

Health and Social Care Alliance Scotland (the ALLIANCE)

Response to the Scottish Government's call for views on remobilising social care day services

16 June 2020



Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to SCLD, Social Work Scotland, and the Scottish Government's email dated 5 June 2020 with the subject "Day Services", calling for comment on the options for remobilising social care day services, including those for adults with learning disabilities and people with dementia.

As we know, COVID-19 and responses to it do not have the same impact on everyone and disproportionately affect some individuals and groups – including people with learning disabilities, women, Black and minority ethnic people, and unpaid carers.¹ The ALLIANCE has outlined our concerns about this disproportionate impact in our response to the Equality and Human Rights Committee's inquiry on COVID-19.² We believe the disproportionate impact of COVID-19 on some people and groups should be clearly acknowledged and specifically addressed in Scotland's approach to decision making – including the development of plans for reopening sections of social care provision and day services.

The ALLIANCE has also highlighted the challenges facing third sector health and social care organisations as a result of COVID-19. These should also be considered within plans to remobilise services.³

What good practice in day services/support have we heard about in our area?

ALLIANCE members and partners have been agile and flexible in their responses to the new demands brought about by COVID-19, with a range of good practice in the provision of day services and support – as demonstrated in our '[Community in Action](#)' initiative and [on our website](#). Just some of the many examples include:

¹ https://www.improvementservice.org.uk/_data/assets/pdf_file/0013/16402/Poverty-inequality-and-COVID19-briefing.pdf

² <https://www.alliance-scotland.org.uk/blog/news/equalities-impact-of-covid-19-must-be-assessed/>.

³ <https://www.alliance-scotland.org.uk/membership/our-members-respond-to-covid-19/>;
https://www.alliance-scotland.org.uk/blog/case_studies/

- **Perth and Kinross Association of Voluntary Service (PKAVS)** has increased its telephone capacity to continue to support carers in the local area, making more than 1,000 contacts per week.⁴
- **Mel-Milaap** moved from providing day care facilities to older people to providing hot meals three times per week across Glasgow.⁵
- In addition to converting its work to online platforms in the space of just a week, **Multiple Sclerosis Centre Mid Argyll** has been delivering food and essential supplies to people who are unable to leave their home.⁶
- **Promoting a More Inclusive Society (PAMIS)** are working to provide families and carers of people with multiple learning disabilities with key information during COVID-19 (e.g. about access to PPE), have transferred care training resources online and have been providing other services online and via the telephone – including counselling, multi-sensory storytelling, art and music therapy, and activity sessions to support people’s physical and mental health.⁷
- **SCLD** has developed a ‘knowledge sharing hub’ to make essential information readily available and accessible for people living with learning/intellectual disabilities, who face particular challenges in accessing COVID-19 information.⁸
- **Moray Wellbeing Hub** has adapted all of its services to be accessible remotely, including delivery of Principles of Mental Health First Aid sessions.⁹
- **Macmillan Cancer Support’s Volunteering Hub** shifted from face to face to telephone and online support, reducing risks for many of their 130 volunteers who are older people and/or shielding.¹⁰

During COVID-19, the ALLIANCE’s 31 Community Links Practitioners (CLPs) have provided remote support to a wide range of people across Glasgow. Our Links Worker Programme¹¹ aims to mitigate the negative impact of the social determinants of health for people that live in areas of high socio-economic deprivation (top 15% SIMD). During the pandemic, Deep End GP practices¹² have referred people to the CLPs for help accessing support services, including mental health support, food boxes/food banks, prescription delivery, telephone befriending, homelessness and addiction services. CLPs have also arranged support for people who have been told

⁴ https://www.alliance-scotland.org.uk/blog/case_studies/a-crucial-service-for-carers-during-covid-19-in-perth-and-kinross/#expanded

⁵ https://www.alliance-scotland.org.uk/blog/case_studies/mel-milaaps-essential-response-to-covid-19/

⁶ https://www.alliance-scotland.org.uk/blog/case_studies/ms-argyll-responds-to-covid-19/

⁷ https://www.alliance-scotland.org.uk/blog/case_studies/pamis-adapts-its-services-during-covid-19/#expanded

⁸ https://www.alliance-scotland.org.uk/blog/case_studies/scld-responds-to-covid-19/

⁹ https://www.alliance-scotland.org.uk/blog/case_studies/moray-wellbeing-hub-supports-mental-health-during-covid-19/

¹⁰ https://www.alliance-scotland.org.uk/blog/case_studies/supporting-people-affected-by-cancer-during-covid-19/

¹¹ <https://www.alliance-scotland.org.uk/in-the-community/national-link-programme/>

¹² <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/>

to shield upon leaving hospital, assisted people applying for State entitlements (including housing support and Universal Credit), and maintained regular telephone contact with people in their practice, replacing home visits and face to face support.

