

SCVO response

The future delivery of social care in Scotland

March 2020

1. How should the public be involved in planning their own and their community's social care services?

The idea of social care services being planned, delivered and evaluated jointly by individuals, local communities, the voluntary sector and public sector is well accepted and should be the aspiration to aim for across the board. The principles underpinning good public involvement in planning social care services have been well established in legislation and have been long championed by the voluntary sector amongst others. The challenge is ensuring that concepts such as person centred, rights-based approaches and community empowerment are made a reality through providing individuals with meaningful choices and dignified provision of services.

A key part of this is ensuring meaningful involvement of individuals with experience, carers and voluntary sector representatives across the board, from service design and planning, through to delivery and evaluation. The Scottish Community Development Centre's National Standards for Community Engagement provide clear principles which should be followed in this process, enabling individuals and organisations to see how their views have improved services.

The First Minister's Advisory Group on Human Rights Leadership stated in 2018 that from a human rights perspective in Scotland, there is a demonstrable need for a greater coherence and consistency in law and policy and its subsequent implementation. This gap in the realisation of human rights appears particularly acute in the social care support sector. There is a clear need for a co-designed approach guided by human rights principles which ensure dignity and respect are at the heart of decision-making, including ensuring support and resources are

identified to help people become human rights defenders, such as through advocacy support.

The voluntary sector is often expertly placed to support local health and social care partnerships in this, facilitating regular meaningful conversations with individuals and communities, and not infrequent crisis generated top down engagement. The sector brings a wealth of experience and innovative thinking around citizen participation, collective decision making and open government. Partnerships should explore assessing and publishing people's experiences on regular basis, and should look to pilot new approaches such as citizen's juries. Radically redesigning individual, community and voluntary sector participation in decision making is an integral next step to achieving the Committee's Strategic Vision of prevention and tackling health inequalities.

It's currently very difficult for individuals and support organisations to hold IJBs to account, not least because of the clear power imbalance between paid public sector staff and volunteer representatives. Having only one, non-voting place for the voluntary sector does not redress this, and this one representative cannot be expected to speak on behalf of the entire sector. The involvement of the voluntary sector in IJBs varies significantly across Scotland, though this can often be interpreted as tokenistic. The result is that the voices of local citizens and communities are not heard.

Whilst SCVO very much welcomes the opportunity to contribute to this Social Care Inquiry, we note our concern that opening a nine week consultation the week before Christmas will have unfortunately limited the ability of individuals, and organisations representing people with lived experience of social care, from engaging with the process.

Included within proper implementation is the coalescing around common language. Currently terms such as prevention, co-production, participation, community engagement and empowerment can often mean different things to how communities and voluntary sector organisations talk about them and how public sector bodies implement them. Inviting someone to a meeting, for example, should not be the box ticked for participation and engagement. Joint working to establish both shared definitions and clear routes to achieving outcomes, such as what the shift from crisis intervention to prevention would mean for example, is needed.

As highlighted by CCPS and others, there is still a long way to go to make the principles set out in the Self-Directed Support act 2013 a reality. Chief amongst the gaps are ensuring individuals understand and are made aware of their rights, with the resources made available for them to make meaningful choices. This requires the workforce are adequately trained to ensure local authorities can fulfil their duties.

2. How should Integration Joint Boards commission and procure social care to ensure it is person-centred?

There needs to be a fundamental overhaul of the commissioning and procurement process for Integrated Joint Boards (IJBs). This includes the removal of competitive tendering. Not only does it seriously hamper a human rights-based approach, competitive tendering also threatens the sustainability of the voluntary sector, which in turn threatens the sustainability of social care. The contribution of the voluntary sector should not be underestimated: 2% of all Scottish public spending (£1.45bn of £73.4bn) is on voluntary sector contracts and 31% of adult social care workers (around 43,400) are employed in the voluntary sector.

