

# Future of Social Care



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# Foreword

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**Professor Ian Welsh OBE**

**Chief Executive**

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

Ten years ago, the ALLIANCE initiated a debate about social care, based on a commissioned piece of work, *12 Propositions for Social Care*, with a set of briefing papers and a national dialogue with interested organisations. The centrality of commissioning, co-production, personalisation, human rights, improvement, culture change and governance for change was at the heart of the 12 Propositions.

Now, a decade on, with health and social care integration, Self-directed Support and carers' rights legislation behind us, the Scottish Government's consultation on the creation of a National Care Service has provoked a debate about which public bodies should control what elements of health and social care.

What we knew a decade ago, however, and what the Independent Review reiterated, was that it is imperative that changes to social care are shaped by the views of people who know best what change is needed – people who access social care and support.

The ALLIANCE has submitted a comprehensive written submission to the formal consultation on the proposed National Care Service, based on our extensive work with people with lived experience. This included the largest study to date of people's experiences of Self-directed Support (SDS), "My Support, My Choice", and engagement activity for the Independent Review of Adult Social Care, as well as a specific discussion event for our members on their priorities for what the National Care Service should look like.

To complement that work, we asked fourteen leading and diverse voices across

the health and social care sector for their opinions on the priorities for the future of social care. Their pieces, collected in this publication, add detail and momentum to the ALLIANCE's consultation response and calls for change. And, although some of the details may have changed, the themes are strikingly similar to those raised ten years ago in *12 Propositions for Social Care*.

From Lindsey Millen's reminder of the need to address the undervaluation and gendered nature of the social care workforce, to Charlie McMillan's call for meaningful engagement with people with lived experience at every step; from Isabella Goldie's piece on the importance of specialist services in "Getting it Right for Everyone", to Sandra Auld's reminder of the need to prioritise national data capture, the opinions contained in this publication all speak to a need for fundamental change. This is a system that needs far more than tinkering at the margins.

The proposals for a National Care Service will be hotly debated in the months ahead.

However, regardless of any future structure for social care in Scotland, it is essential that necessary, transformational change is delivered. We need cultural change of the highest order, to create a uniquely Scottish service driven by kindness, inclusion, empowerment and capacity-building.

Most importantly, the National Care Service needs to put people at the centre. It must be consciously designed in response to the rights, requirements, and wishes of people who access – or need to access – social care. It should be a gift to the Scottish people; a compassionate social covenant for the 21st century.

These opinions serve as an excellent starting point for how to go about making that vision a reality.



# 1. Integrating data

## Sandra Auld, Director, Healthcare Public Affairs

A significant body of opinion including independent review, task force reports and government committees have all recommended that integration of data should be progressed<sup>1,2,3</sup>. The opportunity to do this, presented by the National Care Service Consultation should be grasped, keeping people at the centre of the decision-making, involved and included, shaping the developments. There are few aspects of health and social care that would not benefit from this integration. The pace of change needs to be accelerated and this requires strong leadership from our professional, industrial and political colleagues to implement solutions.

With the caveat of appropriate governance, user safety and attention to high standards, data integration can drive improvement towards happier, healthier lives and contribute to better utilisation of finite resources, and is essential to Scotland being viewed by investors as open for business. Access to, and use of, data is fundamental to achieving this and is continually raised in conversations, irrespective of the makeup of stakeholder groups.

A starting point for the 'how' is for people to be custodians of their own citizen-held data. In NHS Scotland almost unknowingly we have been piloting this premise successfully for many years with the patient-held maternity record which is now available in a mobile app.

Derek Feeley said in his recent Review of Adult Social Care:

**We were told consistently that Scotland needs to shift its attitude towards technology and data sharing to improve people's experience of social care... Technology is not a replacement for support provided by another person but it can play a much bigger role in improving the lives of people who use social care services and supports. It can also help with people's ownership of their care and support, particularly when people "own" their own data or information that is about them and share it with the people who support them.**

