

Foreword

The importance of our community health, social care and social work services has never been clearer. The sector plays a critical role in supporting Scotland's people and we owe an enormous debt of gratitude to our nation's carers, paid and unpaid, for their commitment and compassion demonstrated throughout the pandemic.. Progress has been made towards delivering the Joint Statement of Intent published last year, and we owe it to all of those accessing social care services, and people working in this sector, to continue to make Scotland's care services the best they can be, and to ensure that people across Scotland can access the right type and level of support.

These improvements are essential and urgent. None of these actions require legislation. They can be delivered now, within the strong partnerships that exist locally and nationally. Legislation to bring forward plans for a National Care Service has now been laid in Parliament, but we are clear that people cannot wait for improvement to take place. The development of the National Care Service should be an enabler for improvement and not impede positive change.

This document sets out the initial areas of focus for Scottish Government and Local Government in the coming year. We will take a co-design approach to implementing further change, working together with people who use services, and the social care sector, to improve support. As that co-design approach develops, new and different areas of focus may emerge.

The people of Scotland need to be at the centre of community health and care, not on the periphery. Our culture, approach, support and services must be person-centred with human rights at their very heart. Community health and social care support and services must link up with all of the other services that make a difference to people's lives, including education, transport and housing.

We must also draw in the people who deliver support and services to ensure all the knowledge, expertise and experience we have about what works is applied and we can best deliver excellence.

This document is not a traditional action plan. It sets out the areas of focus, but engagement and importantly, co-design, will be a key feature of this work. [\[link to co-design document\]](#)

Building on previous work, we have some excellent, integrated practice in Scotland and now we have an opportunity to spread that further, while at the same time ensuring that we have the right resources and support in place to achieve our goals. The overarching aim must be to support and enable people to achieve the outcomes that are important to them and to participate in and contribute to the economy and society.

We look forward to working with a wide range of partners to bring these next steps to life.

Humza Yousaf MSP
Cabinet Secretary for Health and Social Care

Kevin Stewart MSP
Minister for Mental Wellbeing and Social Care

COSLA Reps

Background

It is clear that progress has been made since 2014 to improve social care support, and the integration of community health and social care and social work services. We have excellent approaches, support and services across Scotland and we know that people who work in social work and social care are doing vital work, often under challenging circumstances. But support is not working as well as it should in all areas and for all people. We know further improvement is needed to better enable those who work in the sector to use their commitment and skills to provide the best support for the people of Scotland. It is essential that people are able to get the most appropriate, high-quality support when they need it and where they need it.

That is why the Scottish Government commissioned the Independent Review of Adult Social Care (IRASC or 'the Review') to examine adult social care in a systematic way. Chaired by Derek Feeley, the Review provided a set of recommendations published in February 2021 to improve adult social care support in Scotland.

The Review recognises the successes within adult social care, and uses these as the starting point for its recommendations:

'there is much about adult social care support in Scotland that is ground-breaking and worthy of celebration. The introduction of self-directed support, the integration of health and social care, and the promise of the Carers Act form the scaffolding upon which to build. When we add to those foundations the commitment and compassion we saw in the workforce, the immense contribution of unpaid carers and the will to improve that we saw across the sector, many of the ingredients for improvement are in place.'

This must be our starting point – to build on success and spread excellence.

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Part 1- Update on progress with the joint statement of intent

In March 2021, the Scottish Government and COSLA issued a joint statement of intent outlining how we will work together to deliver the key foundation pillars set out in the Independent Review of Adult Social Care in Scotland.

Over a year has passed and we are assessing the progress made and where further work is required.

Themes of Work / Agreed Outcomes

'Adult social care workers in Scotland will be paid at least the Real Living Wage of £9.50 per hour. Work will begin at pace to implement this commitment from May backdated to April 2021.'

COMPLETED

- This commitment has now been superseded by the £10.02 (Dec 2021) and £10.50 (April 2022) Adult Social Care Pay Uplifts.

'By May 2021, develop a minimum standards framework for terms and conditions. This will lead to the establishment of core requirements for ethical commissioning which will ensure that going forward, fair work requirements and principles are met and delivered consistently.'

