Christie Commission 10 years on:

achieving the vision today

Health and Social Care Alliance Scotland (the ALLIANCE) Thinkpiece

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Executive Summary

This ALLIANCE Thinkpiece considers the extent to which the recommendations of the Christie Commission on the future delivery of public services[1] (the Christie Commission) have been realised in health and social care.

While some concrete action has been taken to respond to the Christie Commission, there is more work to be done, not least to tackle persistent inequality and ensure greater involvement of people and communities in decision making, as well as fully realising the ambition of health and social care integration, and to ensure sustainable, secure third sector funding. Drawing on new and emerging challenges faced by public services, we spotlight self management, Self-directed Support, digital health and social care, and climate change as key policy areas.

The challenge now is how to harness the Christie vision in the context of austerity, COVID-19, remobilisation, and public service reform. Our Thinkpiece explores the opportunities of human rights based and trauma informed approaches and the reform of adult social care. We conclude with key recommendations for the realisation of Christie's vision in health and social care.

Disabled people, people with long term conditions, and unpaid carers in Scotland

- Around one fifth of Scotland's population define themselves as disabled.[2]
- Nearly half of all adults in Scotland live with at least one long term condition.[3]
- The number of unpaid carers increased from 729,000 to 1.1 million at the outset of the pandemic.[4]

Recommendations

To achieve the Christie vision in a contemporary context, the ALLIANCE recommends that the Scottish Government and health and social care public services:

1. Implement the statutory framework of the National Taskforce for Human Rights Leadership and legislate for full and direct incorporation of human rights into Scots law, including the UN Convention on the Rights of Disabled People.[5]

2. Empower rights holders to know, understand and claim their rights, and support duty bearers to know, understand and fulfil their human rights obligations, for example through the prism of the five-point PANEL principles.[6]

3. Adopt human rights budgeting to embed fairness, transparency and people's participation in financial decision making, resource allocation and spend, monitoring and accountability.[7]

4. Target the root causes of inequality in plans for NHS remobilisation, recovery and renewal and social care reform, with particular consideration for population groups disproportionately affected by the pandemic.

5. Use accessible and inclusive communication to work with people with lived experience in the design of policy and public services, including formats such as Community Languages,[8] BSL, Braille, Moon, Easy Read, clear and large print, and paper formats.

6. Ensure a rights based, "digital choice", approach for all people in Scotland – building on and developing good practice and digital developments during the pandemic, while guaranteeing parity between digital and non-digital health and care services.

7. Ensure systematic and robust data gathering – disaggregated by all protected characteristics and socio-economic information like household income and SIMD – and intersectional analysis.[9]

8. Embed an informed approach about childhood adversity and trauma across health and social care services to improve working practices, spark change, and contribute to the delivery of rights based, person centred care to empower those who are impacted by ACEs.

9. Explicitly integrate equality and human rights across all parts of the social care system, including legislation; fiscal, inspection, regulation and commissioning frameworks; employment and workforce development; service design and delivery; monitoring and evaluation.

10. Work to fully deliver the ambition of health and social care integration – particularly in terms of greater partnership working, data sharing, and cross-sector approaches between health and social care and connected sectors such as social housing, social security, and fuel poverty.

11. Focus efforts on fully resourcing and implementing Self-directed Support law, policy and guidance, to give people free, meaningful, and active choice and control over their social care services in practice.

12. Resource and implement the Carers (Scotland) Act 2016 to ensure the rights and needs of unpaid carers are met and they are recognised as equal partners in care.

13. Engage meaningfully with people and organisations across Scotland on the needs, rights and preferences of people who use social care services and embed citizen involvement and co-production in re-design, for example through initiatives like lived experience panels and by giving service users and unpaid carers voting rights on Integration Joint Boards (IJBs).

14. Support and work directly with third and independent health and social care organisations as equal and valued partners, resourced by additional, sustainable, ongoing and secure funding.

15. Guarantee the continued funding of the Self Management Fund, to enable co-produced projects to support disabled people, people living with long term conditions, and unpaid carers to be in control of their own health and wellbeing.

16. Provide additional, sustainable funding for third and independent sector social care organisations to take innovative climate change action.

Christie Commission principles, priorities, and recommendations

Ten years ago, the Christie Commission called for significant reforms to public services in response to "failure demand" public spending and deep rooted social and economic inequality.[10] It argued that preventative action and asset-based approaches were needed to reduce the equality gap for marginalised groups. At the time, Professor Ian Welsh OBE, Chief Executive of the ALLIANCE, described Christie as setting out "a radical vision for Scotland's future" – one that acknowledged "the essential authority of people and their communities" and the urgent need for change.[11]

The Christie Commission report sets out nine priorities and eight recommendations for a radical shift towards new approaches for public service delivery, underpinned by four key principles: empowerment, integration, prevention and efficiency.[12] Christie's priorities and recommendations encouraged a stronger focus on preventative, collaborative approaches to tackle persistent inequality and the development of services designed for and *with* people.[13]

The Scottish Government responded to Christie's recommendations with a report highlighting overall agreement, and a commitment to "prevention, performance, people and partnership" to improve outcomes for people and communities across Scotland.[14] To this end, the response set out key priorities for the Scottish Government including over £500 million of investment on "preventative spending", and a range of "preventative" actions.[15] It also placed a strong focus on the importance of "place-based partnership" in the design and delivery of public services, calling for stronger community participation and collaboration across all sectors, including "public bodies, citizens, third sector organisations and local businesses."[16]

Christie Commission priorities

1. Recognising that effective services must be designed with and for people and communities – not delivered 'top down' for administrative convenience.
2. Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities.
3. Working closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience.
4. Concentrating the efforts of all services on delivering integrated services that deliver results.
5. Prioritising preventative measures to reduce demand and lessen inequalities.
6. Identifying and targeting the underlying causes of inter-generational deprivation and low aspiration.
7. Tightening oversight and accountability of public services, introducing consistent data-gathering and performance comparators, to improve services.
8. Driving continuing reform across all public services based on outcomes, improved performance and cost reduction.
9. Implementing better long-term strategic planning, including greater transparency around major budget decisions like universal entitlements.