Despite the changed world and financial constraints within which they are working, third sector organisations have taken swift action to reconfigure their operations in line with the restrictions put in place to control the spread of the virus.¹³

What innovative work arising from lockdown restrictions should be maintained post-lockdown, because it works better for people?

The ALLIANCE welcomes some aspects of the current Scottish Government guidance on changes to social care assessments, including:

- Delegating budget decision-making so that workers can expedite the arrangement of care and support packages.
- Delegating partial assessments to other registered professionals including occupational therapists, physiotherapists and nurses.
- Greater use of strengths based self assessment tools to support people making their own decisions about social care support.

If these powers are used and work well for people who access social care during COVID-19, we ask the Scottish Government and Health and Social Care Partnerships to learn from this and explore how they can be kept in place in the longer term.

Feedback from service users on the work of ALLIANCE members and partners providing digital and telephone support during COVID-19 shows that these forms of support are valuable and useful for many people. Some work (e.g. the delivery of hot meals) may not be a desirable or sustainable replacement for day care facilities; however, other aspects, like helplines, information hubs, and telephone/online support may be useful to maintain post-lockdown for those people for whom that is a better form of support than face-to-face services. For example, PAMIS's virtual activity programme could provide a useful complementary resource to in-person services,¹⁴ if funding can be secured to continue the work.

The ALLIANCE believes that it is essential that disabled people, people living with long term conditions, and unpaid carers are consulted directly about what changes to service provision they have found most useful and wish to continue post-lockdown. If possible, the design and development of post-lockdown services should be co-produced with people who use them. This level of engagement requires reasonable

¹³ <https://www.oscr.org.uk/media/3925/oscr-covid-19-research-summary-report-020620-002.pdf>

¹⁴ <http://pamis.org.uk/services/virtual-activity-programme/>

time frames for people to respond (several weeks), be available in multiple accessible formats, and should ensure that people without easy access to digital resources are also consulted. People may also want other forms of independent support and advocacy to facilitate their engagement.

What barriers do we anticipate around remobilisation?

More than half of Scottish third sector organisations¹⁵ have lost fundraising income because of COVID-19. The extent of this lost revenue, and its impact on third sector organisations' ability to provide remobilised services – potentially with increased running costs due to necessary actions to reduce the risk of transmitting COVID-19 (e.g. PPE, screens, increased cleaning) – is significant.

This loss of income is having a severe impact on the ability of organisations to plan and deliver future services, and in some cases poses a threat to their very survival. The consequences for those that rely on their support, including disabled people, people living with long term conditions and unpaid carers, is potentially incalculable. Data published by OSCR¹⁶ reveals that one fifth (20%) of Scottish charities foresee a critical impact to their finances at some point within the next 12 months. 11% foresee this happening in the next 6 months. Research compiled by the Scottish Council for Voluntary Organisations (SCVO)¹⁷ highlights that around half of charities think they will run out of funds in six months, and a third of organisations have less than three months' worth of their funding in reserves.

This stark financial impact comes at a time when many third sector health and social care organisations face increased levels of demand for their services. This is a particularly acute issue as organisations adapt to respond to requests from disabled people, people living with long term conditions and unpaid carers, who seek information and support for a range of issues, including self management, independent living and unpaid caring. An estimated 40% of charities report an increase in demand for their services – and this need for third sector support is not likely to reduce substantially in the near future

In addition to these financial issues, the ALLIANCE is concerned about equitable access to social care support as services resume. We understand that some local authority areas increased their eligibility criteria for accessing Self-directed Support (SDS), and that many people's social care packages were reduced and/or stopped

¹⁵ 51% of respondents to an OSCR survey conducted between 5-15th May 2020 reported a loss of fundraising income <https://www.oscr.org.uk/media/3925/oscr-covid-19-research-summary-report-020620-002.pdf>

¹⁶ <https://www.oscr.org.uk/media/3925/oscr-covid-19-research-summary-report-020620-002.pdf>

¹⁷ <https://scvo.org.uk/policy/evidence-library/2020-coronavirus-and-its-impact-on-the-scottish-voluntary-sector-what-do-we-know-so-far-may-2020>

as a result of COVID-19. For example, the BBC reported that the number of social care clients fell by over 2,000 in the period January to April 2020.¹⁸

The ALLIANCE believes that it is imperative to the wellbeing of disabled people, people living with long term conditions, and unpaid carers that narrowed social care eligibility criteria should be relaxed, and that once it is safe to do so support should be resumed at – as a minimum – the level it was at before the pandemic began. Furthermore, people whose assessments were cancelled due to COVID-19 should be considered for appropriate support as soon as possible, to minimise the disproportionate and negative impact them. People whose support arrangements were reduced or ended immediately prior to or during COVID-19 should be considered during any plans to remobilise services, and ensure that they can once again access support to provide choice, control, and quality of life.