COMPLETED

- Workstream 2 of Fair Work in Social Care (FWiSC) was established in 2021 to take forward work on capturing and benchmarking current practice in the NHS and Local Authorities and capturing current terms and conditions practice across provider organisations through a survey.
- Work took place across 2021 to prioritise terms and conditions and analyse the cost implications of implementation. The FWiSC report, published in June 2021, set out recommendations for minimum terms and conditions. There is now agreement that this work, including progressing terms and conditions, requires a refresh and to progress at greater pace.

'Develop a minimum standards framework for effective voice across the whole of the social care workforce. This will enable the workforce to respond to local conditions and address matters of importance, and support an effective collective bargaining role in the sector.'

COMPLETED

- Minimum standards for effective voice have been developed by the Fair Work in Social Care group members with work now focusing on implementation and setting quality standards for the framework.

'An end to charging for non-residential services as soon as possible.'

IN PROGRESS

- The Scottish Government and COSLA, through the established Short Life Working Group with membership from stakeholders such as Directors of Finance and Chief Finance Officers, are currently undertaking a data collection exercise to ascertain expenditure and income related to non-residential charges.
- Once that exercise is complete, further work will be needed to develop plans to end charging for non-residential services and secure agreement to a way forward.

'Commitment to deliver shared ethical commissioning principles.'

IN PROGRESS

- Principles have been developed and consultation with Local Government representatives and Scotland Excel has taken place, and these were included within the National Care Service consultation.
- This work will closely link with the National Care Home Contract re-design.

'The overhaul of the current mechanism of eligibility criteria to ensure an approach to social care support that is based on human rights and needs.'

IN PROGRESS

- Policy options are being developed through the Preventative and Proactive Care Programme, with the intention of testing these through our Getting It Right For Everyone Together (GIRFET) pathfinders.
- Further engagement is now required between Scottish Government and COSLA to understand the development of policy, impact, feasibility, cost and implications for other priorities, such as the removal of non-residential social care charges.

'A mechanism which ensures the voices of those with lived experience are at the heart of policy development, service design and service delivery.'

COMPLETED

- Scottish Government have established the Social Covenant Steering Group, the majority of group members have lived experience of social care and are directly involved in co-designing the NCS.
- Cllr Stuart Currie and COSLA officers regularly attend meetings to hear input from those using services.
- The future approach to co-design has been developed and is now published here [\[insert link\]](#)

UNPAID CARERS

‘Ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.’

IN PROGRESS

- Work is under way with Chief Finance Officers to understand Carers Act spend – historically it has been difficult to unpick this type of expenditure from wider budgets – in response to calls for improved data around use of and outcomes relating to Carers Act funding.
- The Scottish Government has committed to the publication of a National Carers Strategy This is currently being developed by Scottish Government in consultation with unpaid carers, representatives of support organisations and Local Government.

Part 2 - Next Steps

Embedding Human Rights and Care for people

Feedback from the NCS Consultation tells us that people want action now to embed Human Rights and to improve care for people. There was strong agreement with the plans for the 'Getting It Right For Everyone' National Practice model. Of those who agreed, common reasons given included:

- A model would limit misunderstanding and confusion caused by different languages, jargon and acronyms currently used by different professionals
- It would create a more consistent system of communication and equity in care requirements
- While the aim of consistency was welcome, there was also a recognition that flexibility was required to take account of individuals and their own circumstances
- GIRFEC was an example of a good benchmark for what currently works in children/family care across professions.

Respondents were almost unanimous that they or their friends, families or carers should be involved in their support planning. There was also a majority in agreement with the statement that "decisions about the support I get should be focused on the outcomes I want to achieve to live a full life". Respondents also expressed strong support for a single plan under the Getting It Right For Everyone (GIRFE) national practice model alongside an integrated social care and health record. It was thought by many that these measures would streamline processes and make the system easier to navigate.

There was also very strong support for a single plan under the GIRFE national practice model alongside an integrated social care and health record. In general, agreement was based on: the need to reduce complexity; creating a clear and transparent process, while acknowledging the uniqueness of each individual and their situation; easing transitions; and providing continuity of care.

We can take positive steps now to implement these approaches, without legislation.

Next Steps

We know how important a preventative approach is to help people lead healthy and fulfilling lives, and reduce the need for unplanned care. Our intention is to improve care for people by embedding prevention, early intervention and anticipatory care, with human rights at the heart of the approach.