Christie Commission recommendations

1. Introducing a new set of statutory powers and duties, common to all public service bodies, focussed on improving outcomes. These new duties should include a presumption in favour of preventative action and tackling inequalities.

2. Making provision in the proposed Community Empowerment and Renewal Bill to embed community participation in the design and delivery of services.

3. Forging a new concordat between the Scottish Government and local government to develop joined-up services, backed by funding arrangements requiring integrated provision.

4. Implementing new inter-agency training to reduce silo mentalities, drive forward service integration and build a common public service ethos.

5. Devolving competence for job search and support to the Scottish Parliament to achieve the integration of service provision in the area of employability.

6. Giving Audit Scotland a stronger remit to improve performance and save money across all public service organisations and merging the functions of the Auditor General and the Accounts Commission.

7. Applying commissioning and procurement standards consistently and transparently to achieve competitive neutrality between suppliers of public services.

8. Reviewing specific public services in terms of the difference they make to people's lives, in line with the reform criteria we set out.

Where are we now?

Since 2011, there have been significant changes in the public sector landscape, with accompanying legislation. This section focuses on some key issues and innovations in health and social care.

Public services and inequality

It is largely accepted that health and wellbeing are influenced by other interlinked, external factors, known as the social – or underlying – determinants of health. These include income, employment, housing, education, and job security.[17] Public Health Scotland notes that the fundamental causes of health inequalities are the unequal distribution of income, wealth, and power in Scottish society.[18]

The Christie Commission acknowledged the interconnectedness between inequalities and set out recommendations for reform. Central to the recommendations was the adoption of preventative actions and early intervention alongside collaborative approaches with individuals and communities to tackle the root causes of inequality and negative outcomes in major policy areas, including health and social care.

In 2011, the Scottish Government set out its "2020 Vision" to "enable everyone to live longer, healthier lives at home or in a homely setting by 2020", with a focus on health and social integration, prevention, person centred care and supported self management.[19] At a strategic level, the Scottish Government has striven to adopt a holistic approach to improving population health, taking into account the social determinants of health, and various plans and frameworks have been published which aim to reform health and social care services across Scotland.[20]

There have also been innovative examples of preventative and targeted approaches to address inequalities in practice. For example, Healthcare Improvement Scotland's improvement hub has developed an online, preventative tool to identify people with frailty before they reach crisis point, and the ALLIANCE's Community Links Worker Programme aims to mitigate the impact of the social determinants of health in people that live in areas of high socioeconomic deprivation.[21]

However, long term monitoring by the Scottish Government shows that significant health inequalities persist between the most and least deprived areas in Scotland, and across the social determinants of health.[22] In 2019, it was estimated that 24% of families with at least one disabled person were living in relative poverty – a substantial increase on the estimate in the Christie Commission.[23] Similarly, the employment rate for disabled adults is 45% (a 2% reduction since 2011), compared to around 80% for non-disabled adults.[24]

More work is needed to tackle the root causes of inequality and the impact on different population groups – including disabled people, people with long term conditions, and unpaid carers. Targeted action is critical as we recover and renew from the COVID-19 pandemic that has widened existing inequality and had a considerable impact on population health and wellbeing.[25] The direct and indirect effects of COVID-19 mean that some population groups have been – and continue to be – disproportionately affected in different ways, including women, disabled people, people with long term conditions, people who have learning/ intellectual disabilities, older people, Black and minority ethnic people, and socio-economically disadvantaged people.[26] The long term consequences of the pandemic pose a substantial risk to the social, economic and cultural wellbeing of Scottish society: it is imperative that these are addressed equitably, without leaving anyone behind.[27]

Case study: Self Management Fund

In 2011, Christie referred to the newly-launched Self Management Fund, which featured in the draft Social Care (Self-directed Support) Bill in 2010.[28] Since then, the Self Management Fund, which the ALLIANCE administers on behalf of the Scottish Government, has granted over £20 million and funded 325 projects to support the development of co-produced projects that help to support self management of long term conditions and place people in the driving seat of their own health care.[29]

The Self Management Fund has adapted to support funded projects through COVID-19 and its inevitable disruption to work. In response to the pandemic, the ALLIANCE offered opportunities to pause or amend projects, apply for extensions to project durations, and applications for additional funding. This flexibility enabled organisations to complete their planned projects over a longer time period and to adapt their offer to address new or additional needs. A report produced in partnership with Evaluation Support Scotland summarised the impact of COVID-19 and lockdown on these projects and the people they work with, and how they responded and adapted.[30]

The most recent cycle of the Self Management Fund – focused on "Resilience, Recovery and Development" – supports 49 new projects, including PAMIS' postural care programme, North East Sensory Service's 'Connect, Include and Support' project, and Into Works' mentoring project for people with disabilities and long term health conditions.[31] These are just some of the many examples of Self Management Funded, innovative projects that support people to live their lives better, on their terms.