Commissioning and procurement should help, rather than hinder, partnership working. The current predominance of one year contracts is deeply damaging to the voluntary sector, creating massive instability in the form of yearly redundancy notices, which restrict the ability to plan strategically and place challenges on staff retention. This latter effect is also produced by the lack of inclusion of funds in contracts for staff wage uplifts or pension contributions for the sector delivering partnership priorities. A tendering system geared towards voluntary sector competition frustrates innovation, demoralises staff, and ultimately hinders the care people receive.

The voluntary sector delivers the highest quality social care, and the vast majority of community activities that promote wellbeing, inclusion and social interaction. The sector deserves to be taken seriously and local authorities and health boards need to recognise that. The need to improve partnership working with the voluntary sector has been consistently and clearly articulated across the spectrum, including in the Health and Sport Committee's own report of 2017, and the Ministerial Steering Group of February 2019.

The sector has to play a key role in the strategic decision-making framework in order to shift spend to prevention, early intervention, reducing inequality and wellbeing. The Auditor General has confirmed that good quality social care is what most people need and what protects them from needing higher tariff health interventions. Yet social care remains undervalued and a commissioning system which dehumanises the very people it is supposed to serve and who need our care the most continues. The recent Fair Work Convention, for example, found inconsistencies across Scotland in social care workforce conditions and pointed to current commissioning and procurement practices as a key factor in this.

The all too frequent squabbles between the NHS and local authorities over whose budget line is footing a particular bill, is clearly something which must be

collectively moved past as is negatively impacting everyone. The voluntary sector needs to be involved in key budget planning decisions. The only way the outcomes of integration will be met is if resources are directed away from acute care into community services, many of which are provided by the voluntary sector. We expect the forthcoming framework for community based health and social care integrated services to recognise the importance of the voluntary sector as front and centre.

There are numerous examples across the country of successful cross-sector partnerships, a sample of which are documented in SCVO's [Positive Partnerships](#) collection. Central to these are the building of trust, regular and honest conversations, the sharing of data and other resources and collective decision making. The learning from these must be shared across the country and be something for everyone to aspire to.

Despite HSCPs spending billions of pounds of public money, there is very little oversight of their spending decisions; their decision-making structures lack transparency, with their rationale for their choice of services not always backed by long-term thinking or a clear desire to achieve the best outcomes for communities. This is of concern to the sector, who have sometimes found their services pulled despite achieving excellent resultsⁱ. It is not just the voluntary sector who have these concernsⁱⁱ, they are shared by Audit Scotland.

The Public Service Reform (Scotland) Act 2010 gave the Care Inspectorate the power to scrutinise social care commissioning yet, as identified by the response of CCPS, this has not yet been deployed in any serious capacity. Scottish Government guidance on strategic commissioning outlines the need to fully involve communities and voluntary sector providers. This is clearly not happening. As with the wider work of IJBs, as mentioned in response to question 1, there is a clear accountability gap here which needs to be addressed.

3. Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?

As outlined in response to the two previous questions, the two critical issues of realising rights in practice and developing effective accountability mechanisms are vital for a successful social care model. Central to this is improving the position of the voluntary sector, alleviating the fundamental challenges threatening the sector's sustainability, and giving the sector the power and support it needs to flourish. This involves addressing key workforce challenges, removing the yearly uncertainty over voluntary sector jobs, providing access to



vital training currently only available for public sector staff and ensuring wage uplifts and pension contributions are shared across all staff delivering partnership priorities.

The voluntary sector brings a vast range of skills, expertise and experience to the planning, shaping, delivery and evaluation of health and social care. A key strength comes from its diversity, driving forward innovation and bringing fresh thinking to key challenges. The sector has strong expertise in promoting human rights based, person centred health and social care, creating the conditions for community empowerment and asset-based approaches.

A strong voluntary sector is vital for cross-sector partnerships to develop. This includes greater data sharing across all partners, overcoming the false assumption that voluntary sector data is not robust enough. Cross-sector partnerships have thrived across the country when they have been founded on a position of trust, recognising skills and understanding constraints, with a shared vision of responsibility and ambition developed for local communities.