People must have a strong voice in planning their own care, with their strengths and needs at the centre of our approach. To make this happen consistently, services must work together routinely to support and empower everyone in Scotland. Everyone must be seen as a whole person with multiple, interconnected needs and wishes (physical, mental and social) as opposed to any specific condition. Care must take place in the most appropriate place to support a person's needs and their

health and wellbeing, with everyone having a voice in the care and support they receive.

Working with partners we will begin to implement GIRFE , a multi-agency practice model that will support individuals, families and carers, relevant public services, the third sector and independent providers– not just health and social care – to work together to support people in this way. This will draw on the GIRFEC approach that is a key part of children’s services, as well as the findings of the IRASC and other recent approaches to adult social care.

This will ensure that there is:

- A clear pathway for people to access the right support and services at the right time in the right setting.
- The right culture and processes to ensure people and their carers are engaged and empowered throughout the process, and their human rights respected.
- A common language used across all services.
- A single planning process supporting a Single Adult’s Plan across all relevant services.
- Information sharing in a lawful, appropriate and proportionate way.
- A Lead Professional to co-ordinate multi-agency plans.
- An assessment framework that takes a strengths-based approach. A clear understanding that the assessment determines plan and service delivery.
- Less bureaucracy and fewer meetings.

This will be supported by a renewed focus on multi-disciplinary teams and inter-disciplinary working across the public, third and independent sectors to support people.

Through our multi-agency Preventative and Proactive Care programme, we will develop pathfinders to test this practice model in various settings before implementing it nationally.

Valuing the workforce

Workforce supply is often cited as the main issue in securing improvement in social care. There are issues in both recruitment and retention. Low, inconsistent levels of pay, poor terms and conditions and perceptions of social care are all factors that need to be addressed on a national level and locally. There is some excellent practice across the country but it is key that this is consistent everywhere, with individuals having both access to and the time needed for learning.

The Scottish Government and COSLA have a long-standing commitment to the principles of Fair Work for the social care sector. We are fully committed to improving the experience of the social care workforce, including increasing levels of pay and improving terms and conditions, as we recognise and value the work that they do. From April this year, Scottish Government have provided funding of £200 million to Local Government to support investment in health and social care and deliver a £10.50 minimum wage for all adult social care staff in commissioned services from 1 April 2022.

We have published, in partnership with COSLA, the National Workforce Strategy for Health and Social Care on 11 March 2022. The Strategy outlines our shared vision for the workforce - a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. Our tripartite aim supports our NHS Recovery Plan and recovery of our Social Care services and workforce. It also sets out the actions we will take in partnership with the workforce to achieve our vision. The Strategy looks at the whole workforce journey and how we can plan for, attract, train, employ and nurture our Health and Social Care Workforce. This is the first time we have articulated a workforce strategy for our Health and Social Care workforce in this way.

Staff wellbeing is paramount, to allow individuals to provide the level of care needed, and to support staff retention. The pandemic has placed unrelenting pressure on people for over two years. The Wellbeing Fund for Adult Social Work and Social Care is a £1 million fund designed to support projects which look after the wellbeing of staff working in Adult Social Work and Social Care across the public, private and voluntary sectors.

EHRC enquiry?




Social work profession

Investing in the social work profession is crucial to ensuring quality service provision and enabling social workers to work with people to transform their lives. The ambition is to drive improvements across the social work workforce. It is proposed that the Scottish Government, local government and our partners, develop a package of measures to invest in our current and future social work workforce. It is expected that the package of measures will include improving pre/post social work qualifying education and development, rewarding the attainment of knowledge, qualification and skills and scaling up and implementing good practice and social work improvement.

Work has already begun on several key projects to support the social work workforce including the development of an Advanced Practice Framework to support social workers to progress through different career phases. The Social Work Education Partnership (SWEP) is undertaking vital work to future proof Social Work Education and ensure that the profession has a workforce of skilled, knowledgeable social workers. We are also progressing proposals for a Centre of Excellence (CoE) to ensure a more co-ordinated and consistent approach to quality improvement, research and evaluation. In addition, we are scaling up work across Scotland to ensure a mandatory supported year for NQSW's first year in practice and, in collaboration with key stakeholders, we have developed a programme of trauma training and implementation support for social work services.

