

Health and Social Care Alliance Scotland (the ALLIANCE)

---

# Independent Review of Adult Social Care in Scotland

---

## Post Launch Engagement Session

---



---

4 February 2021

# The Independent Review of Adult Social Care in Scotland

Derek Feeley, with the support from a panel of independent experts, created the [Independent Review of Adult Social Care](#) report which was published on Wednesday 3 February 2021, making 53 recommendations to improve adult social care in Scotland.

The Review took place from September 2020 to January 2021, with a broad remit from Scottish Government to recommend improvements to Adult Social Care in Scotland. Over five months, the review panel met with more than 1,000 people, held 128 meetings, 13 engagement events and received 228 written submissions.

This report captures a summary of the discussions from the engagement event held by the ALLIANCE on Thursday 4th February 2021, where those who engaged with the review process and shared their experiences of accessing and receiving support, offering suggestions for service improvement, were welcomed back to discuss the publication of the report, the recommendations within it and their hopes for the future.

**'This piece of work is the result of an intense and collaborative approach, where the panel have read and engaged with humility those who have been involved in the system and it has been an honour to be a part of it. At the start we wanted radical but realisable change and we think that we have done that. It is into the wider domain for determination.'**

Professor Ian Welsh – Panel Member



# Facilitated Discussion- Next Steps

---

## Working Collaboratively

---

**The Adult social care: independent review report** clearly affirms the need for greater collaboration between service providers and those that commission services, as well as an equal partnership between services and those who access them. Power differentials were identified to be at the heart of systemic problems across social care support, and the participants welcomed the forthright focus on change in the system mindset in the publication. There was lots of deliberation on the best way to address and adapt cultures which prevent services working collaboratively, and the shift in intention and language in this report was found to be very encouraging. It is imperative that everyone has a seat at the table, and each is of equal importance.

The participants deliberated on how we can build trust to enable collaboration between the people who access services and the providing organisations, and how those in the positions of 'power' will become willing to work in a more collective way. Institutional defensiveness was highlighted as a possible barrier, yet the concept of a covenant between health and social care goes some way towards making partnership working practical and visible.

The participants welcomed the report's focus on the distribution of power and believe this to be a fundamental building block to delivering sustainable change. However, it was also felt important to note that consideration needs to be given to where the local responsibility sits for delivery, which reflects local accountability and democracy.

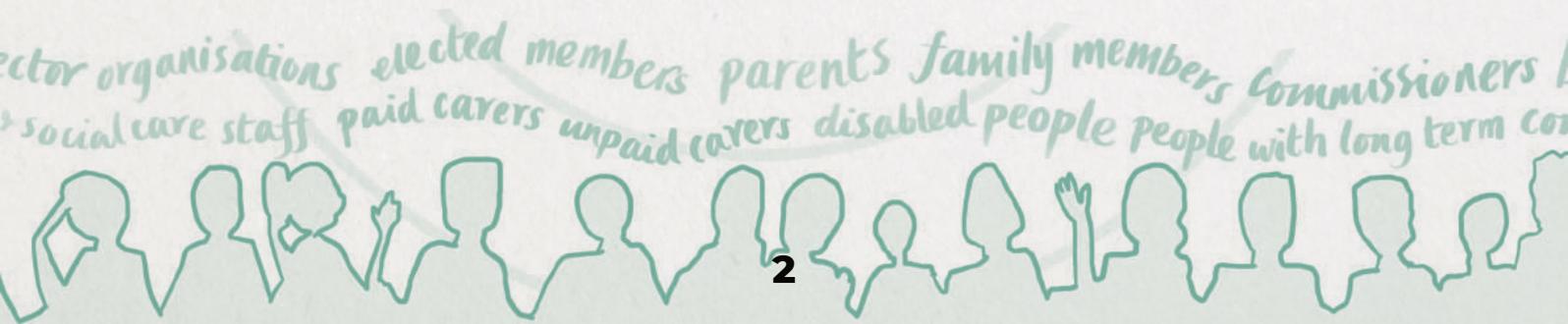
---

## Integration Authorities

---

**The participants were keen to examine further the role of the Integration Authorities (IA) and local authorities within the recommendations of the report, and how Health Boards and Integrated Joint Boards (IJB) will work in partnership to make the changes needed. The possibility of Integration Authorities increased powers to commission services, with some oversight from a National Care Service and a reduced role for local authorities, was seen to be one resolution.**