Designing for and with individuals

A key ask of the Christie Commission was that outdated attitudes and approaches to public services needed to change. The Commission stated that generally, "services are provided to individuals rather than designed *for* and *with* them" and set out recommendations for models of service provision which empower and enable people by prioritising preventative action, outcomes-focused and asset-based approaches, and personalised services built around and co-produced with communities.[32]

The Scottish Government's response to the Christie Commission recognised the importance of partnership and collaborative working, and meaningful inclusion of people and communities in the design and delivery of the services that they use.[33] To date, we have seen the adoption of asset-based approaches at a national level in law, policy and practice across Scotland, for example through public sector initiatives like the Quality Framework for Community Engagement.[34] A growing number of groups and panels comprised of people with lived experience are being convened to inform and influence policy and practice, for example the People-Led Policy Panel[35] and the lived experience panel of the National Suicide Prevention Leadership Group.[36]

Reflecting on Christie in *Third Force News*, Annie Gunner Logan, Director of Coalition of Care and support Providers in Scotland (CCPS), summarised the situation as follows:

> "In health and social care, it is pretty clear that a tendency to over complicate governance is part of the problem. [...] This has meant that far from services being built around people and communities as envisages by Christie, they have been built around structures. [...] The Feeley review asserted a duty to co-produce a system with the people it is designed to support. Delivering that would make Christie real – and not before time."[37]

Two examples of substantial engagement work led by the ALLIANCE emphasised the importance of ensuring that people with lived experience are enabled to co-design and co-produce services: the partnership People at the Centre Programme (commissioned by the former Cabinet Secretary for Health and Sport, Jeane Freeman MSP) and the Scottish Government Mobilisation Recovery Group, and a programme to inform the Independent Review of Adult Social Care (Feeley review).[38]

As demonstrated by the examples in the ALLIANCE's Community in Action series, third sector and community led organisations provide a host of key examples of working in an asset-based way – led by people who access support – to improve health and wellbeing and tackle inequalities.[39] Other key initiatives like the Transforming Local Systems Pathfinders Programme transform local systems with Technology Enabled Care in mind, designed for and with people and communities.[40]

Scotland's House of Care, a useful and locally adaptable framework, develops meaningful person centred quality improvement by ensuring people are involved in decisions about their care.[41] The 'What Matters to You' campaign has had a positive impact on people's experience of health and social care in Scotland, focusing on person centred care, shared decision making and personalising approaches to care.[42] Other examples, among many, include FARE Scotland's mental health support for young people, and the Carers Hub at Perth and Kinross Association of Voluntary Service (PKAVS).[43] There is a host of good practice in Scotland that can be expanded and developed – if services are properly resourced and enabled through meaningful partnership working and the prioritisation of co-production.

Case study: Self-directed Support

The Christie Commission mentions Self-directed Support as a case study for implementing personalisation. The authors stated that they "believe that there is scope for further development of self-directed support, particularly in considering how funds interact with other welfare, health and social care budgets that may be available to an individual."[44]

In 2013, the Social Care (Self-directed Support) (Scotland) Act was passed (and came into force in 2014). In 2021, SDS is Scotland's approach to social care. It is defined as "the support individuals and families have after making an informed choice on how their Individual Budget is used to meet the outcomes they have agreed."[45] SDS is underpinned by the fundamental principles of choice and control and the human rights principles of equality, non-discrimination, participation and inclusion. The 2019-2021 national SDS strategy notes that, "The process for deciding on support through SDS is through co-production [...] support that is designed and delivered in equal partnership between people and professionals."[46]

The goal of SDS is to shift the balance of power from people who provide services towards those who access them. In this way, people become proactive agents instead of passive recipients, and should have choice and control over their care and support. For example, they could decide to use SDS to support their right to independent living through help with personal care in the home and to purchase equipment to aid in meeting their agreed outcomes. People can also use SDS to enjoy their rights outside the home: to attend college, go to work, participate in leisure pursuits, or take short breaks. People should be able to choose between receiving support from a local authority, using private or third sector service providers that they select themselves, employing personal assistants (PAs), or a combination. The 2013 Act places a legal duty on local authorities to offer people who are eligible for social care a range of four SDS options.

In theory, SDS responds to many of the concerns raised by Christie, and it has improved the lives of many disabled people, people living with long term conditions, and unpaid carers. However, implementation is inconsistent, with people experiencing different levels of choice and autonomy over their care across the country. Recent research by the ALLIANCE and Self Directed Support Scotland, *My Support My Choice*, indicates that despite these issues, 74% of people surveyed felt that SDS has improved their social care experience.[47] While implementation is still varied and there is more work to be done, when realised well SDS responds to many of the Christie recommendations.

Health and social care integration

The Public Bodies (Joint Working) (Scotland) Act 2014, which came into force in 2016, set the framework for health and social care integration. At the time, this was described as the largest piece of public service reform ever undertaken in Scotland, and for many years, the ALLIANCE worked intensively alongside our members and partners, advocating for a rights based, person centred approach.

The Act brought health and social care into one, integrated system made up of 31 integration authorities. Integration was conceived to support the provision of personalised, person centred and flexible services that shift the provision of care to care and support at home or in the community.[48] A set of 12 integration planning and delivery principles were created to be the lens through which all activity should be focused to achieve nine specific integration health and wellbeing outcomes. A further set of indicators are used to monitor progress against these outcomes.[49]

In 2018 – two years after the Act came into force – the ALLIANCE published our "We Need to Talk About Integration" research and anthology.[50] The research gathered the views of people working in public sector planning and delivery of health and social care services, to reflect upon the first two years of the Act coming into force. The anthology contains contributions from over 30 ALLIANCE members and partners, including people with personal and professional experiences of integration from the third and public sectors, and academia. Both reports highlight several examples of good practice of integration. However, integration remains a mixed picture and several contributors expressed their concern that it is not being delivered in line with its principles and outcomes for people.