Next Steps

To continue to deliver the type of improvement the social care workforce require, a refreshed Programme of work will be established that will take forward four key areas of focus:

-  Workforce planning
- Ethical Commissioning
- Learning and Development
- Fair Work
- Development of the Advanced Practice Framework for Social Work and other social work support measures.

Workforce planning

A specific and focused working group will be established to deliver against existing commitments as agreed between COSLA and Scottish Government that will directly support planning capacity for recovery by undertaking workforce modelling to understand what additional workforce supply is required to meet the current unmet need and outstanding care packages. This group will also focus on recruitment and support planning to secure a workforce that is both diverse and representative of the communities we serve. We expect work to include:

- Publication of indicative projections for the Health and Social Care Workforce growth.
- Obtain a national picture of workforce planning capacity, methodology and capability in local authorities/ Health and Social Care Partnerships for planning Social Care services.
- Improve the quality of the workforce data, including the demographic data we collect, and to progressively improve the quality of analysis we undertake from data collected, at different geographic levels.
- Develop a suite of tools to support workforce planning capability across Health and Social Care providers.

Fair Work

Fair Work supports and enhances other improvement work, ensuring those who work **in** care are offered fulfilment, security, opportunity, respect and effective voice.

Work to progress these will continue and we expect activity to include:

- **Development and implementation** of job evaluation scheme which will define typical worker roles
- **Review** of differentials and **identification** of appropriate rates of pay.
- **Identify implementation options** for enhanced pay, considering how differentials can be addressed.
- **Develop proposal** to ensure pay linked to progression and development, including qualifications and experience.
- **Identify implementation options** for any changes to terms and conditions.
- Launch identified Effective Voice Standards that supports the workforce opportunity for effective voice in their local workplace

We recognise the importance of Personal Assistants (PAs) who offer bespoke personalised and flexible care, enabling those with support needs remain healthy and at home for longer. A Programme Board was set up in August 2021 to fully understand the wider issues which affect PAs. The work of the Board to identify improvements and changes needed to make sure PAs are fully recognised and supported as part of the social care workforce will be included in the work of the Programme.

Learning and Development

A working group jointly led by NES and SSSC has been established to consider the required learning and development and support that members of the workforce require, ensuring national standards can be delivered and implemented and there are clear career progression routes available across and within social care. This work will take place in close conjunction with workforce modelling, recognising that quality learning and development requires a steady baseline of workforce supply. We expect to focus on:

- **Continued support and review** of the newly implemented induction framework
- **Development and launch** of a national learning offer to complement and enhance local arrangements and CPD support **Review** of existing progression routes and **identification of opportunities** to improve existing programmes.
- **Develop recommendations** that support clear and accessible national career pathways (social care / hybrid) and supporting development pathways.
- **Creation of** transferrable qualifications.
- **Review** of leadership development support and identify opportunities to enhance and develop further support for existing and emerging leaders, aligned to workforce planning needs
Review and assess how progression and qualifications can be aligned to pay through recommendations.

- **Develop recommendations** of alternative training opportunities out with traditional routes and opportunities that could be further developed, such as established career pathways through Modern Apprenticeships.

Ethical Commissioning

Ethical commissioning and procurement standards will reflect the values we expect in social care and social work and allow us to focus on those important issues that will affect how care is planned, designed, sourced, delivered, and monitored. They will also recognise the workforce by developing minimum fair work standards, terms and conditions and will contribute to climate resilience/climate change adaptation in future by taking account of the irreversible impacts of climate change.

As part of the joint statement of intent we have worked together to deliver the key foundation pillars setting out shared ethical commissioning principles and establishment of core requirements for ethical commissioning which will ensure that going forward, fair work requirements and principles are met and delivered consistently across Scotland.