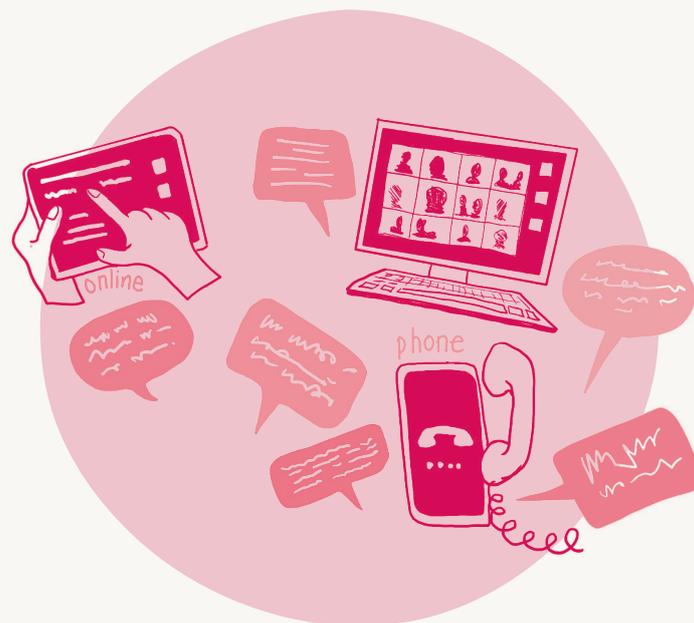
There is much to be said regarding the proposed role of Integration Joint Boards that will, I am sure, be expertly covered elsewhere. I am hopeful that, whatever shape they take, they will include people who access support and services, unpaid carers and third sector representatives as *full* members, including voting responsibilities, as without those rights, there is not true partnership. Suffice to say that Integration authorities throughout the country are working with insufficient access to the data they need to support safe, effective and timely decision-making for the people they serve. The move towards person-held records is a logical progression

and this can be supported and further developed. The work of the Digital Health & Care Institute<sup>4</sup> continues to support innovation and developments, such as in NHS Highland, where predictive care is being implemented using AI with the positive ramifications of integrated supported living being much wider than initially anticipated<sup>5</sup>.

Prescribing pressures which continue to place huge stresses on health and care systems are compounded by short-term siloed budgeting, which irresistibly pushes towards short-term cost savings rather than an emphasis on longer term quality and outcomes. Pharmaceutical companies

welcome transparent collaborative working, and further moves towards outcomes-based-healthcare would be to everyone's benefit, while ensuring the best new medicines are appropriately available for people in Scotland. Data integration would fundamentally improve this ability and again would improve investment attractiveness.

The prioritisation of national data capture and technology spread is essential, with accountability linked to defined actions and ambitious implementation timelines, rather than the piecemeal inequitable application that is our historical experience. Go on, be brave, trust us citizens.



- 1 <https://www.gov.scot/publications/review-access-new-medicines/>
- 2 <https://www.gov.scot/Topics/Health/NHS-Workforce/Pharmacists/datascopeingtaskforcereport>
- 3 <https://www.gov.scot/groups/independent-review-of-adult-social-care/>
- 4 <https://www.dhi-scotland.com>
- 5 <https://twitter.com/BBCScotlandNews/status/1019484415091601409>

# 2. From voice to vote for real choice and change

Elidh Brown, Partnership Development Lead, tsiMoray

People with lived experience must remain at the core of establishing a new National Care Service for Scotland, and be recognised as a valuable asset alongside unpaid carers and the social care workforce (in its broadest sense, the people who provide care through a range of formal and informal supports).

Voice is important, but it's about more than voice and being heard: it's about creating a system where people affected by decisions play a major and direct role in making those decisions.

Drawing on the wealth of lived experience changes the lens through which decisions are made, and could pave the way for a re-designing of the current social care landscape, embedding a move away from command and control, and towards choice and control for individuals and communities.

One way to ensure a strong voice and role in decision making for people with lived experience of long-term conditions, disabilities, or who require social care for any other reason, would be to create a formal representative Lived Experience role as a voting member on Integration Joint Boards, and replicate this in any new partnership boards established as part of the way forward.

If voting membership roles for people with lived experience were created and, in addition, other roles that are currently disenfranchised from voting were also given status as voting members, including (unpaid) Carer, Third Sector and Patient Representatives, decision making would begin to reflect more directly the aims, aspirations and requirements of people who both receive and deliver formal and informal care, and support at home and in our communities.

This is essential for an effective National Care Service to work, as it will require people to connect, from community groups/ organisations, social movements, commissioned and non-commissioned third sector providers, public sector care professionals and other statutory bodies, to listen to each other, and find new ways to work together to support people to design the care and support they choose and need at a local level, including how it is accessed and delivered.

In Moray, people from a wide range of organisations regularly connect through the Health and Wellbeing Forum, from those who identify as professionals or practitioners in Health and Social Care, through to people who identify themselves as peers and human beings, whether working on a paid or voluntary basis.

Through this process people build relationships and trust.