These views were echoed by the 2018 Audit Scotland report on integration, and its 2019 progress report, which stated that "the pace and effectiveness of integration need to increase".[51] Audit Scotland identified several key barriers to be overcome to speed up the integration agenda. These were summarised as:

> "A lack of collaborative leadership and strategic capacity; a high turnover in IA [Integration Authority] leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public."[52]

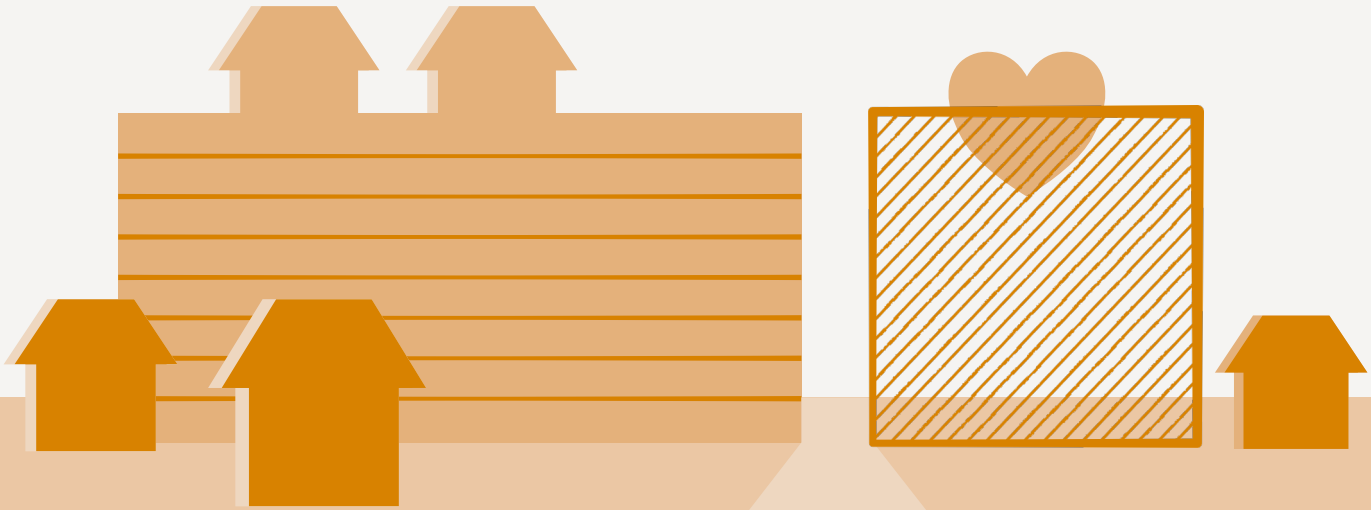
More recently, the 2021 Feeley review report noted:

> "In particular it is evident that the ambition [of integration] – that whether money for support and services is from an "NHS budget" or a "Local Authority budget" should be of no importance to the person using services – has not been achieved. This is not merely an accounting problem. It is a significant impediment to the wellbeing of people who use health and social care support services, because it gets in the way of early intervention and preventative approaches, and it is a significant barrier to innovation for people working in health and social care support."[53]

As activity to respond to the Feeley review recommendations gets underway, we must reflect on the lessons learned from the slow pace of integration:

> "The changes we propose here would likely not be necessary if more progress had been made by the Scottish Government, Health Boards, Local Authorities and Integration Joint Boards with integrating health and social care. Wishing it were so does not make it true, however."[54]

It is concerning that barriers to achieving integration's laudable ambitions persist. However, progress has been made and there remains some optimism about integration's potential for the future. There are untapped opportunities to be explored, for example working more closely with the social housing sector and greater cross-sectoral approaches with other public policy agendas like social security and fuel poverty.[55]



Data and finance

The Christie Commission identified concerning deficiencies with the availability of data across public services, which was criticised as being "hidden and obscure".[56] It called for better quality and more consistent data gathering to reflect users' experiences and enable public bodies to meet their equality duties and improve services.[57]

Policy development led by both qualitative and quantitative data – and based on disaggregated, inclusive data gathering and intersectional analysis – is essential to ensure that the rights and needs of specific population groups are adequately upheld and considered in public services. Yet research by Public Health Scotland highlights the sustained difficulties in gathering disaggregated data on people's experiences of social care in Scotland. This is due to different reporting periods for social care data across local authorities, and some authorities either not tracking or unable to share disaggregated data.[58] Further work is needed to improve existing methods of data collection and to create more representative and refined categories for recording information such as ethnicity.[59]

Similarly, Christie called for "greater openness and transparency" around budget and finance decisions, specifically calling for public service organisations to "show the logic of how public money is supporting the achievement of better outcomes".[60] It recommended an outcomes-focused, collaborative approach to budget decisions, between agencies and with individuals and communities.

Since the publication of Christie, greater fiscal powers and responsibilities have been devolved to the Scottish Government, and the Scottish budget process was independently reviewed between 2016 and 2017.[61] The Budget Process Review Group made 59 recommendations to improve the Scottish budget process, including a broader, more flexible budget process, a focus on outputs and outcomes, and continuous scrutiny which considered the impact of budget decisions over several years.[62] Following the independent review, the Scottish Parliament's Finance and Constitution Committee provided guidance to parliamentary committees on the budget process.[63]

Notably, the recommendations of the independent review and the Scottish Parliament guidance aligns closely with human rights standards and principles. The ALLIANCE is a member of the Human Rights Budget Work Working Group (HRBW), led by the Scottish Human Rights Commission (SHRC), which promotes a human rights based approach to public finance.[64] Other members of the HRBW Working Group sit on the Scottish Government's Equality Budget Advisory Group, which helps shape the Scottish Government's equality and human rights approach to the budget.[65]

HRBW takes a different approach to financial decision making: it puts people at the centre, and involves thinking about how our human rights are impacted by the way that money is raised, allocated, and spent. HRBW holds that if public bodies say they value human rights, then their budgets should reflect this. However, in both policy and practice, budgets and human rights are frequently approached as separate and unrelated.