Engagement has begun **to develop and agree national ethical commissioning principles** that can be applied consistently and legally across all areas that promote and accelerate fair work. We expect these to include:

- person-centred care first
 - human rights approach
 - full involvement of people with lived experiences
 - fair working practices
 - high quality care
 - climate and circular economy
 - financial transparency, sustainable pricing and commercial viability
 - shared accountability
- **Influencing** the NCHC model redesign to ensure Fair Work practices continue to be central to the integrity of the model, and which promote a rights-based approach to sustainable social care delivery.
 - **Develop recommendations** for alternative framework agreements that support delivery of Fair Work consistently.
 - **Identification** of the minimum costs for Fair Work (pay and conditions)

Ethical commissioning will be a critical part of the delivery of care and progress towards better outcomes. The Scottish Government has provided funding this year to Coalition of Care and Support Providers in Scotland (CCPS) to provide cross-sectoral support to organisations and people looking to improve how social care is commissioned and procured. **Valuing people who provide unpaid care**

The IRASC recognises the enormous contribution made by unpaid carers. There are currently around 700,000-800,000 people in Scotland providing care. In monetary terms this is worth more than £10 billion per year, but for those who give and receive that care it is priceless. The pandemic has highlighted the importance of unpaid carers, but it has also put further strain on them as the amount of care they

had to provide increased. As Scotland removes restrictions and learns to live with COVID, it is more vital than ever that we support unpaid carers to continue providing care for their loved ones as part of a balanced and fulfilling life.



As a short-term measure, Scottish Government provided an additional £4 million to organisations supporting unpaid carers at the start of this year. This included £3 million for local carers centres, helping them to expand their vital support to unpaid carers in communities across Scotland.

We know how vital breaks are to help carers look after their health and wellbeing and Scottish Government will bring forward legislation for a right to breaks from caring in the NCS Bill. Ahead of the legislation, funding has more than doubled for voluntary sector short breaks for unpaid carers from £3 million per year to £8 million in 2022-23, with £3.5 million of that going to local carer centres.

Scottish Government have invested an additional £20.4m for local carer support in 2022-23 via the local government settlement, bringing total investment in the Carers Act to £88.4m per year. Alongside this, a £500,000 fund has recently been established to help local carer organisations improve their capacity to support unpaid carers in their areas.

We are committed to ensuring that the importance of unpaid care is recognised and that people who provide care in this way get the support they need. Scottish Government will publish a carers' strategy as soon as possible, with an immediate focus on COVID-19 recovery and a longer-term purpose of improving carer support in a meaningful and sustainable way. The strategy will focus on carers and their needs, setting out how policies across the Scottish Government can work together with other public bodies to support carers, including access to training and breaks from caring. We are working with a wide range of people to develop the strategy, and unpaid carers are centrally involved.

Focusing on Quality of Delivery and Building Strong Communities

The IRASC made a number of recommendations on commissioning for the public good, which can be found here [Adult social care: independent review - gov.scot \(www.gov.scot\)](http://www.gov.scot/adult-social-care-independent-review).

In the National Care Service consultation, a majority of respondents thought that a Structure of Standards and Processes should be developed nationally. A similar proportion agreed that a Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes. Some thought that local as well as national considerations should be taken into account.

A majority also agreed that there will be direct benefits in moving the complex and specialist services to national contracts. Comments here related to the fact that the current system is perceived as disjointed; people should get the same help wherever they are; and the need to maintain an understanding of local needs.

Community Wealth Building and supporting the Third Sector

Together, we will apply the principles of community wealth building to all of this work:

- progressive procurement – developing local supply chains of businesses likely to support local employment and keep wealth within communities
- fair employment and just labour markets – Using anchor institutions to improve prospects of local people
- shared ownership of the local economy – supporting and growing business models that are more financially generative for the local economy
- socially just use of land and property – developing the function and ownership of local assets held by anchor organisations, so local communities benefit from financial and social gain
- making financial power work for local places – increase flows of investment within local economies by harnessing and recirculating the wealth that exists


We know that new organisational and delivery models are developing across the country. Community based organisations, co-operatives and new, innovative models. We want to encourage and support people to be active in their own communities and to support and grow business models for adult social care that ensure communities can thrive. We will engage proactively with partners to understand what is already working and what support people need to do things differently. Community capacity building will also be key for the National Care Service – for more information, see the Statement of Intent.

