about in the social care reform programme.



People are living longer now than before and have more complex social care support needs

People should get the right social care support when they are terminally ill or at the end of their lives.



People's support should be designed around their personal journey and allow them to move between different settings at different stages of their life.



Risk

Positive risk taking should be encouraged. Self-Directed Support is a way to do that.

At the moment, the system isn't good at taking positive risks. For example, putting more trust in social workers. That needs to change.

Unmet Needs

The unmet need for adult social care support should be looked at.

Information on this could show the real level of funding needed in Scotland for social care support.



Urban / Rural

There are different challenges in urban areas like towns and cities and rural areas in the countryside.

Some forms of social care support would not work in more rural or far away areas. Rural areas need more support on certain issues.



Collective Leadership – How to get Partners involved?



Stakeholders were asked how we could work together.

People from different groups should be represented.



Involve people who use social care support as well as people who provide it.

Come up with ways to make decisions and solutions together to problems / barriers.



Be clear about deciding goals and responsibilities.

Tell other people about the work being done and what changes will be made.

This is a summary of what stakeholders say about what good adult social care support looks like.



A human rights-based approach.

A focus on participation.



Respecting individuals' choices.

Prevention / early Intervention.



Getting everyone working together to provide good support and choices.



A well-funded system to provide the adult social care support for independent living.



Making staff feel valued.

How can this happen?

Increased funding in social care support.



People working together better, including with supported people and carers.



Improve things for the people working in adult social care support.



Improving how social care is understood by people who aren't involved in it.

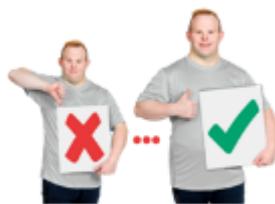


Developing Communities. Make sure that people can get care in their community.



Use technology when it makes sense.

Use a Human Rights based approach to making the adult social care support policy better.



Better leadership with more people involved.

Sharing Best Practice.

More support early to prevent problems.

Making sure Self-directed Support is carried out in the right way all over Scotland.



Making sure that the people providing adult social care support are treated well.



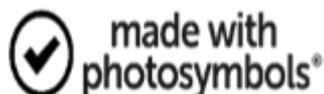
Make sure that the Health and Social Care Standards are used.



Find ways for people to give their views so adult social care support can keep getting better.



Make sure that the local authorities / local government and NHS boards include all the changes in their joint plans.



REFORM OF ADULT SOCIAL CARE LEADERSHIP ALLIANCE

TERMS OF REFERENCE

1. Title

Reform of adult social care national programme Leadership Alliance (Leadership Alliance).

2. Statement of intent

The Leadership Alliance will:

- Champion the value and purpose of social care;
- Create the conditions for excellent social care;
- Champion care and support that is around people, their human rights, and celebrates and supports their skills and diversity;
- Champion a system and a culture of supports and services that does this;
- Create the conditions for excellent social care to contribute in the best way possible to this full network of supports and services in Scotland to meet the needs, and improve the wellbeing, of the population and society.

3. Purpose

The Leadership Alliance has a dual role: 1) to provide leadership for the programme and contribute practically to the changes it aims to achieve, and 2) to fulfil programme board functions. The Leadership Alliance will be responsible for driving the national reform of adult social care programme (the programme); establishing the conditions that will ensure its success; and ensuring that the programme and its constituent projects and activities achieve the required outcomes.

4. Principles

The Leadership Alliance will be led by the following principles:

- We welcome creativity, discussion, and constructive feedback;
- We value different perspectives;
- We do things differently to achieve better outcomes;
- We collaborate and co-produce;
- We take time to consider evidence and ideas before moving to solutions.

5. Aims

The Leadership Alliance role is to:

Provide leadership

- Be champions for social care reform;
- Be visible joint leaders for the programme with the People-led Policy Panel;
- Work collaboratively (also drawing on expertise and perspectives from outwith the group) to unlock potential solutions to the difficult issues (for example the purpose and funding of social care);
- Commission the work required to deliver the programme objectives;
- Ensure the overall alignment of the programme with wider strategic objectives of the health and wellbeing outcomes and priorities of national and local government;
- Take ownership of the activity delivered through the programme and be accountable for it to the other members of the Leadership Alliance and the People-led Policy Panel;

- Hold others to account for delivery of the activity;
- Help to create the conditions for change;
- Prepare their respective business areas for the transition to new ways of working as a result of the programme and working with them to successfully implement any resulting new business processes;
- Resolve issues (including system) within the group and use escalation as a last resort.