An ideal model of social care would have a clear and robust accountability structure, one centred on transparency and participation. All partners would be held to the same standard of reporting, with papers for IJBs developed collaboratively, not released within a week of the meeting. It should be clear to all individuals, communities and organisations who engage in consultation, engagement and any other forms of dialogue with partnerships how their opinions have been considered and how this has shaped subsequent decisions.

There is a clear place for the use of technology which is geared towards maximising independence, through increased choice and ability to remain at home. It must be accessible and secure, with support given to individuals to access and utilise it. The use of technology, though, should be decided by individuals choosing what is best for them, rather than something which is imposed upon them due to IJB budgetary constraints.

4. What needs to happen to ensure the equitable provision of social care across the country?

CCPS and others have consistently highlighted inconsistencies in service provision across Scotland, such as in eligibility criteria and charges for non-personal care, as well as in quality of local expertise. A particularly acute example is in the social care offered to prisoners.

As highlighted above, addressing HSCP power imbalances, alongside greater monitoring and accountability of local delivery mechanisms are vital steps forward. Central to this is the consistent and meaningful involvement of the voluntary sector across decision making bodies, raising issues of unequitable provision and offering support to raised standards.

Equitable provision of social care across Scotland requires the embedding of a human rights-based approach across the board, at local and national level and at all stages of service provision. Central to this is meaningful choice and decision making power for individuals and communities, with appropriate resource support provided.

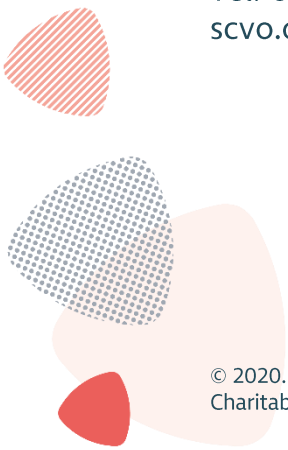
We echo the concerns raised by the Health and Social Care Alliance over the perceived narrowing of eligibility criteria. As outlined in their response, this means some individuals will be denied a small amount of support which could have maximised their independence and prevented, or at least postponed, a more expensive intervention such as admission. This would run counter to a human rights-based approach seeking maximum independence for individuals, but as evidenced through the ADL LifeCurve™ and other studies, this denial of preventative treatment can speed up age-related functional decline.ⁱⁱⁱ

Understanding of, and support to tackle, the challenges threatening the sustainability of the voluntary sector will also be vital, including promoting the transition from a traditional finance driven view of commissioning and procurement, to approaches centred on voluntary sector collaboration and innovation.

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About us

The Scottish Council for Voluntary Organisations (SCVO) is the national body representing the voluntary sector.

There are over 45,000 voluntary sector organisations in Scotland involving around 138,000 paid staff and approximately 1.3 million volunteers, managing an annual income of over £6 billion.

We're passionate about what the voluntary sector can achieve. Along with our community of 2,000+ members, we believe that charities, social enterprises and voluntary groups make Scotland a better place.

We lobby government on policy issues, create jobs for young people and support organisations to embrace and promote digital skills. We also help with day-to-day stuff, like affordable office space, discounted training courses, funding opportunities and information and support to help people set up and run their organisations.

Further details about SCVO can be found at scvo.org.uk.

ⁱ See, for example, <https://voluntaryforcenews.org.uk/tfn-news/shock-as-health-project-faces-closure> and <http://www.pchp.org.uk/news/2019/next-steps-pchp>.

ⁱⁱ As Audit Scotland say in their latest report on HSCPs, "Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support... Change cannot happen without meaningful engagement with staff, **communities** and politicians [our emphasis]." *Health and social care integration: Update on progress*, Audit Scotland, November 2013: https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf.

ⁱⁱⁱ For more information on the ADL LifeCurve™, developed by Newcastle University's Institute for Ageing <https://adlsmartcare.com/Home/LifeCurve>