Some participants felt there is a great deal the IJB's can do with their existing powers and IAs could incorporate some pointers within the report immediately- a pending round of IJB Strategic Plans was highlighted, within which many of the recommendations can be incorporated.



---

## Implementation Gap and Self Directed Support

---

**Closing the implementation gap featured heavily during the Review's engagement sessions.**

We have amazing Self Directed Support (SDS) legislation, underpinned by sound principles and values, however its success has been limited by the lack of transference of power to the individual. The report addresses the inadequacies of the current financially driven systems, which has been a huge challenge for implementing SDS, with those accessing support being informed of the limited budget availability to purchase support. The participants emphasised the importance of this fundamental cultural shift, and felt it is strong, positive and hopeful in the report.

Self Directed Support is a new paradigm and with increased accountability within local authorities and national government level, its success could be guaranteed and lead the way for human rights based support, moving from rhetoric to reality in people's lives across Scotland.

---

## Commissioning and Procurement of Services

---

**Participants welcomed the report's acknowledgement of the whole system needing to change rather than shoehorning in on Self Directed Support, and felt the issues around the 'process' had been properly heard and understood. The report's reservation from inventing or imposing an alternative 'process' was also appreciated, with the emphasis being on moving to do things differently. This will need to be developed collaboratively and supported as part of a change programme.**

A stronger direct commissioning role for IJBs and an intent to value and invest in the vital workforce provides welcomed structural design. Some of this was promised with the Integration of Health and Social Care but failed to transpire, so work is needed to further promote integration between primary, community and secondary care clinical services and social care workforce at point of care.

**'I think there are opportunities to move away from traditional time and task type procurements and moving to longer term relationship based grants.'**

Derek Feeley, Chair of Independent Review

---

## Workforce

---

**The report effectively emphasised the need for valuing and recognising the wealth of experience and skill within the social care workforce. The participants were pleased with the desire to strengthen the workforce and recognition of the necessity of looking at how we deliver care. Participants voiced that partnering staff investment with a rebalance and redistribution of resources was needed.**

Appreciation was given to the intention of Health and Social Care Partnerships to work in a person centred way, however, funding constraints have prevented this. Understanding and managing the difference between needs and wants within available resources is a real issue which social workers are challenged with every day. Despite best intentions, finance always seems to be the driver for decisions.

There was a consensus that the Independent Adult Social Care Review Scotland report was an opportunity for social workers to come together and embrace the recommendations as strategic markers to lead nationally consistent social work roles, policy and practice.

---

## Preventative approaches

---

**The emphasis on early preventative approaches and addressing eligibility criteria issues within the report was welcomed, however, it was proposed during this session that there needs to be more emphasis of increasing acuity among people who use social care services.**

There is a strong consensus on the importance of early intervention and how it can reduce hospital admissions and the requirement for mental health services. As part of the focus on prevention, participants thought it would be welcome to have a stronger national cross-sector focus and investment in Healthy Ageing including more opportunities for reablement and intermediate care to maximise functional ability at times of transitions in care needs. It was also noted that transition work funded by the Independent Living Fund has proved successful in helping young people to become independent and not just exist, but lead normal, happy, self-supporting and included lives.

The emphasis in the report on prevention, wellbeing, human rights, lived experience and coproduction is highly creditable, however, this preventative approach needs to be strengthened further and delivered in partnership with communities and the housing sector.