Provide governance

- Work collectively with the People-led Policy Panel in the co-production and monitoring of programme priorities and deliverables;
- Develop and own with the People-led Policy Panel the programme vision, purpose, scope, and objectives;
- Own the programme deliverables;
- Work with the People-led Policy Panel and the Programme Delivery Team to agree the benefits (impact) to be delivered by the programme and ensure they are clearly defined and capable of being realised;
- Work with analytical support to put in place measures to provide evidence of benefit being delivered during and beyond the lifetime of the programme;
- Approve and use the stakeholder engagement and communications strategy and plan;
- Review risks and issues, ensuring mitigating actions are robust.

6. Governance

The Leadership Alliance is accountable to the Cabinet Secretary for Health and Sport and COSLA, through the COSLA Health and Social Care Board. Some work commissioned by the Leadership Alliance may have budget implications. Application can be made to Scottish Government for transformation funding.

7. Chair and frequency

The chair will rotate between the joint senior responsible owners (SROs) who can nominate a deputy in their absence; however, it will be a facilitated process. Leadership Alliance meetings shall take place every 2 months; this will be reviewed after 6 months.

8. Secretariat

Secretariat will be provided by Scottish Government. The agenda and papers for each meeting of the Leadership Alliance will be distributed at least seven days prior to each meeting. All minutes and action notes will be circulated no later than ten working days after each meeting.

9. Membership and attendees

Name and representation	Primary role
Political accountability	
Jamie MacDougall – Deputy Director, Care Support and Rights, Scottish Government	Joint SRO, Scottish Government lead
John Wood – Chief Officer for Health and Social Care, COSLA	Joint SRO, Local Government lead
Iona Colvin – Chief Social Work Adviser, Scottish Government	National social work adviser
Programme lead	
Lorna Ascroft – Reform of Adult Social Care Programme lead, Scottish Government	Lead of reform of adult social care policy and programme team

Name and representation	Primary role
People who use services and support	
tbc	People-led Policy Panel link
Statutory duties and local service delivery	
David Lynch – Chief Officer, Dundee Health and Social Care Partnership	Chief Officer Group lead
Care and support non-departmental public body	
Peter Scott – Chief Executive, Independent Living Fund Scotland	Independent Living Fund and non-statutory representation
Care and support providers	
Karen Hedge – National Director, Scottish Care	Independent sector representation
Andy Kerr – Chair of Coalition of Care and Support Providers in Scotland Adult Social Care Committee and Chief Executive, Sense Scotland	Third and not-for-profit sector representation
Professional bodies	
Joanna MacDonald – Chair of Social Work Scotland Adult Social Care Committee and Chief Officer Argyll and Bute	Social work profession representation
Jane Kellock – Head of Social Work Strategy and Development, Social Work Scotland	Social work profession representation, with focus on development and capacity building
Regulation and improvement	
Peter Macleod – Chief Executive, Care Inspectorate	Social care provider registration, regulation and improvement
Laura Lamb – Head of Learning and Development, Scottish Social Services Council	Social services sector workforce learning, development and registration
Diana Hekerem – Head of Transformational Change, Healthcare Improvement Scotland	National support function for change and improvement
Procurement	
Julie Welsh – Chief Executive, Scotland Excel	Local Authority procurement
Employee representation	
Mike Kirby – General Secretary, Unison Scotland	Trade Union representation
Unpaid carers	
Claire Cairns – Network Coordinator, Coalition of Carers	National Carers Organisations

Additional subject matter experts will be invited to join the Leadership Alliance as and when required to provide information, advice and guidance or to report progress with constituent projects and work streams.

Deputies can be provided to represent any of the members and it will be the responsibility of the member to ensure that the deputy is appropriately briefed and provided with relevant papers.

10. Meeting dates for 2019

Date	Location	Time
Week commencing 1 July 2019	COSLA, 19 Haymarket Yards	13:30 – 16:30
21 August 2019	St Andrew's House	13:30 – 16:30
24 October 2019	St Andrew's House	13:30 – 16:30
Week commencing 9 December 2019	COSLA, 19 Haymarket Yards	tbc