As we know, financial decision making can have a disproportionate impact on different population groups, resulting in reinforced inequality and exacerbating the position of those who are already marginalised.[66] HRBW is sensitive to these issues and provides an opportunity

to act as a powerful driver for change across all public services, including health and social care. A human rights based approach offers a means to embed fairness, transparency and people's participation in Scotland's national budget to ensure decisions are equitable and that there are robust accountability mechanisms in place.[67] By placing people at the centre, and adopting an outcomes focused approach, we can protect and fulfil our civil, political, economic, social, cultural and environmental rights.[68]

Case study: Digital Health and Social Care

The Christie Commission set out a vision for Scotland's public services to "include accessible digital services, that are easy to use and meet current best practice in the digital economy".[69] In the context of health and social care, the introduction of digital and innovative technologies has stimulated rapid change, challenging traditional ways of working and in many instances enabling people to live better. For example, the ALLIANCE's ALISS is a free online tool, funded by the Scottish Government, that helps people find and share information about groups, services and activities that can help them live well.[70] During COVID-19, we have seen how digital approaches have transformed the policy and service delivery landscape, and a growing number of digital tools have become available. Many third sector organisations, including ALLIANCE members, moved swiftly to remote service delivery at the outset of the pandemic to continue providing essential services to the people they support.[71]

This has been a welcome development for those who can access internet services easily and confidently, however access and usage remains uneven.[72] While 88% of Scottish households have access to internet, connectivity percentages in Scotland drop significantly for some population groups, including those with protected characteristics.[73] For example, only 43% of people aged over 75, and 71% of adults with some form of limiting long term condition, use the internet.[74] Research has shown that disabled people are less likely to use the internet or to have internet access at home than non-disabled people.[75] Furthermore, not all online health and social care resources provide Easy Read versions, or are compatible with screen readers – causing further issues for people with learning difficulties, and for blind and partially sighted people.

Until digital exclusion markers are adequately addressed, there is a risk that the migration to digital is widening existing inequalities and negatively impacting human rights. As we reflect on the Christie principles, we must consider the role of data and digital development in our health and social care landscape to that ensure policy and strategy is designed around the rights and needs of people accessing support, including disabled people, people living with long term conditions and unpaid carers.

The ALLIANCE endorses a 'digital choice' approach to mitigate digital exclusion, promote and protect the rights of people accessing services.[76] By embedding choice and human rights approaches into digital health and care services – and focusing on outcomes, rather than delivery method – we can guarantee people parity between digital and non-digital health and care services. We are working with Scottish Care and Voices of Experience (VOX) to produce Human Rights Principles for Digital Health and Social Care.[77]

Third sector funding and procurement

The Christie Commission criticised systems that "fail to empower and enable people and communities sufficiently", with funding and procurement models that operate "on a scale that discriminates against smaller providers and person-centred approaches".[78] Christie specifically mentioned that "short-termism" made it difficult for organisations and public bodies to "prioritise preventative approaches", leading to widening inequalities.[79] The authors called for partnership working with people and communities at the centre.

Concerning procurement, there was significant mention of the need for an outcomes-based approach, rather than solely assessing cost effectiveness. The Christie Commission also recommended the need for consistent and transparent practices regarding procurement processes and contracts.[80]

The Public Contracts (Scotland) Regulations 2015 confirmed that a public body is not able to award a contract on the basis of lowest price only.[81] The Guidance on the Procurement of Care and Support Services outlines best practice for public bodies, following "light touch" practices and a "set of principles which acknowledged a balance between human rights, outcomes for the individual, best value and procurement regulations".[82] This law and guidance responds directly to many of the critiques raised by Christie – yet procurement models remain problematic in a number of ways, especially for smaller organisations (such as the third sector groups mentioned in Christie).

The Coalition of Care and support Providers in Scotland (CCPS) have undertaken considerable work into what constitutes good social care commissioning and procurement.[83] They summarise the current state of play as follows:

> "Procurement activity has increased over the last decade, following some key changes to the law.
>
> These reforms have attempted to improve public procurement while also giving space to the things that make social care purchasing unique. However, there are still tensions between procurement policy and social care policy, and sometimes it feels like purchasing procedures are driving service-design, rather than the other way around. [...] We believe getting personalisation, co-production and integrated support right requires everyone involved in social care procurement to embrace the need for change."[84]

The Feeley review summarised Scotland as having "good strategies but poor implementation" with regard to social care planning, commissioning and procurement, with an "implementation gap" between legislation and practice:

> "People spoke to us about 'short-termism' resulting in providers spending significant time and resources applying and reapplying for contracts. This results in uncertainty for providers and the workforce, which makes it difficult to attract and retain staff. Providers cannot afford to have staff 'waiting in the wings for contracts to come along'. We also heard that commissioning using generic frameworks based on hourly rates does not work well for people with fluctuating needs for support, particularly where those relate to mental health.
>
> Just as with individual care planning, people told us that local communities and third sector organisations should be more involved in collaborative approaches to planning, commissioning and procuring social care support services. Where people felt that they had had a good experience of using self-directed support they often also described good collaboration between organisations, communities and individuals in the design and delivery of care and support.
>
> And we heard repeatedly that simpler and more accessible arrangements to challenge decisions – without recourse to the Courts – need to be established."[85]