---

## Unpaid Carers

---

The report sets out a clear focus on unpaid carers; some participants felt these actions need to be prioritised, as many unpaid carers have felt overlooked during the pandemic and are in despair. Participants felt the need for respite is also strong and the report highlighted clear intentions around the right to respite, which is something unpaid carers need to be involved at planning, design and implementations stages to ensure it transpires.

A national improvement programme should have people with lived experience and unpaid carers as mentors for those delivering improvement. They have a vested interest in getting it right and will firmly but supportively push for implementation of best practice. For this to occur more unpaid carers are needed around the table and at the heart of decision making.

---

## Third Sector

---

Participants stated that the potential of the third sector is huge, focussing on the sector's ability to reach and involve people with lived experience of receiving care. The third sector is an excellent resource and is key in supporting health and social care to work together, aiding collaborative learning, and developing innovative solutions.

To be effective catalysts in this capacity participants believed that the sector needs to organise itself better, in a more collaborative, non-competitive manner to enable people receiving support and their carers to form and shape change. The whole system approach outlined in the report highlights the importance of teams and organisations working effectively together and the experiences shared by participants of reablement is a good example of work at these interfaces.



# Summary of Questions

---

- How will Integration Authorities, Health Boards and Integration Joint Boards work in partnership to make the changes needed?
- Can there be a more efficient approach to the tendering of services?
- How do you propose to lever greater integration between primary, community and secondary care clinical services and social care workforce at point of care?
- How do we address difference of opinion around needs and wants when taking into consideration resources and budgets?
- Unpaid carers are exhausted and, on their knees, can the actions relating to them be prioritised?
- Will we now have accountability within local authorities and at government level for the delivery of SDS?
- Which are the most important recommendations from Derek's view of all 53 that would make the biggest difference?
- Where are social worker's proposals for a new eligibility criterion that puts power into their hands and not finance managers?
- Given that the costings are high level estimates, how confident are you in the estimated quantum of cost implications?
- What did we ignore from the Christie Report that we have another chance with now?
- Is there enough money available in the system to do what is needed?
- Why is having 2 separate ministers progress compared to a Minister who is jointly accountable for health and social care? Was a national health and care organisation a step too far and why?
- What do you think are the differences that having a national care service will make to people in practice wherever they are in Scotland when they need some support?
- Why is the proposed national improvement programme so focused on care homes when so many more people are supported at home?
- How do we support Social workers to work with people in the communities securing involvement in future decisions making?

## Dates to note

---

### Parliamentary Debate:

---

A parliamentary debate is scheduled for 16 February 2021 on the recommendations. This will give a sense of the receptivity of government and parliament to the recommendations.

Recommendations may be seen in manifestos in the run up to the elections.

**'This is a fantastic opportunity to have social care and social care support as a central piece of the political debate in a productive way.'**

Derek Feeley, Chair of Independent Review

---

## ALLIANCE Live - Recommendations from the Independent Review of Adult Social Care in Scotland by Derek Feeley and Pennie Taylor:

---

On 22 February 2021 Derek Feeley will be interviewed by Pennie Taylor, Health Journalist to share recommendations and answer ALLIANCE members questions.

**ALLIANCE**  
**Live** 

# 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.



**ALLIANCE**  
HEALTH AND SOCIAL CARE  
ALLIANCE SCOTLAND  
people at the centre



# Social Care Review

People at the centre

**Contact:** Louise Coupland

 0141 404 0231  [people@alliance-scotland.org.uk](mailto:people@alliance-scotland.org.uk)  @ALLIANCEscot

 Health and Social Care Alliance Scotland  [alliance.scotland](https://www.instagram.com/alliance.scotland)

[www.alliance-scotland.org.uk](http://www.alliance-scotland.org.uk)

**Health and Social Care Alliance Scotland (the ALLIANCE)**

Venlaw Building, 349 Bath Street, Glasgow G2 4AA

The ALLIANCE is supported by a grant from the Scottish Government.

The ALLIANCE is a company registered by guarantee. Registered in Scotland No.307731, Charity number SC037475