

Independent Review of Adult Social Care in Scotland

Note of meeting – 17 December 2020 – 9:00 – 11:00

Present – via MS Teams	
Chair	Derek Feeley
Advisory Panel Members	Malcolm Chisholm
	Stuart Currie
	Anna Dixon
	Caroline Gardner
	Ian Welsh
	Jim Elder-Woodward
Scottish Government Attendees	Alison Taylor Christina Naismith Secretariat support
Apologies	Göran Henriks
1) Welcome and Introductions	
Mr Feeley welcomed the panel and gave apologies for Mr Henriks. He and the panel congratulated Ms Gardner on her Lifetime Achievement Award at the Scottish Public Service Awards 2020 the previous evening.	
2) Minute of last meeting – 10 December 2020 (IRASC (038))	
The minutes of the previous meeting were signed off without amendment.	
3) Discussion on Commissioning	
Mr Feeley began the conversation around commissioning by thanking panel members for their emailed responses to the set of questions he had circulated in advance as a focus to today's discussions. These included:	
<ol style="list-style-type: none"> 1) Are we agreed that commissioning and procurement remains a necessary function of social care support given the diversity of providers? 2) Are we agreed that it needs substantial reform? 3) How do we effect a shift towards commissioning for outcomes rather than for time and task? 4) Do we want to recommend a move to more collaborative models of commissioning? 5) Are we agreed that commissioning is the vehicle for the fair work agenda? 6) What is the role of a national care service in all of this? 	
<p>With reference to meeting paper <i>Commissioning examples - Alliance contracting - summary overview and analysis (IRASC (041))</i> Mr Feeley invited exploration of the role and function of commissioning; that it should be to create systems rather than marketplaces, specifically that the role of commissioning should not be to produce a marketplace for competitive tendering, but rather to describe a set of relationships and conditions within which systems like Self-directed Support can flourish.</p>	
<p>Mr Chisholm stated that you could argue that the job of commissioners in Self-directed Support was to facilitate a market, and that this did not mean a competitive market but rather a large range of providers in order to enable choice. Ms Gardner elaborated on this as a way of encouraging and supporting a range of different services and providers, including alleviating the problems many third sector organisations have with</p>	

tendering practices and very short term funding, and building a system that is sustainable and adaptable to changing needs over the long term. Cllr Currie picked up the point about third sector short term funding causing rolling budgeting crises and restricting the ability to plan ahead. He also noted that a plurality of services in more rural areas of Scotland was made very difficult by geography.

Ms Dixon brought attention to other functions that sit under commissioning, specifically planning and assessing the needs of the population, how a longer term forecast of likely needs could be informed by data from true, unrationed needs assessment for Self-Directed Support and how this planning could service the requirement for there to be some certainty or guarantee of volume to sustain a market. She also noted the role of statutory services in filling gaps, particularly in sparsely populated areas where the critical mass of need to support a market is not reached. Cllr Currie made points about statutory responsibility and a history of providers walking away from contracts in rural areas.

Mr Feeley listed the five guiding principles they were trying to shift in redesigning and reforming the commissioning process:

Shift from outputs to outcomes

Shift from competition to collaboration

Shift from short term to long term

Shift from cost driven staff arrangements to Fair Work

Shift from price to quality

And reflected on the previous discussion on markets as choice, the trap of competition based on cost and how someone who needs social care would define choice.

Cllr Currie warned of confusing having choice with better outcomes. Mr Welsh stated that choice could be separated from competition and while there are examples of and templates for collaborative commissioning in place in Scotland they take a long time to culturally embed. He said he was optimistic that a move could be made towards collaborative commissioning, “turbo-charged” Self-Directed Support and strong local collaborative involvement of citizens in processes to create positive change in the care at home landscape.

Ms Dixon disagreed that competition inevitably leads to an exclusive focus on price and that different commissioning approaches may be needed for different sectors of the care landscape. Mr Feeley referenced the diversity of provision of social care in Scotland as potentially being a real strength.

Ms Gardner noted that quality is always harder to measure than the straightforward metric of price, but even in care homes as the place it should be easiest to see whether people are living up to what the National Care Standards require, quality and accountability are not the drivers.