Writing about the implementation of the Feeley review, Professor Ian Welsh OBE, Chief Executive of the ALLIANCE stated that in light of the third sector's response to the COVID-19 pandemic, there is a pressing need to enable flexible funding models:

> "If the third sector remain as supplicants at the feet of dispensing authorities or Health and Social Care Partnerships, then there won't be real partnership locally, there will only be a servant relationship, and that's not good enough anymore."[86]

Case study: Climate Change

The Christie Commission made limited reference to climate change and the environment – only mentioning the Scottish Government's targets to reduce emissions and the anticipated pressure that would be place on public service finances.[87] In 2010, the Scottish Parliament Finance Committee also highlighted the need for preventative spending in key policy areas, including climate change and health and social care.[88]

A decade on, climate change is radically impacting human lives, creating significant health implications across the world. The risks of climate change to the UK are greater now than was widely acknowledged even five years ago.[89] The World Health Organisation (WHO) estimates that climate change will directly cause approximately 250,000 additional deaths per year during 2030-2050.[90] As highlighted by Inclusion Scotland, climate change is having a disproportionate impact on population groups including disabled people, people with long term conditions and unpaid carers.[91] The intersectionality of human rights, disability and climate change remains an under-researched topic.[92]

We have seen developments in healthcare towards tackling the climate crisis, for example in the NHS Scotland sustainability commitments.[93] In 2020, the Advisory Group on Economic Recovery recommended the "prioritisation and delivery of green investments",[94] and the Scottish Government has committed to a range of activity in response.[95] However, it is not clear if these initiatives and commitments also extend to social care. Given the mixed landscape of social care provision in Scotland, climate change responses will involve a range of stakeholders, including public bodies, care providers and the wider third sector.[96]

With COP26 taking place in Scotland this year, 2021 is a critical moment for the Scottish Government to take meaningful action on climate change progress. This means adopting the Christie principles and working with disabled people, people with long term conditions, unpaid carers, the third sector, and other marginalised voices in designing policy and emergency planning. It also means ensuring there is adequate funding and resources that enable the third and independent sectors to develop sustainable solutions which work for them and the people they support.[97]

Opportunities and recommendations

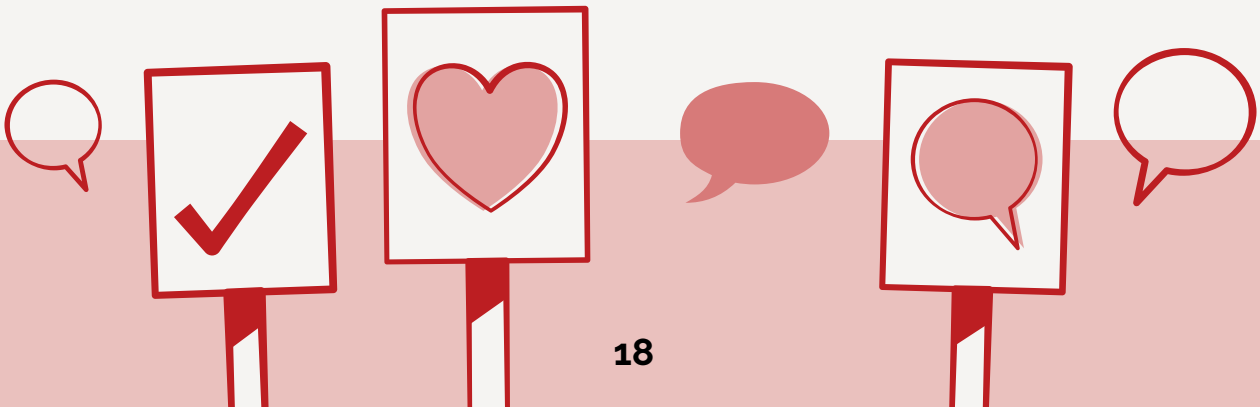
Christie's priorities and recommendations remain as valid today as they were in 2011 – if not more so – but the context in which they apply has dramatically changed. As this Thinkpiece demonstrates, the last decade has introduced new challenges and pressures on public services that exacerbate pre-existing inequality and negatively impact disabled people, people living with long term conditions, unpaid carers and the third sector. Scotland has taken some significant steps in responding to Christie, through improved partnership working, innovative practices and increasing connections and relationships with civil society. However, there is widespread agreement that the vision has not yet been fully realised – despite some areas of progress.[98]

The future is uncertain, but as COVID-19 continues – against a backdrop of ongoing austerity, EU withdrawal and the climate crisis – there are opportunities to further develop and achieve Christie's priorities and recommendations. The alternative, now as then, is to accept deteriorations in the quality of life and enjoyment of human rights by a wide section of Scottish society – particularly disabled people, people with long term conditions, and unpaid carers.

A human rights based approach

We know that some people in Scotland, including disabled people, people with long term conditions and unpaid carers, continue to experience barriers to the full enjoyment of their human rights. As we seek to develop and fulfil Christie's recommendations, there is an opportunity to fully integrate human rights principles and standards into public services, and take a human rights based approach (HRBA).