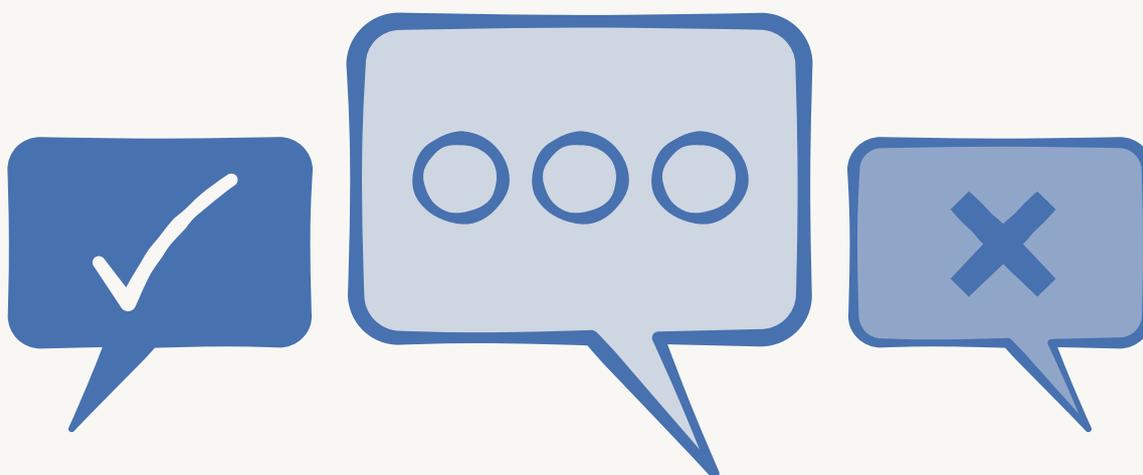
When public sector partners do not fully commit to this type of mutual process, or recede from this because the shift in power feels uncomfortable, relationships become strained, and trust tarnished. Yet, we know that there is a willingness to work together in a different way, if decision making were re-structured to become fairer, more inclusive and more fully embracing of the subsidiarity principle.

Through safer and more mutual forums or partnership spaces, like the Health and Wellbeing Forum, people become aware of their own lived experience as well as skills and expertise, in a safe environment, with appropriate boundaries in place where everyone can connect as human beings, with an appreciation that both themselves and the people they work with and/or support are assets, and not therefore solely defined in terms of need or role as a professional or provider.

Both providers and recipients of care and support begin to experience a sense of mutual respect, as partners in care, willing to learn together and try new things, explore and design new ways forward.

In this way we begin to establish a more flexible and mutual way of working together across systemic boundaries, recognising value in each and every person, and the group, resource or service they represent, participate in, or benefit from, and how this adds to community health and wellbeing.

This mutual approach must be a pre-requisite for the establishment of a National Care Service that can embrace rather than detract from the principle of subsidiarity. We must keep decision making as close to the ground as possible, by resourcing and supporting the development and delivery of care from the bottom up, where people with lived experience are not just heard but supported to be central to service design and active participants in financial decision-making processes.



# 3. Getting it right for children and families?

**Robert Fraser, Chief Executive Officer, The Scottish Centre for Children with Motor Impairments**

So, the National Care Service (NCS) for Scotland should include children's social work and social care services. A change to a standardised national approach from the locally nuanced approach offered by the current models of integrated children's services.

Currently, less than a third of local authorities have delegated children's social work services to Integrated Joint Boards (IJBs); most have aligned these with education services. This raises some questions; what are the anticipated affects and effects of this change on the established network of services to support children and families and, more importantly, will this change improve holistic outcomes for children affected by disability and/or children and families overall? In general, organisational change has a negative impact on performance in the short term, so what is the anticipated recovery time, and will the pain be worth the gain? Simply, will this help children, young people and their families to receive the right help, at the right time, from the right people?

The consultation document lacks detail on what evidence the recommendation is based on. Unlike adult social care, there was no overarching review of children's social care services that informed this

proposal. Children's social services across Scotland face continued challenges, such as providing equitable and accessible support for children with intensive and/or complex needs; providing high quality support for those at the edge of, in care or after care; and managing transitions including particularly to adult services. But is the NCS the answer? What alternatives were considered? The proposal suggests that this organisational model is to "ensure a more cohesive integration of health, social work, and social care". Even if this model did "ensure" more cohesive integration of health, social work, and social care for children and families the question remains; would it improve holistic outcomes for children and families?

