

Independent Review of Adult Social Care in Scotland

Briefing paper for unpaid carers

The independent review of adult social care sets out a bold and ambitious vision that if fully implemented has the potential to transform the lives of people with social care needs and unpaid carers.

Many unpaid carers have contributed to the review by sharing their experiences and views about the current social care system, what its strengths are and what needs to be reformed. They have been clear that the whole system needs to change, from the way we view social care support, to the way it is organised and funded. Alongside this there needs to be specific measures to support unpaid carers, to sustain them in their caring role and ensure they have a fulfilling life outside of caring. As the review recognises, without support unpaid carers cannot access their basic human rights.

Background to the Independent Review of Adult Social Care

The review of adult social care took place between September 2020 and January 2021. The review was independent, meaning that it was commissioned by the Scottish Government but it was free to draw its own conclusions, without government influence. The review was chaired by Derek Feeley and was supported by an [Expert Panel](#).

Between September and December 2020, the review team met with and listened to the views of over 1,000 people, including many unpaid carers, as well as supported people and members of the social care workforce. This evidence formed the basis for the 53 recommendations in the final report.

This briefing paper aims to summarise the main points of the review for unpaid carers. [You can read the full report here](#) and the 53 recommendations are included as an Appendix on pages 8 to 12

The three key things that must change

The review has identified three things that must change to improve outcomes for people using social care and their unpaid carers.

1. **The language that is used around social care must change** if people are to view it as a positive investment in people with support needs and unpaid carers. The report provides

examples of how we must change the way we talk and think about social care. This includes, focusing on people's rights and capabilities, rather than on what they can't do and what their needs are. Also, understanding that social care is not about services, but about supporting people to live independently.

2. We need to strengthen the foundations by **building on what we have already**. Scotland has some ground-breaking legislation, including The Carers Act and self-directed support legislation. But these laws haven't been fully implemented and we need to make sure this happens. In addition, we need to value and strengthen the social care workforce and recognise and support unpaid carers, who are described in the report as 'the cornerstone of social care support'.
3. The change that is needed cannot happen without **redesigning the system**. This includes changing structures through the development of a National Care Service.

Support for carers

The review acknowledges the role of unpaid carers throughout and also includes a short chapter specifically on support for carers.

In this chapter unpaid carers are recognised as the largest group of care providers in Scotland, greater than the health and social care workforce combined and it acknowledges that they must be viewed as equal partners in the provision of care. It sets out recommendations for improving support for unpaid carers with the following four recommendations:

1. Carers should have a right to respite, with regular access to quality respite provision and the development of a range of options for respite and short breaks
2. The new National Care Service should prioritise information and advice for unpaid carers and take a human rights based approach to support for unpaid carers (you can read more about the National Care Service on Page 3)
3. Unpaid carers must be more involved in planning their own support
4. Unpaid carers must be represented as full partners on Integration Joint Boards and on the Board of the National Care Service.

This chapter also specifically mentions unpaid carers who combine work with their caring role. It says that unpaid carers should not have to give up work to care and suggests that access to employment should be a routine part of Adult Carer Support Plans.

The purpose of social care and adopting a human rights approach

The purpose and vision of social care is defined as:

'Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing and independent living and equity'

The review is clear that we need to take a human rights based approach to social care. This includes having respect for people's dignity and individual autonomy and ensuring social care reflects the principle of equality.

This requires a move away from eligibility criteria, where people have to be in critical need or at crisis point to receive support. Instead there needs to be a focus on people planning the support they need, when they feel they need it, in order to live their lives well.

Everyone should understand their rights and there should be no barriers to them accessing them. Where they need advocacy support or brokerage this should be available and where the system fails they should have rapid access to an effective complaints system with the ability to put things right.

Local community based support must be encouraged, supported and funded and instead of assessments, people should have good conversations where they are in the driving seat, leading to choice and control over the support they receive.

A National Care Service

One of the most radical changes recommended by the review is the development of a National Care Service (NCS).

This would operate as a new body to oversee social care, similar to how the National Health Service oversees health, enabling social care to have a more equal footing with health care.

As part of this proposed new structure responsibilities would shift from local authorities to national government, with a new Minister being appointed to oversee social care. Local Integration Authorities would also have more powers and would be directly funded by national government, rather than receiving their funding from local authorities and Health Boards as they do at the moment. The diagram on Page 7 illustrates how these new structures would work.