The Scottish Government has taken some key steps towards introducing human rights into law, policy, and practice. There is the National Performance Framework (NPF) National Outcome that explicitly focuses on human rights – and rights are implied across all the other National Outcomes. Laws like the Social Care (Self-directed Support) (Scotland) Act 2013 and the Social Security (Scotland) Act 2018 have introduced rights based principles like choice and control.[99] Recent and ongoing independent reviews of Scotland's mental health laws and practice all explicitly reference human rights.[100] The UNCRC Incorporation Bill, commitments to incorporate other international human rights law into Scots law, and to create a national Equality and Human Rights Mainstreaming Strategy for public bodies, are all welcome developments.[101]



Taking action to give effect to human rights supports a joined-up, cross sectoral approach to directly realising many of Christie's priorities, including "maximising scarce resources", "driving continuing reform", "tightening oversight and accountability", and "greater transparency around major budget decisions". Further steps can be taken to embed an equality, human rights and an intersectional approach across public services. In practice, this means:

- Implementing the statutory framework of the National Taskforce for Human Rights Leadership and legislating for full and direct incorporation of human rights into Scots law, including the UN Convention on the Rights of Disabled People.[102]

- Empowering rights holders to know, understand and claim their rights, and supporting duty bearers to know, understand and fulfil their human rights obligations, for example through the prism of the five-point PANEL principles.[103]

- Adopting human rights budgeting to embed fairness, transparency and people's participation in financial decision making, resource allocation and spend, monitoring and accountability.[104]

- Targeting the root causes of inequality in plans for NHS remobilisation, recovery and renewal , and social care reform, with particular consideration for population groups disproportionately affected by the pandemic.

- Using accessible and inclusive communication to work with people with lived experience in the design of policy and public services, including formats such as Community Languages,[105] BSL, Braille, Moon, Easy Read, clear and large print, and paper formats.

- Ensuring a rights based, "digital choice", approach for all people in Scotland – building on and developing good practice and digital developments during the pandemic, while guaranteeing parity between digital and non-digital health and care services.

- Ensuring systematic and robust data gathering – disaggregated by all protected characteristics and socio-economic information like household income and SIMD – and intersectional analysis.[106]

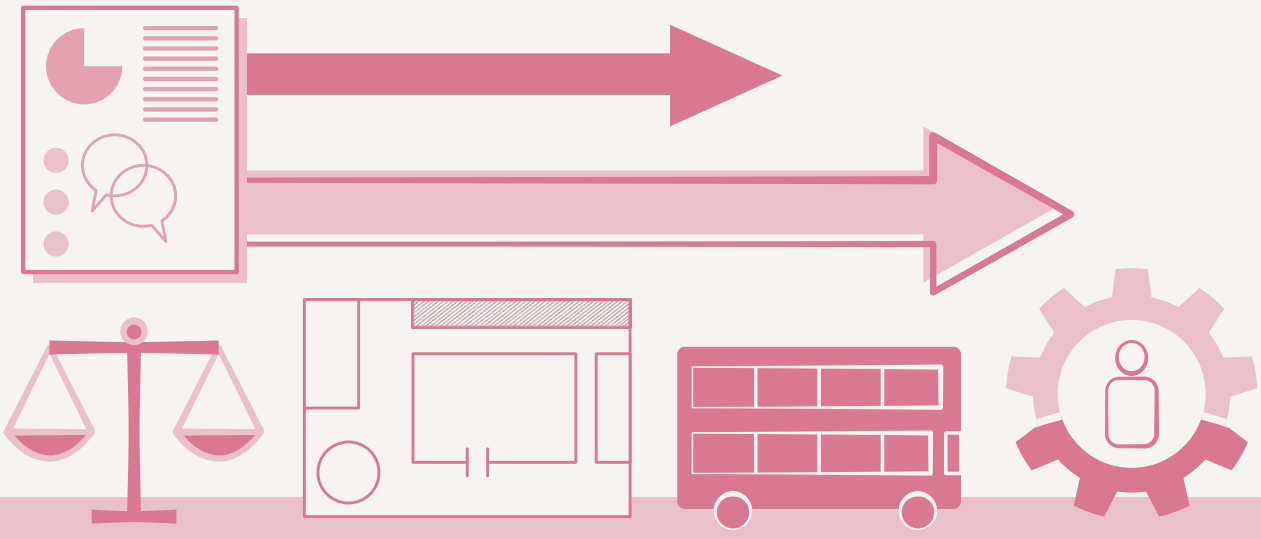
A trauma informed approach

Adverse Childhood Experiences (ACEs) are harmful events that negatively impact a child's mental, physical or emotional wellbeing. ACEs include childhood experiences like abuse or neglect, as well as exposure to household dysfunction such as parental imprisonment or domestic abuse. Over the last two decades, a variety of studies have highlighted that adults who experienced ACEs and toxic stress are at a much greater risk of developing a range of preventable health conditions, including depression, heart disease, and diabetes.

Awareness and understanding of ACEs and trauma informed approaches have been growing in Scottish health and social care in recent years. In 2016, the Scottish Public Health Network published its "Polishing the Diamonds" report setting out areas for preventative action on childhood adversity.[107] This led to the creation of a collaborative Scottish ACEs Hub with individuals and organisations, including from health, social work, the third sector, academia, and the Scottish Government. The Scottish Government set out its commitment to preventing and mitigating ACEs in its Programme for Government 2017-2018.[108] In 2020 Public Health Scotland produced a report building on this work, setting out a public health approach to ending childhood adversity.[109]

In 2018, the ALLIANCE's Health and Social Care Academy published its paper on ACEs.[110] This outlined key opportunities for knowledge and understanding of ACEs to transform health and social care, including: the integration of an ACE inquiry into existing, routine healthcare screening; a cross-sectoral, holistic approach to stimulate change; increased investment and support for parents and families to break the inter-generational cycle; and more guidance and support for adults who have experienced childhood adversity.[111]

If utilised correctly, an informed approach about childhood adversity and trauma enables the public sector to reflect and improve their working practices, sparking change across education, justice, housing, employment, planning, transport, and health and social care. Crucially, a holistic, empathetic approach can contribute to the delivery of rights based, person centred care, empowering those who are impacted by ACEs.