For the vast majority of children, local nurseries and schools provide the greatest continuity of support and most frequent contact, this is the same for the majority of looked after children. Of the 45,000 children's social care workers in day care or residential care quoted in the consultation, more than 60% were employed as our early years workforce in nurseries. It could be argued that the greatest opportunity for preventative, early and sustained support lies in these interactions. What education needs is responsive and agile partners. In line with the principles and values of the Getting It Right For Every Child approach,

the drive has been for locality contextual, responsive, person centred and person led planning, organisation and delivery of services. This recognised the unique nature of each child, in each family in their community. Is there a risk that an unintended consequence of national commissioning, workforce planning, and service planning could negatively impact on local relationships, models of practice, service delivery and ultimately outcomes for children and families? We need to understand these risks and either eliminate them, reduce them, or mitigate against them.

Adult social care faces what many view as extreme challenges in the next decade; with improved survival of young adults with social care needs and/or long term health conditions; increasing numbers of working age adults with disability; and an increasing number of older people surviving longer

requiring more intensive social care and healthcare. This increasing demand is likely to be exacerbated by increasing real terms costs year on year and a reducing labour market. So where will the strategic focus be for the NCS?

In conclusion, I suppose I am unclear if including children's social care services in a National Care Service will deliver on the ambition for a fairer Scotland, where every child and family receives the right help, at the right time, from the right people. Should we have faith in our courageous leaders and move forward boldly supporting a national, more cohesive health and social care service for children and families, or should we be cautious and wait for a whole systems, holistic review of children's services to provide the evidence to inform the organisation structure that will get it right for every child?



# 4. Specialist services

## Isabella Goldie, Chief Executive, Deafblind Scotland

In reading the National Care Service for Scotland Consultation it strikes me that there are some big ideas, in what is already an ambitious proposition. One thread that runs throughout is the implications for the workforce. Although the adoption of new systems/processes such as the proposed Community Health and Social Care Boards will be important, it will fall to the energy and commitment of people to make this happen. Whether working in planning to embed ethical approaches to commissioning, or in frontline roles bringing life to new models of care.

Adopting new models of care where the centrality of relationships is acknowledged is a strong starting point, and critically important for deafblind people. The absence of specialist support and communication barriers can make it impossible to interact with others in the nuanced way needed to form good quality relationships.

Furthermore, our engagement with the world is wider than immediate friends and family; from the neighbourhoods in which we live to the navigation of a series of services and systems across society. For this reason, the workforce will need to feel competent in negotiating family dynamics but also in supporting people as citizens.

I am heartened to see a focus on prevention and early intervention in the proposals, as taking this broader view creates real opportunities to explore wider life domains,

identify individual strengths, but also potential assets in people's social and physical environment. A strength of the concept of Getting it Right for Everyone is the principle that this is a service for all, evidenced by the articulation of the adoption of universal approaches to support people at points in their life when failing to do so may result in higher support needs further downstream. Deafblind people have told us that earlier intervention to support them through the traumatic transition to a second sensory loss could have enabled them to retain much higher levels of independence and social connectedness.

It is rare for deafblind people to start life with a dual sensory loss, with most acquiring at least a second sensory loss later in life. All too often we meet people too late to provide the transitional support that could have helped the most.

Avoiding failure demand has been a concept debated at least since the Christie Report, but it does require an integrated system that is willing to allow for cost savings later in an individual's life-course but also across other systems. We have fallen short on this effective integration, and turning this around will require a shift in power dynamics between commissioners and service providers that I am pleased to see has been acknowledged. Further financial investment will also help take away some of the perverse incentives to plan and commission care that is narrow, short-term

and task-focused, rather than rights-based and outcome enabling.

An area where we will need to see significant improvements is the development of the social care workforce. In Deafblind Scotland staff members undertake 3-4 years training to develop specialist skills. This highly skilled workforce will not be unique. Others working alongside people with complex health, social and communication needs such as within the fields of Autism, Dementia and Learning Disability perhaps are also feeling that their skill level has not been fully recognised. However, there is plenty to welcome in proposals related to the social care workforce, with strong indications that in the future they will receive the appropriate financial recognition. But we

can't stop there. We need to acknowledge that some of this workforce are now as highly skilled as their counterparts in healthcare, although are not valued as 'professionals' in the same way.

With proposals that include the adoption of a national approach for those requiring more specialist support, we need to understand that for this to be effective we will need to recognise and further enhance those workforce specialist skills. At this important turning point, if we can succeed in establishing social care as an attractive and rewarding career opportunity, on a par with healthcare, we might just begin to realise our ambitions of creating a National Care Service that does 'Get it Right for Everyone'.