The role of the NCS would include

- Overseeing commissioning and procurement, which is how local authorities currently develop some social care services. The review recommends that the NCS should set national standards while Integration Authorities should be responsible for commissioning and procurement at a local level, as well as being responsible for GP contracts.
- The NCS would lead on workforce development, including improvement programmes to raise standards.
- For people whose needs are highly complex, their social care provision would be overseen by the NCS.

- The NCS and NHS would both develop a set of joint outcome measures, which would set the standards for both health and social care.
- The Care Inspectorate and Scottish Social Services Council would be part of NCS, allowing the NCS to play a role in the inspection of services and the regulation of the social care workforce.
- THE NCS would address gaps in social care in relation to workforce planning, data and research, IT and service planning.

Improving outcomes by allowing people more choice and control

There are many examples in Scotland of excellent social care services making a difference to people's lives. But these are often described as 'best practice' when they need to be standard practice for everyone.

This includes self-directed support, which has not been implemented consistently across Scotland, leading to patchy service provision and the ambitions of self-directed support falling far short of their original intentions. The review calls for the experience and implementation of self-directed support to be improved by going back to the original principles of putting people's needs, rights and preferences at the heart of decision making. It also sets out a recommendation to improve the quality of care in care homes.

Good models of care

The review sets out ways in which we need to build on the good models of care already being delivered. Including:

- Rather than support being delivered through institutions and residential care people should be supported in their own homes and communities. This includes models such as [extra-care housing](#) and [shared lives](#), as well as providing early support to enable people to stay in their own homes.
- Making better use of adaptations and technology. Technology and adaptations have the ability to enhance, rather than replace, social care provision.
- Ensuring that people who use services and unpaid carers are at the heart of all social care support by involving them better and earlier.
- Building on community supports through the NCS. For example through community connectors and community brokers.
- Better integration of services within communities and the development of networks of mutual support.

In order to successfully move towards these ways of working, the review recommends:

- A review of discharge arrangements for people leaving hospital to support them to continue living at home. Investment in new models of care should prioritise people living in their own communities.

- A national approach to innovation, with the Institute for Research and Innovation for Social Services (IRISS) potentially being part of the NCS.
- A 'relentless focus' on involving people who use services and carers.

How services are planned and purchased

The review recognises that the current system for commissioning and procuring services acts as a barrier, rather than a support to the development of quality, accessible social care services and therefore needs a radical overhaul.

Commissioning is supposed to help with the planning and development of services by identifying the needs of people who use social care support and then setting out a plan to meet those needs. Procurement is the process of purchasing services that meet those needs. For example, a local authority might procure short break services from a third sector organisation, which means they will agree a contract with them to provide the service and then provide them with funding.

Currently the system is driven by price and competition, meaning it is not always services that best meets people's needs that are funded. It also means that providers of services often have to cut costs in order to win the contract and this can impact on the quality of service and on the terms and conditions of the social care workforce.

The review recommends a more collaborative approach to commissioning, meaning people who use social care services, carers and communities lead the process and are more involved in the design and development of services. The NCS would play a role in setting standards and requirements, and because the system is clearly not working in its current form, the review suggests exploring the idea of pressing the pause button on all current procurement until new ways of working are established.

Fair work and the workforce

One thing that came across very strongly in the evidence provided to the review was that the people who work in the social care sector often do not enjoy good pay and conditions and while there are many very dedicated and experienced people working in the sector, there are big issues with recruiting and retaining staff because of this.

The review sets out the need to improve the conditions and experience of the care workforce and raise standards. It draws heavily on the Fair Work Convention's report [Fair Work in Scotland's Social Care Sector](#).

It suggests that the recommendations from the Fair Work Convention should be fully implemented, and that there should be an assessment of the terms and conditions for different roles in the sector, leading to minimum standards.

It also suggests that, in partnership with the Independent Living Movement, the recommendations in the review should be extended to include Personal Assistants, as well as staff in the public, third and independent sectors.

How will this be paid for?

The recommendations in the review all cost money to implement and the review does not shy away from recommending a significant additional investment in social care. The total bill for the proposals in the review comes in at an extra £660 million a year.