Strengthening Integration, Planning and Performance,

The 2018 Audit Scotland Health and social care integration: Update on progress review of integration progress, and the 2021 [independent review of adult social care](#) both found that there is much about adult social care support in Scotland that is “ground-breaking and worthy of celebration”, including the integration of health and

social care which enables joined-up and collaborative working. Integration Authorities have been addressing some significant, long-standing, complex and inter-connected issues in health and social care. High-quality leadership is a critical part of the success of integration, and in the better performing areas, partners are able to work constructively towards achieving their objectives. Improving understanding of each other's priorities and working cultures help partner organisations progress towards integration.

Next Steps

- A review of Integration Joint Board Strategic Commissioning Plans has just been undertaken and, in partnership, we will review existing guidance to further strengthen planning and commissioning processes.
- Annual Performance Reports (APRs) and associated guidance will also be reviewed in collaboration with partners. We will work with stakeholders to consider whether to amend legislative requirements to help ensure the APR process can draw on the most appropriate and timely data. We want to see a clear focus on enhancing reporting and measuring the impact of outcomes.
- We will continue our engagement with third and independent sectors, including the Carers Coalition, Partners for Integration and the ALLIANCE, with a focus on enhancing reporting and measuring the impact of outcomes, and supporting carers in their role on Integration Joint Boards.
- We intend to work with a broad range of partners to develop and improve our broader approach to planning, improvement and self-assessment in adult social care and social work. We want to consider how we can best plan for the short, medium and long term, ensuring that the needs of our people and staff are met and that our models of care meet the needs of people.  are keen to explore how we understand the needs of our people, model demand for the future for the whole system and ensure that we have the workforce capacity and capability to meet that need. (See workforce section at page ___ for further information on workforce planning).
- The Framework for Community Health and Social Care Integrated Services outlines a number of organisational development enablers, including collaborative leadership, clarity of vision, well developed relationships, and culture and values, that are required for successful delivery of integrated services. The Framework also outlines the need for 'shared accountability across all of the partners for the delivery of change'. We intend to work with all partners in the coming months to develop a self-assessment process to understand progress with the Framework and secure improvement.
- To ensure this is embedded we will also need a comprehensive approach to sharing good practice and collective learning. We currently have the '[good practice' website](#), providing examples of service planning, engagement and delivery of community-based services, aligned to the Framework. We will co-

design the approach to collaborative learning with our partners, consider different models, enhance current networks and where needed, build new ones.

Data and Digital and digitally enabled care

The January 2022 [Social Care Briefing](#) highlighted various issues with data in social care. These included an inability to share data between organisations and major gaps in information needed to inform improvements in social care.

The Independent Review of Adult Social Care (IRASC) recommended that the NCS should address gaps in national provision for social care and social work and had a specific recommendation on how improved data and digital infrastructure are critical to helping people live fulfilling, independent lives; enabling professionals to support those people; facilitate ethical and collaborative commissioning; underpin regulation and improvement programmes; support workforce planning; and facilitate research and intelligence. Many of the other recommendations set out in the Review are premised on the need for good quality data and digital infrastructure.

We have begun to scope a proposed data improvement plan and will be engaging with people and stakeholders to design and expand the approach. This is aimed at addressing some of the immediate issues in social care data, while supporting the medium and longer-term ambitions.

The Digital Social Care programme delivers a national digital inclusion programme for care home residents, including training of care home staff to bring digital skills into their support of residents, and to enable them to utilise other digital solutions within care homes, such as care management records. The programme supports the development, trial, and scale-up of digital solutions for sector pressures.

Next Steps

- Initial areas for exploration in the data improvement plan are: streamlining and consolidating our current data and develop new sources where they are needed; tackling barriers to sharing management level data between organisations; understanding the needs of our communities, including unmet need and people waiting for care; developing the approach to Whole System modelling to include social care; filling gaps in the information we hold about our social care workforce information, initially focused on how successful recruitment campaigns are in recruiting new people to the workforce. This is the start of our work and we expect to enhance and develop it, working with partners, in the future.
- The Race Equality Immediate Priorities Plan published by Scottish Government in September 2021 noted that the pandemic highlighted that for many minority ethnic people in Scotland, the COVID-19 pandemic has made clear, or worsened, existing inequalities in society. Within the Plan Scottish Government committed to improve data and evidence on ethnic inequalities to ensure we have an evidence base to better understand and improve the experiences of those from Minority Ethnic communities receiving and providing social care. We are working with Public Health Scotland to improve social care data on ethnicity to help to deliver the Plan's targets.