# 5. I met an alien from outer space yesterday

## Mark Hazelwood, Chief Executive, Scottish Partnership for Palliative Care

Everyone dies. In Scotland 60,000 people die each year. One in every three acute hospital beds is being used to provide important care for someone in their last year of life. The majority of people in care homes for older people are in their last 18 months of life. 30,000 older people with frailty receive care at home support each week. People approaching the end of life are the biggest single group of people needing social care support. I'll likely need this support, and so too will you. Improving care for people at this stage of life will be a very good litmus for the success of the reforms in totality, but how can that success be achieved?

People want to live well for as long as they can, even and especially when their remaining time may be short. The provision of adequate social care can make it possible for someone living with serious illness to maximise independence and quality of life, even as their health declines. Social care also supports people who are informal/family carers, often making the difference between a role which is tough but sustainable, and a role which ends in crisis, collapse, and hospital admission. Social care staff can also play an important role in anticipatory care conversations and planning. Key social care supports to people approaching the end of life include care

homes, care at home, respite care, and housing support.

The proposals for the National Care Service are welcome in their ambition, and in the attempt to begin to flesh out how necessary and overdue change can be achieved. There is a huge amount of devil in the current (and yet to be defined) detail, but that is inevitable given the scale and complexity of change envisioned for processes, organisations, and cultures. Here are four things which will be important in determining whether a reformed social care system for people approaching the end of life will live up to the ambitions:

- Firstly, and very obviously, the adequacy of the announced funding to support social care reform/improvement needs to be kept under review and probably increased. Death is inevitable and so are higher taxes if we are to have a health and social care system fit for purpose.
- Secondly, the workforce agenda needs to be given priority. Beyond the broad issues of pay and status, there is a need to think deeply about wellbeing. An important dimension within wellbeing is how staff who encounter death, dying and loss repeatedly in their work are equipped, supported, and sustained.

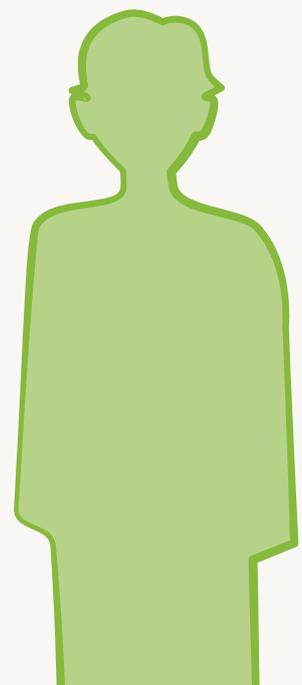
- Thirdly, there is a need to ensure that the well-documented factors which have limited the effectiveness of IJBs are addressed and not simply transplanted into the new Community Health and Social Care Boards (CHSCBs). There is a need to consider how to ensure: collaborative leadership; strategic capacity; continuity in senior roles; and budgeting and planning which is integrated, long term and focussed on outcomes.
- Finally, if the care for people approaching the end of life is to improve, the new approach needs to meet an “alien from outer space” test. Don’t worry, this isn’t a new policy initiative from Priti Patel’s Home Office. Rather, an alien from outer space arriving in Scotland should be able to look at our health and social care system and clearly see straight away that care for people at the end of life is a big deal. The alien should be able to look at policies and strategies and see that this is an area of explicit and priority focus for the National

Care Service, and for the reformed local planning and commissioning bodies. The alien should see a system which measures and understands people’s experiences at the end of life, and which uses these experiences to inform planning and commissioning which takes a population systemwide approach. They should see commissioning which identifies and works collaboratively towards delivering better outcomes for this phase of life.

Yesterday, I met a recently arrived alien from outer space. Based on what she could see of our health and social care system she had assumed that most humans must be immortal. For this to change we need a political, policy, and planning focus just as much as we need structural and process reform.

You can read more about improving people’s experiences of living with serious illness, dying and bereavement in SPPC’s new report *Every Story’s Ending*<sup>6</sup>.

6 <https://www.palliativecarescotland.org.uk/content/everystorysending/>



# 6. The role of Allied Health Professionals

**Alison Keir, Professional Practice Lead Scotland, Royal College of Occupational Therapists**

The National Care Service consultation represents an excellent opportunity to shape the future of social care delivery in Scotland. When I talk about the consultation with my members at the Royal College of Occupational Therapists, we feel that there is one element that needs to be further highlighted and that is the role of Allied Health Professionals (AHPs).

We are hopeful that the outcome of the consultation will recognise the need for a fundamental shift towards early intervention and re-ablement. AHPs, including occupational therapists, will be central to this shift. In the short-term, this will require greater resources, but investing in people and addressing these problems sooner can save money in the long-term. It is the chance to be truly transformative in our approach to support in Scotland.