Mr Feeley felt that many of his prompt questions had been discussed without having to go question by question but wanted to return to the place of national functionality in commissioning, including accountability and oversight. Cllr Currie stressed the role of trade unions in this national perspective, and the opportunity to drive up standards in fair work and terms and conditions at a national level, particularly in the private sector

where trade union involvement has previously been patchy. He expressed concern about commercial interests in the sector driving care, particularly in care homes, and made the point that more guidance is not the answer.

Discussion moved to the recommendations of a major change program in the CCPS paper – Big Ideas, with national drivers of change but still recognising the need for detail to be worked out at a local level.

Ms Dixon asked about skills of and support given to commissioners, the backgrounds they come from and how that informs their perspective on what commissioning is. It was proposed that this may be a reason for the variation in health and social care integration implementation across the country. Ms Gardner referenced the high turnover of senior IJB staff.

The secretariat were invited to give insight on commissioning within IJBs with Ms Naismith noting that there had been rapid change in the environment in recent years, with many of the original commissioners, who came from a care group perspectives, moving on and that there are now more people trained in improvement. She also highlighted occupational standards and training programmes for commissioners and procurement staff that had been developed and could be referenced.

Mr Feeley asked the panel members to share what was on their minds regarding the report and what they felt needed more attention in the coming meetings.

Mr Welsh praised the quality of submissions to the Review and summarised the engagement programme. He stated his largest concern continued to be funding and practical recommendations. He also queried how unpaid carers were going to be addressed and supported in the report.

Mr Feeley explained how he intended to address the importance of the role of unpaid carers. He also briefly outlined the work on funding that would be presented to the panel for the next meeting.

Mr Chisholm was encouraged by the discussion on commissioning, and questioned the position on care homes within the report noting that the Covid 19 situation in care homes earlier in the year was one of the drivers of the Review. He recommended highlighting the recommendations within the Review that could be quickly implemented at low cost.

Mr Feeley agreed that prioritisation and timeframes would be addressed.

Cllr Currie asked whether the public and political perception is that a National Care Service means care homes and expressed concerns about administrative costs of implementing some recommendations.

Ms Gardner stressed the need to put the costs of recommendations against quantifications of the financial and human failure costs that are currently built into the system, for instance older people occupying acute hospital beds long term or being discharged to care homes because a lack of care at home provision. She suggested looking at how the patient safety programme could be adapted to address the relationship between people who need support and people who support them. She

also expressed concerns that while people with long term conditions, as a population, have predictable care milestones that can be anticipated this was less true in the growing population of older people whose needs can change rapidly and are not as easy to predict. She noted the need for advocacy for this mass group of older people.

Mr Feeley quoted the statistic that (extrapolated from English data) by 2040 the number of people in Scotland with dementia would be 50% higher than today. There followed discussion on care homes, planning permission and developers contributions.

Ms Dixon continued the theme of housing and looking 20 years into the future by referring to raising accessibility standards in mainstream housing, digital enablement and innovative models of community support such as shared lives. She noted that a lot of aging decline is preventable and that investing in reconditioning, strength and balance and keeping people mobile and physically active represents potential savings in levels of care required. She also asked if aspects of age friendly communities such as accessible transport, dropped kerbs and benches were being mentioned and had concerns about data infrastructure for planning and outcomes measurement.

Mr Elder-Woodward raised the shared concern that this report would sit on a shelf with nothing radically changing for those in receipt of care. Mr Feeley stressed that this report was built on the lived experience of the people he had talked to and that it was their voice in report.

Mr Feeley thanked the panel for the roundup of concerns and invited them to email in anything else they wanted to contribute. He updated them on progress on the first draft of the report and that he hoped to have a version out to them before they next met.

Action: Secretariat to continue supporting Mr Feeley in the initial draft of the report and to circulate it to the panel.

Background Briefing

4. UNISON's ethical care charter
Ethical Care Charter – key themes and implementation summary (IRASC (040))
5. Commissioning examples - Alliance contracting - summary overview and analysis (IRASC (041))
6. Briefing – National Care Home Contract and Support Framework (IRASC (042))
7. CCPS Submission – Big Ideas and supporting papers

All Papers circulated by Kelly Martin, 11 December 2020.

9) Agenda items for meeting on 7/01/2021

- Finance and funding

10) Future Meeting Dates

1	Thursday 7 January 2021	9:00am – 11:00am
2	Thursday 14 January 2021	9:00am – 11:00am
3	Thursday 21 January 2021	9:00am – 11:00am