Additional investment is recommended in several areas. These include allowing more people to access social care and at an earlier stage, before they reach crisis, implementing the Fair Work Convention and removing social care charges so that non-residential social care would be free, in the same way health care is free. In addition, the review recommends increasing the financial support for free personal and nursing care for self-funders and re-opening the [Independent Living Fund](#), as well as directing funds to preparing for our ageing population.

Support for carers is specifically mentioned as an area that needs more funding, with the recommendation that the *'National Care Service should also increase investment in a range of respite provision including options for non-residential respite, and for short breaks.'*

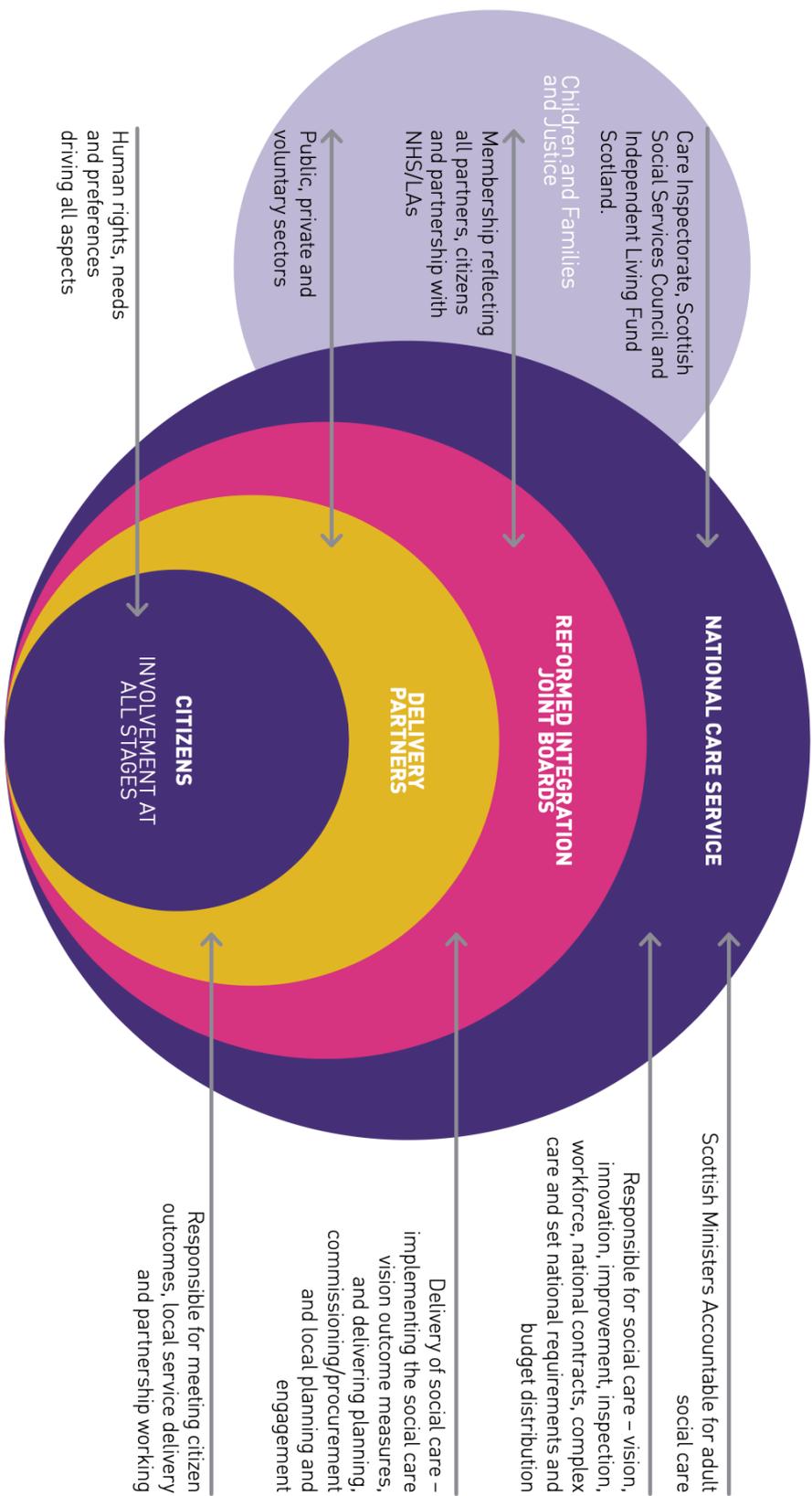
It does not recommend a specific approach to funding but suggests different ways to raise money through taxation.