As people age or become ill, they begin to lose the ability to complete daily activities in a particular order. Once we know where a person is on their ageing journey we map out services, products, and support that will help that person to maintain, or even recover, daily abilities. If we focus on re-ablement and switch to community-based support, we can relieve the pressures on primary and acute care.

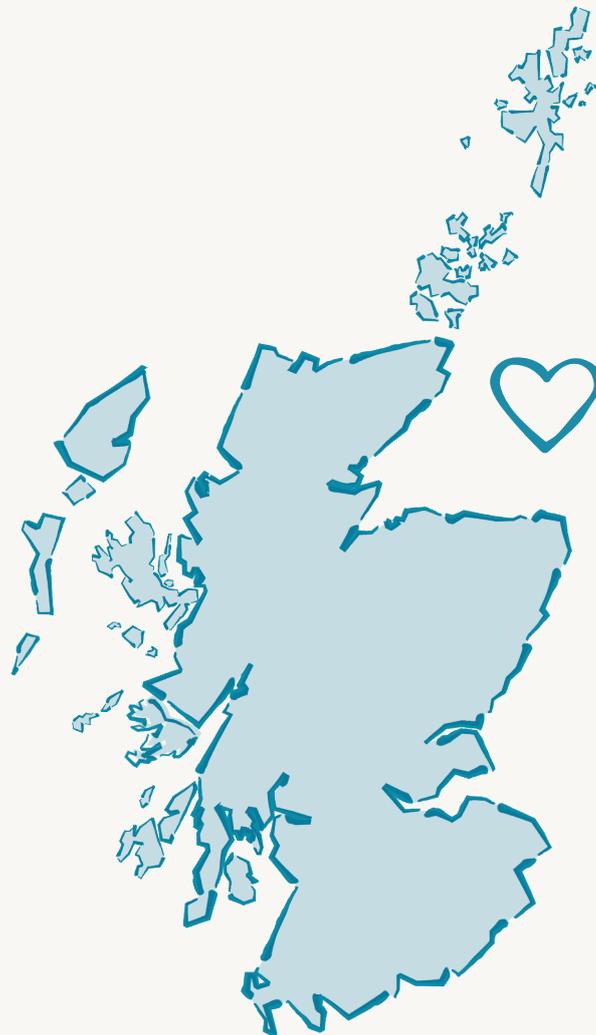
In moving from crisis to early intervention, AHPs adopt a holistic approach which assess independent living needs and focuses on what matters to the individual to help them live their best life. Evidence from the Scottish national LifeCurve survey<sup>7</sup> shows us that early intervention results in better outcomes for service users. It is also significantly more cost-effective to provide care early rather than wait until treatment needs are acute. If AHPs are given the opportunity to intervene earlier, our re-ablement and rehabilitation approach has the greatest potential to change ageing trajectories. Put simply, opportunities are missed if we do not intervene early.

In both physical and mental health, AHPs are involved in planning for care and support, enhancing independent living, and facilitating more good years of life. We should all be looking to adopt an outcomes-focused approach that places the service user and their ability to live their best life at its core. We can do this by prioritising prevention and early intervention in a National Care Service.

The emphasis on workforce planning and proposal for a national workforce planning framework in the consultation are both welcome. We believe the consultation

should clarify what workforce this refers to and ensure it also includes AHPs. This framework should also be accompanied by a plan to help staff get the skills to plan their workforce for the future. Regardless of professional background or specialty, the social care workforce needs to be supported to deliver much-needed care across the board.

A lack of focus of the vital role that AHPs play in social care is detrimental to this consultation. This must not translate to a lack of awareness on the ground. By supporting AHPs to intervene early and provide essential re-ablement support, we can create a National Care Service that is significantly more cost-effective and, more importantly, addresses the needs of service users throughout Scotland.



7 <https://pubmed.ncbi.nlm.nih.gov/31887609/>

# 7. Where and how people live

## Fanchea Kelly, Chief Executive, Blackwood

In Blackwood we are delighted to see the new £10.02 per-hour rate for care and support workers. This is the right first step in creating the culture of trust and confidence in the Scottish Government's promise to recognise the value of the important work our teams deliver – as 'an investment in society'.

In the consultation on the National Care Service (NCS) it is equally important that trust and confidence is built on bringing proposals to life. It will take time to get the final set of proposals right and to implement effectively. And that's why joined-up actions over the next few years are a critical path to 'getting it right for everyone'.

Our purpose in Blackwood is to help people live independently so that they can live life to the full. As a housing and care provider, we know that where and how we live are fundamental to getting it right.