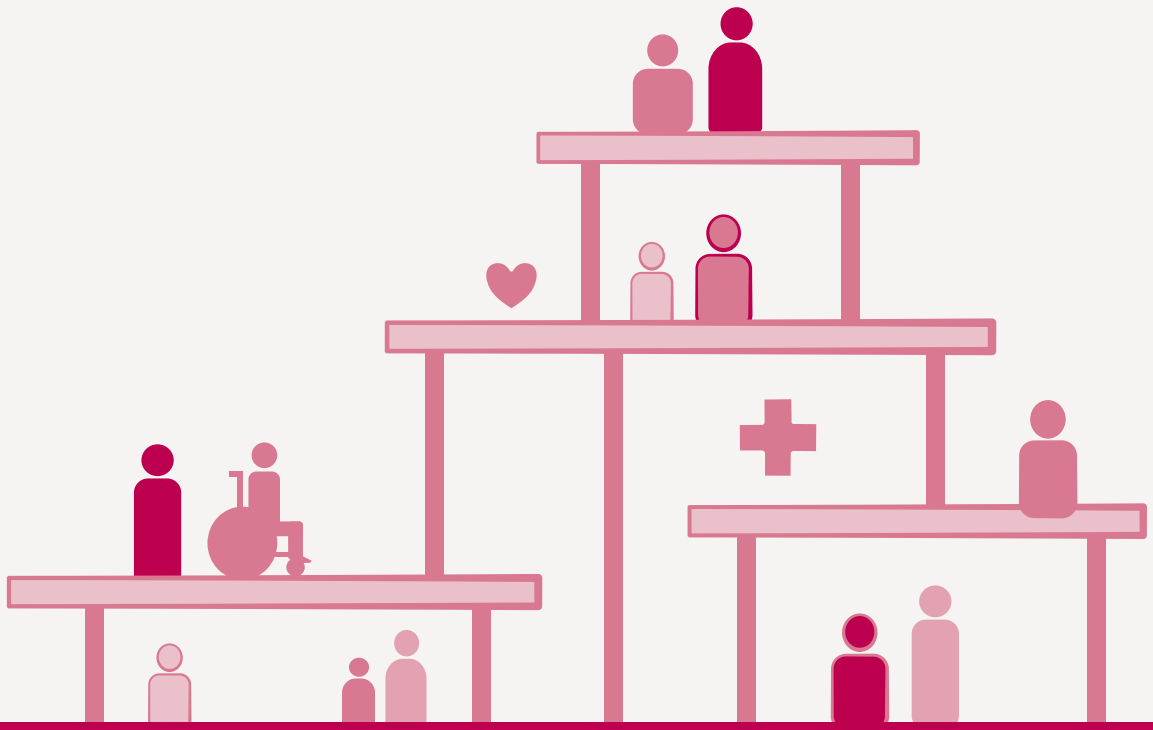


Adult social care reform

In January 2021, the Feeley review made 53 recommendations to transform adult social care, including the creation of a National Care Service via legislation.[112] The Scottish Government has indicated that it accepted the review's findings and believe in its recommendations, which marks a key opportunity to embrace the Christie philosophy and its ambition for "radical reform" of public services.[113]

However, in carrying out the much-needed reform of adult social care in Scotland it is imperative that decision makers focus on improving the lives and outcomes of people who access social care services and unpaid carers to shift the balance of power in their direction. It is also essential not to lose sight of the many other Feeley review recommendations, including on commissioning, Fair Work, finance, and models of care. Reform must be wide-ranging if it is going to shift the culture and reframe social care as a human right. Again, as the Feeley review noted:

> "In some ways we would prefer not to have to recommend any structural change at all. All structural change involves effort, and money, which some people will argue would be better used in supporting people. We do not disagree. But structural change is necessary if the structures themselves are impeding good care and support for people, which we believe is currently the case."[114]



Crucially, we must also consider the current challenges and opportunities that the health and social care sector faces. To achieve a reformed social care system, the ALLIANCE recommends:

- Explicitly integrating equality and human rights across all parts of the social care system, including legislation; fiscal, inspection, regulation and commissioning frameworks; employment and workforce development; service design and delivery; monitoring and evaluation.

- Working to fully deliver the ambition of health and social care integration – particularly in terms of greater partnership working, data sharing, and cross-sector approaches between health and social care and connected sectors such as social housing, social security, and fuel poverty.

- Focusing efforts on fully implementing Self-directed Support law, policy and guidance, to give people free, meaningful, and active choice and control over their social care services in practice.

- Resourcing and implementing the Carers (Scotland) Act 2016 to ensure the rights and needs of unpaid carers are met and they are recognised as equal partners in care..

- Engaging meaningfully with people and organisations across Scotland on the needs, rights and preferences of people who use social care services and embed citizen involvement and co-production in re-design, for example through initiatives like lived experience panels and by giving service users and unpaid carers voting rights on Integration Joint Boards (IJBs).

- Supporting and working directly with third and independent health and social care organisations as equal and valued partners, resourced by additional, sustainable, ongoing and secure funding.

- Guaranteeing the continued funding of the Self Management Fund, to enable co-produced projects to support disabled people, people living with long term conditions, and unpaid carers be in control of their own health and wellbeing.

- Providing additional, sustainable funding for third and independent sector social care organisations to take innovative climate change action.

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 over 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, Libraries 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
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ALLIANCE SCOTLAND
people at the centre

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