Voluntary Health Scotland response to the Health and Sport Committee Inquiry into Social Care

February 2020

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Our aim is improve people's health and wellbeing by providing an effective national network for voluntary health organisations.

The views expressed in our response have been informed through a series of roundtable meetings we have been hosting between Audit Scotland, members of the Third Sector Health and Social Care Collaborative, the wider third sector as well as carer groups, since October 2015. The aim of these meetings was to help inform Audit Scotland of the areas that the third sector see as imperative to include in the audit of Health and Social Care Integration.

The discussion in these meetings have yielded a range of issues regarding the engagement between Integration Authorities and the third sector, carers and patients, and how this could impact on the successful implementation of one of the largest public sector reforms attempted in Scotland.

We also held a roundtable meeting with the Assistant Clerk to the Health and Sport Committee and a range of member organisations to inform our response to this inquiry.

How should the public be involved in planning their own and their communities social care services?

In order to ensure that the public is involved in planning their own and their community's social care it is essential that communication and engagement with people and communities is improved within the current decision making structures.

VHS have been gathering anecdotal evidence through a series of roundtable meetings we have hosted between Audit Scotland, members of the Third Sector Health and Social Care Collaborative and the wider third sector as well as carer groups since 2015. The evidence shows that engagement by Integrated Joint Boards (IJBs) with patients, carer and third sector representatives is inconsistent and that partnerships fail to engage with non-voting partners in a meaningful manner. We have heard that non-voting members have limited authority to set agendas or support decision making and more needs to be done to ensure their voice is heard and that they can become active members of the decision making process.

During one of the roundtable meetings we held Carers Trust Scotland drew attention to the experience of a carer representative on an IJB what said that they were unable to engage meaningfully with the process as they felt that their inclusion on the Integrated Joint Board concerned was tokenistic. They had no means to help set or contribute to the agenda, their views were not valued and their participation was not supported.

A number of things can help support the development of a meaningful role for carer and patient representatives as well as third sector representatives on the IJBS. This includes consistent training and support to build the capacity of the representatives to play a full role on the Integrated Joint Boards. We know through anecdotal evidence that some IJBs have induction processes and support systems in place for all the IJB members to ensure they understand their roles and how to engage. This should be rolled out across all IJBs as standard operating procedure and best practice should be shared and reviewed by IJBs with the representatives.

Patient, carer and third sector representatives should be supported to represent wider interests, issues and demographics rather than their own individual interests, through training, development and opportunities for broader engagement. It is important to look at the process of decision making and how representatives on the IJBs are supported in that process.

People-Led Policy Panel (PLPP) is a pilot funded by the Scottish Government and facilitated by Inclusion Scotland to support the reform of Social Care. The panel includes 51 individuals with lived experience of using social care who come together to discuss how their experiences can improve the delivery of what they call social care support. Their reasoning for including the word support is that it implies choice in that a person is supported to do what they want rather than having things done to them. We would recommend the development of localised panels for patient, carer and third sector representatives so that individuals on the IJBs can tap into the knowledge and expertise of these wider panel members and better represent more broad perspectives.

VHS believe that this will also provide an opportunity to provide accountability and close the loop, where the panel members share their time and experiences but through the engagement with the IJB representatives are also able to hear about the outcomes.

Having these types of localised panels that are recruited appropriately also provides the opportunity to include seldom heard groups into the decision making process. This will ensure that social care is fit for purpose for all users and will include the needs of children and young people, BME groups, people who are homeless, people who have experience of the criminal justice system, who have all been less heard in discussion around social care discussion, who all face a range of barriers and issues with the system.

Speaking to NKS a BME health and wellbeing charity, they spoke of the sharp inequalities faced by the BME community in accessing social care and how this can be fixed through simple changes. When asked what needed to change they said more accessible information that is available in the community through trusted sources, cultural sensitivity, better training for social care and social work staff to know what is available locally and to be able to help people to identify what they would like to achieve with their social care package. They also spoke about the need for all Local Authorities to give people real choice in how they manage and what they can get with their social care packages. NKS mentioned a number of case studies where people had been told they could choose the type of activities they wanted to do or level of support they needed but this was from a pre-set list of options none of which suited the individual which meant they lost part of their funding.

This model of diverse and sustained engagement can also be used by Community Planning Partnerships in order to develop localised services, projects and amenities that support the delivery of social care. We would like to see this developed.

In order to improve the way in which the public are involved in the planning of social care for themselves and for their communities, more needs to be done to engage people to discuss the types of social care they would like at an earlier stage. As people live longer they will have more complex social care needs and people should be consulted on the types of care and support they would like, their interests and what they would like to achieve through their social care, on a regular basis. Information about the availability of social care and what the process of accessing it is should also be made available at an earlier stage. Having a process in place around an assessment where people are told about the choices they have available and to get them thinking about what they want to achieve through their social care will ensure that they can be more involved and active in the process.