Whether addressing the root causes of homelessness or ensuring people with complex needs have the right homes for, we want the NCS proposals to contain much more on obligations and accountabilities that embed how people live into the new frameworks and structures.

Our experience with IJBs is that the early focus on the structures and alignment of health and social care left housing partners out of the picture on too many important factors. We know the framework and culture of working with partners must have much greater early emphasis. Scotland has plenty of learning from what has and hasn't worked in integration over the last years. We need to see more of those lessons coming into practice in the new proposals.

- We'd like to see clear obligations on the NCS and Community Health and Social Care Boards (CHSCBs) for housing partners to be built into the shared understanding, institutional structures, and early action plans, including representation on CHSCBs. The strategic importance of accessible housing is one the Minister supported strongly in his previous role – so rather than 'housing services, people's homes...' hidden away under 'Allied Health Professionals' in the Glossary, we would like to see obligations on the NCS and CHSCBs to produce effective plans and programmes with housing providers, and make best use of people's data on where and how they can live independently.
- We advocate much clearer leadership on digital service and technology support for people – in effect reflecting the new

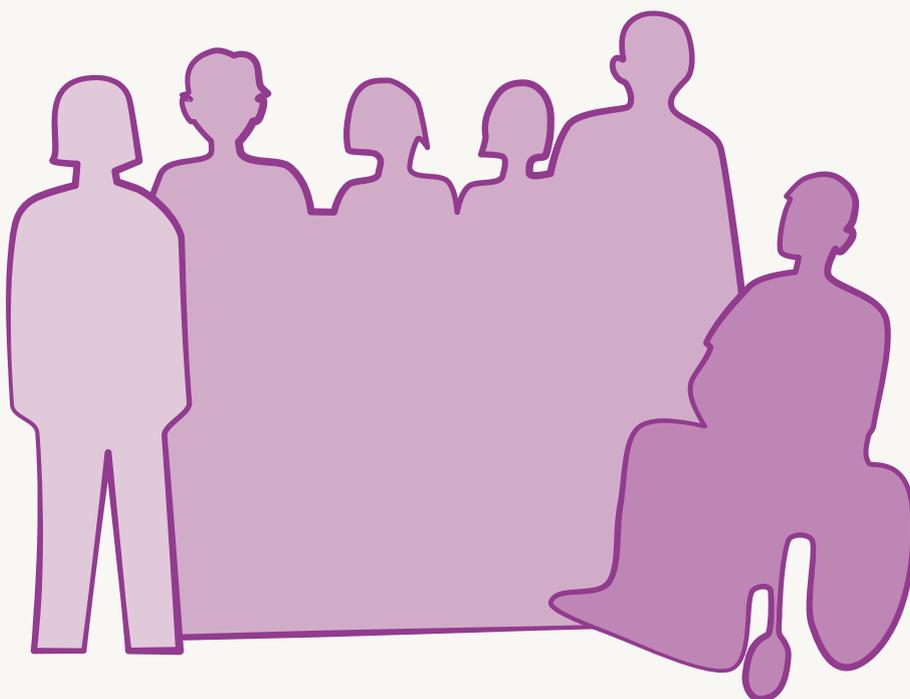
Digital Health and Care Strategy – in the proposals. By doing so we will make best use of the human assets and capital – i.e. the people skills – to fulfil the intentions on prevention and early intervention. We know this shift won't happen unless it takes the innovations in technology and assisted living – happening every day now – into account in planning the new models. And leadership to do this is a key enabler.

Our three examples below – real products and services in place now, with real people – show our contribution to independent living. We'd love to see these, and many other examples, scaled up in the thinking about the NCS to make sure Scotland is 'Getting it Right for Everyone'.

- The Blackwood House uses technology and data to provide the most accessible and beautiful homes for independent living. It transforms the living environment and creates the place where health and care professionals can properly engage with people who live there.

- Our CleverCogs based 24/7 Responder Services engages with people digitally (or in-person where needed) to support people on their terms, prevent crisis including hospital admission, and reduce demand on other services.
- Our Neighbourhood programme, with its apt branding as 'Peoplehood', aims to identify what helps people live additional healthy and productive years – building places with people, sharing their data, knowing their health 'indicators', and creating motivation to help each other live well.

We know what's possible – and we want a much deeper understanding of how a set of structures and functional policy areas have the right context and connections, the right obligations, and the right impetus to scale solutions from local examples to national programmes, working always from what people want for themselves, their family and friends, and with the best inspirations Scotland can offer.