What Next

The review has received widespread political and public support, but it needs government backing in order for its vision to be translated into reality. With the Scottish Parliament elections planned for May 2021, political parties in Scotland will be setting out their ambitions for social care in their election manifestos and the recommendations from the review are sure to feature. It is highly likely that this will form part of the programme for government in the next election term. But whether this will include all of the recommendations and the full costs for implementation remains to be seen.

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Appendix One: Proposed Structure of the National Care Service



Appendix Two: The recommendations in full

A human rights based approach

1. Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.
2. Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.
3. People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.
4. People should understand better what their rights are to social care and supports, and “duty bearers”, primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.
5. Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.
6. Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
7. A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people’s heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.
8. More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.
9. When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.
10. Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.

Unpaid carers

11. Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.
12. A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights based approach to the support of carers.

13. Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.
14. Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.

The case for a national care service (NCS)

15. Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care.
16. A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.
17. The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
18. The National Care Service should lead on the aspects of social care improvement and support that are best managed once for Scotland, such as workforce development and improvement programmes to raise standards of care and support.
19. The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.
20. The National Care Service's driving focus should be improvements in the consistency, quality and equity of care and support experienced by service users, their families and carers, and improvements in the conditions of employment, training and development of the workforce.

A National Care Service for Scotland – how it should work

21. The National Care Service in close cooperation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies.
22. A Chief Executive should be appointed to the National Care Service, equivalent to the Chief Executive of the National Health Service and accountable to Ministers.
23. Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.
24. The role of existing national care and support bodies such as the Care Inspectorate and Scottish Social Services Council – should be revisited to ensure they are fit for purpose in a new system.
25. The National Care Service should address gaps in national provision for social care and social work in relation to workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.
26. The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and

delivery of care in custodial settings, including prisons. A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

27. A National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, should be introduced by the National Care Service, and should address the three following key areas:

- The experience and implementation of self-directed support must be improved, placing people using services' needs, rights and preferences at the heart of the decision making process.
- The safety and quality of care provided in care homes must be improved to guarantee consistent, appropriate standards of care.
- Commissioning and procurement processes must be improved in order to provide a vehicle for raising the quality of social care support and for enhancing the conditions and experience of the social care workforce.

Models of care

28. The Scottish Government should carefully consider its policies, for example on discharge arrangements for people leaving hospital, to ensure they support its long held aim of assisting people to stay in their own communities for as long as possible.

29. A national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.

30. There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.

31. Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.

Commissioning for public good

32. Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.

33. A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.

34. The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service, and delivered locally across the country.

35. To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.
36. The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A 'new deal' must form the basis for commissioning and procuring residential care, characterised by transparency, fair work, public good, and the re-investment of public money in the Scottish economy.
37. National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.
38. A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.
39. A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.
40. Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.
41. Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.

Fair Work

42. Rapid delivery of all of the recommendations of the Fair Work Convention, with an ambitious timetable for implementation to be set by the Scottish Government.
43. Conduct a national job evaluation exercise for work in social care, to establish a fair and equitable assessment of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution.
44. Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.
45. Establishing a national organisation for training, development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development. The current role, functions and powers of the SSSC should be reviewed and appropriate read-across embedded for shared and reciprocal learning with the NHS workforce.

46. Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.
47. National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.
48. The recommendations listed above should apply to Personal Assistants employed by people using Option 1 of SDS, who should be explicitly recognised as members of the workforce, as well as employees of providers in the public, third and independent sectors. This recommendation should be delivered in full partnership with the independent living movement.

Finance

49. Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.
50. Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.
51. Additional investment in order to:
 - expand access to support including for lower-level preventive community support;
 - implement the recommendations of the Fair Work Convention;
 - remove charging for non-residential social care support;
 - increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;
 - re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and
 - review financial support made available to unpaid carers and increase investment in respite.
52. Robustly factoring in demographic change in future planning for adult social care.
53. Careful consideration to options for raising new revenues to increase investment in adult social care support.