When considering SDS needs assessments and reviews (including partial assessments conducted under emergency legislation), the additional financial constraints COVID-19 places upon disabled people, people living with long term conditions, and unpaid carers must be acknowledged. For example, before COVID-19 some local and integration authorities would not include funding for personal assistants to drive the people they support to activities and centres within personal budgets, stating that public transport could be used instead. With reduced provision of public transport and higher health risks to people if they contract COVID-19, it is important during the recovery and remobilisation phase that additional travel costs are accommodated in people's budgets to ensure they can access services as they begin to reopen. This is particularly important given that some local and integration authorities do not feel that they can safely provide bus transport to building-based day services (e.g. Highland) due to problems with maintaining social distancing and the need to limit the infection risk to people accessing services. If alternative solutions are not provided, then people in rural areas and/or areas of high socio-economic deprivation are likely to be least able to access services as they reopen – further widening existing health inequalities.

What questions do we need answered about this process?

The ALLIANCE welcomes discussions about remobilising social care day services in Scotland. In order to ensure equitable access to services, we recommend that it is essential input should be sought from people with lived experience, following human rights based PANEL Principles.¹⁹ To ensure that equalities and human rights are at the centre of the decision making process, we suggest that the following questions need to be answered about the process:

¹⁸ <https://www.bbc.co.uk/news/uk-scotland-52415302>

¹⁹ <https://www.scottishhumanrights.com/rights-in-practice/human-rights-based-approach/>.

- How will decisions about reopening services be made, and by whom?
- Are Equality Impact Assessments and Equality and Human Rights Impact Assessments being used as part of the decision making processes? If so, by whom?
- How will decision makers ensure that disabled people, people living with long term conditions, and unpaid carers are actively involved in meaningful decision making (with independent support to do so if required)?
- How will service providers accommodate individual service users' agency when assessing the risks of reopening services (e.g. for people who are considered clinically vulnerable under Government guidance but who have not been asked to shield)?
- Which services will be prioritised? Will decision makers consider the geographical spread of provision and focused support for groups who have been disproportionately affected by COVID-19 and lockdown arrangements (e.g. people with learning disabilities, people with lived experience of mental health problems, unpaid carers, women, Black and minority ethnic people)?
- How will decisions about which services will reopen, and in what capacity, be communicated to service users? All communication should be fully accessible, with a plan to ensure that all potential service users receive equitable access to information about services.

What specific suggestions do we have about how the Scottish Government can help with this planning process?

Many people living with long term conditions, disabled people and unpaid carers have been unequally affected by the reduction in social care services under lockdown arrangements. The ALLIANCE has a range of specific suggestions for how the Scottish Government can assist with the planning process as services reopen:

- Resume social care support at – as a minimum – the level it was at before the pandemic began. Packages must be reinstated to at least the level prior to COVID-19, and access to services should be prioritised for people who have been asked to shield – often without adequate support arrangements in place or with additional demands upon unpaid carers.
- Ensure greater transparency and scrutiny of decision making processes and changes to social care provision, including information on the criteria and tools used by public bodies in this decision making, and what measures are being taken to ensure ongoing monitoring.
- Disabled people, people living with long term conditions, and unpaid carers must be at the heart of decision making and their rights must be reinstated and reinforced. Ensure people are actively involved in meaningful decision making and co-production, with independent support to do so if required.
- Invest in health and social care support services in areas of deprivation going forward – particularly mental health support, housing support, addiction services, and access to respite. This is particularly important for third sector

organisations demonstrating innovative and good practice but with a looming funding crisis threatening their ability to support people.

- Decisions around how to reopen services must focus on equalities, human rights and those most likely to be disadvantaged, including (but not limited to) disabled people, people living with long term conditions and unpaid carers.
- Embed equalities and human rights in practice as well as principle – this will mean doing things differently, for example carrying out Equality and Human Rights Impact Assessments before steps are taken, and designing action based on the results.
- Take a human rights based approach to financial decision making, including resource allocation, budgets and expenditure.²⁰
- Provide specific, inclusive and accessible communications for and with people who access support and unpaid carers. This should not solely focus on blanket communications to the whole population but tailored advice for groups such as people living with long term conditions and disabled people. Communications should be available in multiple languages and formats.
- Embed independent monitoring and oversight to ensure accountability and routes for redress if things go wrong.
- Ensure transparency, fairness and non-discrimination in decision making, including making information about processes publicly accessible.

The sustainability of many third sector organisations is of particular concern over the coming months, when essential and welcome sources of emergency funding and the furlough scheme draw to a close, and reserve funding is used up. However, this is not just a short-term crisis; the longer term survival of third sector health and social care organisations is at stake, and the unique services and support they deliver will remain just as vital – if not more so – as we continue through COVID-19 recovery into the post-pandemic period. Financial and other consequent challenges facing third sector health and social care organisations as a result of COVID-19 must be considered in the planning process.

²⁰ <https://www.alliance-scotland.org.uk/blog/news/covid-19-public-finances-and-human-rights/>

Contact

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About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of nearly 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.