

# REVIEW OF ADULT SOCIAL CARE: PRIORITY AREAS OF FOCUS SCOTTISH CARE – SEPTEMBER 2020

A national review of adult social care has to focus on particular themes that enable a national consensus and approach whilst maintaining the strength of diversity and personalisation within a social care context. Key areas of focus are recommended by Scottish Care and its members as follows:

## Distinctive role of social care

It has to articulate how and why social care is distinctive from health care. Social care cannot simply seek to replicate the NHS. Models which progress the medicalisation of care to the detriment of the wider focus of social care support – which includes prevention, reablement and wellbeing in a much broader sense, often across a much longer period of someone's life - would be extremely harmful. However, the review must also be sensitive to the interdependency of health and social care and recognise that changes within social care will inevitably impact health care.

It has to be appreciative of the community dimension of care, across both care homes and homecare, as opposed to a national, one-size fits all, generic approach which is top-down.

It must recognise the flexibility required within social care to adapt and tailor support to meet people's needs and wishes in the short, medium and longer term, including at end of life. This requires the enablement of a proactive approach to care and support, rather than the reactive approach that the current system often dictates.

It has to use evidence of what works in the meaningful integration of health and social care to consistently embed ways of working which mean citizens have a continuum of care and contact of high quality and consistency, regardless of which part of the sector they interact with and when. Whilst

### **Choice and SDS**

It has to be centred around the needs and wishes of the citizen and not the system, workforce, the acute sector NHS or indeed providers.

It has to embed rather than remove the principle of informed choice, individual control and autonomy which lie at the heart of the self-directed support legislation. It is not the ideology which has prevented SDS from embedding but challenges in culture and traditional power dynamics, reinforced by a fear of change and vested interest, must be overcome.

It has to interrogate how assessment, eligibility and communication processes directly impact on citizen choice, including how these can create barriers to accessing care and support services.

The review has to achieve the aims of openness, transparency and fairness without directing the future of social care in such a restrictive way that unintentionally, choice for citizens is limited or removed by a general, national approach. There has to be recognition of the fact that some people may wish to acquire additional services and supports, including at personal expense, and that this can be acceptable and desirable providing that openness, transparency and fairness are prioritised in all decision making and contractual processes.

## Commissioning and business models

It has to address the competitive model currently in place for social care commissioning which in homecare, has driven prices down and in care homes, has resulted in a failed Cost of Care Model where local authorities end up spending twice as much for in-house services. Both result in waste by creating an instable market and disrupt continuity of care and support.

It has to address the 22 different approaches to social care charging which currently exist across the country.

It has to evidence the strength of diversity in business and delivery models in social care, within the development of a framework which promotes and provides assurance of transparency, fairness and citizen benefit.

#### **Cost and return**

It has to offer proposals which are seriously costed rather than hypothetical.

It has to instigate a national dialogue on how a society with an ageing population and a declining workforce is able to pay for the social care it wants, requires and deserves.

It has to articulate a clear and fair position on the issue of return within social care in a way that ensures investment in and sustainability of high quality services whilst addressing concerns, regardless of provider, of inefficiency, value for money and profiteering.

It has to address the fundamental inequalities inherent in the funding of social care compared to funding of the NHS. The current system sets out to deliver what people want, but only provides funds based on what is deemed affordable, without effective routes to challenge inadequate funding or adjust service delivery in an equitable way. The review must look at current systems for funding and be clear about how they must be reformed, regardless of who is delivering the service.

# **Human rights and equalities based**

It has to be undertaken from the position of the upholding and advancement of human rights for all, adopting principles of inclusion and participation in its workings. There is a need for significant consultation at every stage of the inquiry process.

It has to address the inequity of diagnosis-dependent financial support across health and social care which is creating a two-tier system.

It has to tackle the issue of access to support – and choice of support - based on cost assessments and urgency of need, as eligibility criteria becomes higher and more subjective.

It has to articulate and reinforce the requirement for equality and fairness of approach and treatment across all partners in the social care sector, including different providers and informal carers. In so doing, it must address the underlying myths, stigmas and misinformation which colour how different stakeholders are engaged with and accounted for in both policy and practice terms.

# **Consistent regulation**

It has to focus on the need for clear and consistent regulatory oversight and practice rooted in the National Standards and in a non-clinical approach to care.

It has to articulate the appropriate role and balance of regulation in provide assurance and scrutiny as well as driving and supporting improvement. It must recognise the inextricable nature of inspection and improvement in a way that prioritises development and progression within the social care sector, both for services and the workforce.

It has to consider the role of different regulatory bodies in the health and social care landscape and consider how duplication and confusion can be avoided and the assets of all maximised.

## **Creativity and innovation**

It has to consider the role of social care data in shaping the future direction of services and planning.

It has to leave space for the social care entrepreneurship which has been at the heart of care development and improvement, and which is essential in a digital and technological age.

It has to direct the future of social care in a way that encourages and empowers social care providers to work together and to develop effective partnerships with the health sector to the benefit of those who require care and support. This includes a focus on funding to enable investment and innovation in technology, learning and staff development without these being curtailed by restrictive commissioning and tendering processes and dynamics.

## Workforce value

It has to provide clear solutions as to how to better recognise, value and reward the criticality, skills and commitment of the social care workforce across all roles. This has to be cognisant of ongoing recruitment and retention challenges, further compounded by Brexit and immigration plans, and provide attractive career pathways.

It has to consider how workforce planning can be effectively undertaken in an integrated context, including the development of the role of nursing and clinical staff in care homes.

It has to address the demand for consistent and national terms and conditions that advance Fair Work. This includes meaningful review of the role of pay and training in valuing staff and supporting staff retention, recognising that the inadequate funding within the existing system directly contributes to the devaluing of the social care workforce.



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23 September 2020