

Independent Review of Adult Social Care in Scotland

Note of meeting – 10 December 2020 – 9:00 – 11:00

Present – via MS Teams	
Chair	Derek Feeley
Advisory Panel Members	Malcolm Chisholm
	Stuart Currie
	Anna Dixon
	Caroline Gardner
	Göran Henriks
	Ian Welsh
	Jim Elder-Woodward
Scottish Government Attendees	Alison Taylor Christina Naismith Secretariat support
Apologies	
1) Welcome and Introductions	
Mr Feeley welcomed the panel and provided a short update on his recent discussions with unions as follow-on to the panel's previous considerations on Fair Work.	
2) Minute of last meeting – 26 November 2020 (IRASC (030))	
The minutes of the previous meeting were signed off with thanks to Mr Elder-Woodward for his amendments and clarification sent via email following technical issues at the last meeting.	
3) Discussion on eligibility, access and charging	
a) Paper – Eligibility Criteria Briefing (IRASC (032))	
Mr Feeley began the conversation around eligibility, access and charging by referring the panel to the set of questions he had emailed to members beforehand:	
<ol style="list-style-type: none"> 1) <i>What do we want to say about the criteria for establishing eligibility for social care support?</i> 2) <i>Do we want to recommend a national approach to eligibility? If not, what do we want to say about variation?</i> 3) <i>How do we view unmet need and the shift to prevention in the context of eligibility.</i> 4) <i>What do we want to say about access to support once eligibility is established?</i> 5) <i>Are access targets helpful here or not?</i> 6) <i>What do we want to say about the variation in charging practices?</i> 7) <i>How does charging intersect with a human rights based approach?</i> 8) <i>Should we recommend that charges for care/ support at home should be abolished?</i> 9) <i>Are we willing to consider alternatives to the current approaches to residential care charges?</i> 	
Mr Elder-Woodward referred the panel to his emailed thoughts on the questions and added points about the assessment process for eligibility, how it is managed by frontline workers and how intrusive it can be.	

Cllr Currie brought in points about funding and the fact demand will continue to go up, putting pressure on available resources. He illustrated how money is diverted from those with moderate needs to substantial and critical. Mr Chisholm summarised this as need being defined by resources, and that proper assessment is crucial to breaking this.

Ms Gardner noted that several submissions to the review agreed on the importance of assessing need before considering eligibility, and to assessment being a two way process, rather than a checklist of criteria. Ms Dixon brought in some examples from health about person centred goal setting, and how shared decision making can take account of available resources. Ms Dixon asked for clarity on how 'NHS continuing care' is handled in Scotland. Alison Taylor explained that NHS continuing care no longer exists in Scotland having been replaced some years ago by Hospital Based Complex Clinical Care. There was some discussion about the differences in entitlement to care free at the point of need depending on diagnosis, for instance in relation to treatment for a heart condition in comparison to dementia care.

Action: Secretariat to circulate 2015 guidance on Hospital Based Complex Clinical Care and the 2019 Fair Dementia Care Commission report: *Delivering Fair Dementia Care For People With Advanced Dementia*.

Mr Welsh talked about where strengths lay in current systems, pointed out that integration allows good collaborative work to be delivered downstream between community professionals, allied professionals and social work colleagues and that the patchiness of successes was a function of pressing time and resources.

Mr Elder-Woodward agreed with the remarks made by Mr Welsh and colleagues that assessment and eligibility should be a round table conversation amongst all those involved and went on to strengthen points about the economic benefits of ring-fencing funds for early intervention and support of low level needs. He then went on to discuss how intrusive the very concept of assessment was, contrasting it to going to a GP who asks "How can I help?" not "What is wrong with you?" and recommending a move away from assessment based on deficit to one based on potential. Mr Feeley noted the similarity to the shift within healthcare from asking "What is the matter with you?" to "What matters to you?".

Ms Dixon brought up issues about unmet need and both short and long term aspirations within what the review would recommend, and how this could be used as a driver towards investment. She also reminded the panel that in focusing on assessment there was a danger of forgetting the huge amount of increasingly critical work undertaken by unpaid carers and the voluntary sector that had to be made visible.

Ms Gardner added that assessment can be for more than formal services but also connecting people to wider community infrastructure and that a wider perspective for social prescribing doesn't necessarily have to cost statutory or third sectors services more while playing a big part in prevention. Mr Welsh highlighted Link Workers in GP practices as a practical avenue into community support, but also the financial difficulty many local organisations that make up that wider community infrastructure are in with no council support even before the pandemic.

Cllr Currie pointed out the need to tie together assessments for all aspects of someone's support e.g. housing and complex care. He picked up particularly on the lack of local area infrastructure built into local development plans, citing housing for people with learning disabilities or complex needs, contrasting this with the economic boost that comes with local spending by people in receipt of care.

Returning to the earlier discussion about protecting funds for prevention and people with moderately assessed need, Mr Chisholm stressed the need for the review to recommend concrete and practical preventative levers, not just policy.

Mr Feeley reminded the panel that "this is a moment to be bold" and of their shared vision for what social care should be; aspirational and inclusive. He then restated the aims of the review to recommend a How with every What.

Discussion moved on to ideas around reform rather than reinvention of governance bodies, including explorations of user representation, voting rights, and genuine co-design and co-production above consultation and engagement.

Mr Feeley stated there was still a lot of work to be done around the assessment process and asked the secretariat team to describe the mechanisms and principals of how people get into the system.

Action: *Secretariat team to assist Mr Feeley in describing the mechanisms and principals of how people access the social care system.*

Circling back to the series of questions being considered, Mr Feeley stated that while some have clear yes or no answers for their recommendations others require further debate. Their followed brief round-up discussions on national approaches to eligibility and how complexity of need could be reflected; charging, including home and residential care, geographical variation, fairness, financial implications and timescales; how charging intersected with the human rights based approach; and alternative funding streams including a description of the Adult Social Care Precept where English councils could levy an additional Council Tax charge.

Mr Feeley spoke briefly about access targets, including where they have been helpful within the NHS by drawing attention and public money to a particular problem, but also that the social care system is already heavily burdened with public sector management principles. He stated some specific aims around building local capacity to deal with local access problems, accepting someone into the system and having the conversation about what is important to them, closing the gap between the intent and reality of Self-Directed Support and focused improvement programmes on parts of the system.

Mr Feeley closed the discussion by restating the general rule of "No What Without How" within their recommendations.

Background Briefing – Supplementary Summary Briefing Paper (IRASC (033))

4. Briefing – Financial flows; set aside; means testing; self-funding; IJB budgets (IRASC (034))
5. Briefing – Care Homes (IRASC (035))

6. Briefing – Community Care (IRASC (036))
7. Briefing – National Care Home Contract and Support Framework (IRASC (037))
8. Jim Elder-Woodward background material - Eligibility, charging, co-operatives and Emancipatory Service Provision

All Papers circulated by Kelly Martin, 4 December 2020.

9) Agenda items for meeting on 17/12

- Commissioning.

In advance of the meeting next week Mr Feeley talked about the relevance of input from the unions, and how the context of Fair Work relates to the process of commissioning. He asked the Secretariat to recirculate the CCPS submission to the review around alliance based commissioning and the panel to consider collaborative, ethical and outcome approaches to commissioning.

Action: Secretariat to circulate the CCPS Big Ideas paper and supporting work.

10) Future Meeting Dates

1	Thursday 17 December 2020	9:00am – 11:00am
2	Thursday 7 January 2021	9:00am – 11:00am
3	Thursday 14 January 2021	9:00am – 11:00am
4	Thursday 21 January 2021	9:00am – 11:00am