- We are developing approaches for new research in some priority areas, including a better and more consistent understanding of unmet need, people's experiences of social care and monitoring social care outcomes.
- The Technology Enabled Care programme (TEC), www.tec.scot, has an ongoing programme of work which spans social care and social work and works directly with national key stakeholders and delivery organisation to promote, deliver, and support the change to integrate digital solutions in social care provision. This is delivered in tandem with other key TEC programmes that also benefit the social care sector and social work sectors, such as the mainstreaming of Near Me video consultation across social work services, increasing the use of remote monitoring (Connect Me) to monitor health conditions, and the Telecare programme which is leading the migration of telecare provision from analogue to digital telephony for Scotland's 180,000 telecare users. There is also work underway to explore proactive calling as part of telecare provision, and to map out opportunities for transforming telecare to a more encompassing support environment with the use of other integrated technology.

Strengthening Social Care Support and Service Improvement

There is evidence of many improvement programmes across national and local government and in public bodies such as Health Improvement Scotland (HIS) and the Care Inspectorate (CI), as well as in provider organisations that seek to deliver better outcomes for people. Much of this is innovative and person-centred.

However, current improvement work is often fragmented, governed by different frameworks and principles and there is a lack of a cohesive system of reporting that shows what difference is being made. Improvement capacity and expertise is also not currently at the scale needed to drive forward systematic improvements in the care people are receiving.

Feedback from the NCS Consultation was clear that respondents are seeking more consistent outcomes for people accessing care and support across Scotland. People also wanted to see better coordination of work across different improvement organisations. Respondents welcomed the opportunity to create greater consistency across Scotland, while offering more guidance for people accessing care and support, and for staff.

The feedback is very clear: people, professionals, services and organisations want and need improved planning, high-quality leadership and better data, digitally enabled to deliver high-quality support with, and for, people.



Self-Directed Support

The Review confirmed the importance of Self-Directed Support (SDS) but noted that its implementation has not been consistent. Of particular concern is that not everyone has been able to take advantage of the flexibility and benefits that SDS

offers. We are working with stakeholders to revise the SDS statutory guidance, the first comprehensive review since it was originally published, and will publish a major update of the guidance later this year. This will seek to address long-term problems with how SDS is delivered, as well as incorporating lessons from the pandemic. We want to ensure that people are given consistent and equal access to SDS across Scotland so that they can make the right choice for their needs.

Next Steps

- To better coordinate the work to improve Adult Social Care support and services and to develop that framework, we will work with partners to create an **Adult Social Care Improvement Forum**. We will work with this group to agree the key themes and areas for support and service improvement and how a programme of focussed improvement work will be delivered. Collaboration to develop the programme of work is crucial to ensure all perspectives are taken into account. There are already a number of areas that have been identified as high priority, and where initial work has begun:
- We know that revising the SDS guidance will not alone be sufficient to bring about the kind of change we need in how SDS is delivered. We will continue to work closely with people who have lived and living experience of using SDS, as well as those organisations with responsibilities for delivering SDS, including through the Preventative and Proactive Care programme. This will allow us to monitor the implementation of SDS on an ongoing basis, helping ensure that each individual can make the right choices to access the support they want to help them live a full life.

Care Homes

Collaborative work is well underway on **My Health, My Care, My Home: A framework for people living in care homes**.

The framework will focus on enabling multidisciplinary teams to provide four main pillars of support to care homes:

- Prevention;
- Anticipatory care, supported self-management and early intervention;
- Urgent and emergency care; and
- Palliative and end of life care.

Having a skilled workforce and effective technology have been identified as the key enablers to the framework, and examples of best practice from around Scotland are being used to influence the framework's recommendations.

We will launch the Framework this summer and are keen to work with partners to create a learning community for all care homes to share the excellent practice that exists. This will link into existing work around ongoing learning (see workforce development section – page XXX).

Adult support and Protection

The Adult Support and Protection (ASP) Improvement Plan continues to undertake activities focused on assurance, governance, data & information, legislation, policy and guidance, practice improvement and prevention (2019/20-2023/24). This includes a review of ASP data for improvement at local and national level, updating of national guidance including the ASP Code of Practice and learning reviews, development of practice resources and training on undertaking ASP processes.