We recommend using the Scottish Approach to Service Design. This approach means that people are supported and empowered to actively participate in the definition, design and delivery of their public services (from policy making to live service improvement). The Scottish Approach is based around 7 principles for service design, which include: designing service journeys around people and not around how the public sector is organised, seeking citizen participation from day one, and using inclusive research and design methods so that citizens can participate fully and meaningfully.

It is also important to normalise the discussion around social care in the same way there is a movement to include people in decisions regarding palliative care.

Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, transport, housing, different types of support).

Social care is about enabling people who need support to live a full life by providing holistic support that looks at the whole person and is about attending to the individual’s wellbeing rather than simply their physiological health.

The National Public Health priorities jointly published by the Scottish Government and COSLA will guide the newly established Public Health Scotland by providing a holistic vision that includes place, mental health and a sustainable economy. The focus of the Public Health Priorities is to take a preventative approach to people’s health and wellbeing and we think that this should be applied to the delivery of social care. The model of social care should not only consider the point of delivery but all the other factors involved such as community infrastructure; the design of places; the accessibility, affordability and availability of transport as well as housing that is fit for purpose. Simple things such as the fact that buses can only take one wheelchair user at a time so if two or more people want to travel somewhere by public transport they need to get separate buses, should be addressed. All of these cross policy areas contribute to a person's independence, health and wellbeing and are crucial when considering long term community care and ensuring people can live at home for longer.

There is an opportunity through the development of the National Transport Strategy, National Planning Framework 4 and implementation of the loneliness and social isolation strategy to encourage more accessible and better connected communities that have a range of activities and support available for people. This can also help to develop a more organic system of peer support where social care services and wider support through befriending and community networks can support people with varying social care needs. More importantly, this type of community investment can ensure that people have access to both formal and informal support before reaching crisis. However, this needs to be supported through investment in sustainable community infrastructure and support to build capacity of those with social care needs. We recommend that the Committee explore the use of the Independent Living Fund to support capacity building in individuals.

We would also like to recommend that the Committee explore the impact of Community Link Working on social care and how this can be used to help support people to access vital support and services in their community, with the proviso that these community services are sustainably resourced to match demand.

The use of technology also has a key role to play in supporting people to stay connected and to help people access information and services and can be a useful preventative tool. However, it is important to understand that it will not be right for everyone and that in general all care and support arrangements should include a mixture of both human and technological solutions. We recommend that the Committee looks at the resources produced by Dr Louise McCabe from Stirling University for the Technology and Social Connectedness Project. This includes guidance for individuals and organisations to plan and develop projects or services that use technology to promote social connectedness for adults. We think that this resource can help to ensure that the use of technology in social care takes service user characteristics into consideration for a more person centred and appropriate use of digital technology.

We also commend the use of the Human Rights Charter for Technology and Digital in Social Care, developed by Scottish Care. This charter has been developed in collaboration with developers and designers, providers and practitioners, residents and citizens who use social care support. This charter details 17 principles that should be followed when using technology in the care of people in Scotland.

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

There is a need for local flexibility in terms of decision making but people's experiences of the social care system need to be consistent at a national level where they get the same quality and level of support across Scotland, even if it is provided differently in different areas. An example of how this can be implemented is having set criteria for eligibility and timescales for accessing social care for example, a standard 28 days to get an assessment and if this is not possible then you are given information and support to access ab independent assessment.

There is a need for better data to support decision making at a local and national level. We understand that the Information and Statistics Division in NHS National Services Scotland does not currently collect much data, if any, on integrated social care services. This needs to change and data and intelligence need to become available for better services to be developed. According to the Audit Scotland Audit of Self-Directed Support there is little or no data to monitor progress and impact of SDS. We recommend that there needs to be more reliable data on the number of people choosing each of the SDS options, the types of activities and services they are funding and what outcomes people want to achieve with their social care package. Data on unmet need and those who are not able to access SDS or social care and why, needs to be collected and monitored. This will help to create a baseline from which progress can be monitored it will also help develop services and activities that match demand in the local areas. It will also help to shift the emphasis of social care delivery towards being more outcome focussed by moving away from measuring the number of hours of support a person has received towards what was actually achieved during that time for the individual being supported.

During a roundtable meeting held by VHS to inform our response to the inquiry the difference between legislation and how it is implemented as well as the role of accountability was raised. Decisions regarding the model of social care are made at a national level but are implemented locally which blurs the lines of accountability when things don’t work. We recommend that the Committee explore what needs to change in order for legislation and policy to be implemented more effectively at a local level and also to identify where accountability lies.

We also recommend the use of the PANEL Principles (PANEL stands for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality), in the development of the social care model. This will ensure that a person centred human rights based approach can be achieved in a tangible and practical manner.

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