Additionally, the ASP Improvement Plan includes the ASP joint inspection programme. This provides both a level of scrutiny and assurance that adults at risk of harm are being supported and protected, and also assists in identifying further improvement action, if necessary. Phase 1 of the programme involves the inspection of adult support and protection arrangements in 26 local partnerships across Scotland. These partnerships are those that were not inspected as part of the Care Inspectorate's ASP thematic inspection report, published in July 2018.

Resilience, business continuity and pandemic planning

Social care and social work have experienced significant and enduring pressure during the pandemic. People who work in the sector have shown huge resilience and commitment to the people they support. We want to continue to promote a culture of resilience in social care and social work delivery in Scotland, so that it can respond and recover effectively but also react quickly to potentially disruptive incidents and future shocks. There is real partnership commitment to this work, across the public, independent and third sector.

Across adult social care and social work we want to work with partners to develop our preparedness, with particular focus on assessment of risk and mitigation so that we can be responsive and act quickly to avoid issues arising. As a first step the Social Care Gold Group will work together to identify priority areas of work, leading to a framework which will set the strategic direction for resilience and business continuity. This will include winter planning, surge planning and broader business continuity.

We have already worked together to improve our management information to ensure we understand the risks currently held within our health and social care system and regular monitoring and oversight is in place to assess risk and put in place mitigations. This requires further development and streamlining to ensure we can collectively respond to ongoing pressures and future events.

Our collective understanding of the good practice and the risks in the care home sector has also developed further, initially based on information gathered to better manage pandemic pressures. This has given us greater collective insight into the pressures experienced by care homes and how those might be mitigated both at local and national level. Oversight and support for care homes at local level has been extremely valuable throughout the pandemic and we will continue to fund local partnerships to provide this support. The focus now will be on supporting Care Home stability and improvement and ensuring that care homes have easy access to expertise where they need it.

Ensuring smooth transitions for people across health and social care services continues to be challenging and creates significant pressure across our services. To ensure that people are getting the right care at the right time we will continue to support evidence based practice and make sure that it is embedded in everything that we do. In the coming year we will:

- Have a clear focus on admissions to hospital and gain a better understanding of how we can ensure the right care is being provided in the right place.
- Support implementation of My Health, My Care, My Home to embed anticipatory care for people living in adult care homes and explore how we can avoid unnecessary admission to hospital from care homes.
- Work with partners in social care and health to review oversight and assurance arrangements
- Support local partnerships to deliver the Discharge without Delay programme of work, including 'Home First Principles' and 'Optimising Discharge' activity.

- Review processes for Adults with Incapacity to ensure that the best outcomes for people are being achieved, alongside further improvement work.
- Develop further support and updated guidance for additional aids and adaptations that people may need to ensure that they can live well in their own homes, such as short term wheelchair loans as well as other equipment and adaptations.
- Review the impact of the Community Living Fund in each HSCP.

The pandemic, whilst receding at the moment, continues to present an ongoing threat to the wellbeing of our people. We will continue to provide support for people and across the sector while this threat remains. This will be done in a proportionate way, retaining the option to scale up and down as the ongoing situation requires. Guidance will be regularly updated to ensure it is consistent with the current context, however the Gold Group will also work together to ensure that we have clear arrangements in place to deal with the threat of a Variant of Concern or any other pandemic related issues.

With the Care Inspectorate, we will also ensure the implementation of the new Health and Social Care Standards to deliver strengthened residents' rights in adult care homes as a crucial step towards delivering "Anne's Law".

We know that much of the pressure in social care and social work is related to workforce availability, so the actions to be taken on workforce will be critical in ensuring we can support people in a resilient system.

How will we take forward the next steps?

Partnership and co-design is the golden thread that runs through all of this work and will be crucial to successful improvement. Putting the voice of lived experience and the expertise of the people who work in social care and social work at the heart of this is essential. The way we intend to engage with people is set out as part of our approach to co-design [\[insert link\]](#).

We will also work through the national workforce development forum and the national improvement forum on the specific actions set out in this document.

This will mean that we need to work with partners to consider the fit of new arrangements with the current discussion fora and how we can minimise duplication.