# 8. Getting it right for Personal Assistants

## Donald Macleod, Chief Executive, Self Directed Support Scotland

When Derek Feeley listened to people with lived experience of SDS as part of his engagement process, the outcome of his work in relation to Personal Assistants was to recommend their explicit recognition as members of the workforce, achieved with the full partnership of the independent living movement. In the consultation for the National Care Service, this has been interpreted as a registration process.

In collaborating on the process of administering the £500 thank you payment for Personal Assistants through a short life working group, a portal and a helpline, what has emerged is a picture of a neglected, unacknowledged workforce; lack of credibility driven by fear and perceptions of risk. A successful outcome of this process was reaching 4628 of an estimated 6000 strong workforce. A supplementary outcome of this process was the instigation of another process: a Programme Board focused on Personal Assistants, which I co-chair with Scottish Government. The emerging visibility of this workforce as a result of the pandemic is a positive outcome to be approached with a note of caution.

In elevating the profile of PAs as part of the workforce there is a potential danger in assimilation within the wider social care workforce. If recognition has been translated

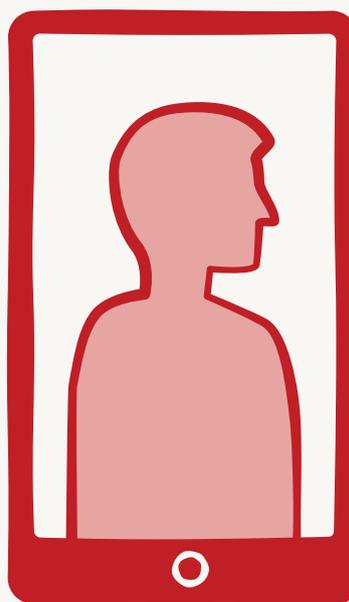
into registration, will PAs be regarded from the same perspective as the rest of the social care workforce, in terms of scrutiny? Will they be seen as a means of plugging gaps in the system? The ultimate fear expressed by people employing or contracting personal assistants from within the programme board is that registration will be of a standardised nature, resulting in regulation, transforming their homes into care settings. A criticism expressed within the group is that the value of lived experience is absent from the consultation document.

The relationship between the employer/contractor and the Personal Assistant must be at the heart of any improved support. Any developments must be administered from within. The impact of imposing a framework of mandatory training in line with the social care workforce has to be considered. If the key success lies in a supportive relationship, any training administered externally to one party will naturally change the nature of that relationship. There has been a plea for any development or training to involve both parties, nurturing and developing the relationship itself. Where then does this leave the PA in terms of the right to career development and support? A natural fear is that if PAs are trained and professionalised in line with other staff, then the relationship

will be under threat. It has traditionally been difficult to recruit PAs, although estimated attrition rates are significantly lower than in the social care workforce. Recruitment is often of an organic nature, based on local relationships. Should there be a national campaign to recruit PAs on a centralised basis? Attempts to recruit at a local level have been successful in part, the maintenance of lists being a challenge as part of overwhelming caseloads facing social work employees. Centralised approaches may lose sight of local intelligence and relationships. Certainly, a collaborative cross-border approach might address some of the complexities and inequities involved in paying for travel, when there is availability of support within neighbouring localities. This, however, is challenged by at least 32 differing Direct Payment compositions and a vast range of Personal Assistant pay rates. Social Work staff grappling with these challenges and trying to support individual choice and control across all SDS options would surely welcome a national centralised framework of guidance, retaining local autonomy and flexibility.

What else is needed? If the success of support hinges on a successful relationship, what then when things go wrong? Surely there is a need for support for the PA outwith the relationship, in terms of employment and legal support, grievance procedures and mediation, as well as peer and union support. The right to career development and registration must be an available option for those who wish it, but not imposed routinely, excluding those who do not.

An emerging view from the discussions within the Programme Board has been that until we change our language from service user to employer; from Social Care to Independent Living, we will continue to consider the PA Workforce from the wrong perspective. Surely, we can be flexible in considering voluntary recognition and support as an option to ensure that PAs have equity in terms of recognition as well as terms and conditions, valuing lived experience, and ensuring that any changes have the full support of the independent living movement, if PAs are to have a legitimate place within a National Care Service.



# 9. Building a national service that cares in the small places

**Charlie McMillan, Chief Executive, Scottish Commission for Learning Disability**

When Derek Feeley launched the Independent Review of Adult Social Care, he said that the review group had adopted something of an informal mantra: “Social care is not a safety net, it is a springboard.”

This was gratifying to the member of the Expert Group who said this and to the many other SCLD stakeholders who took part in the Review. Everyone who was involved was clear that the status quo is not working. All the evidence we have reinforces this. We believe this simple statement encapsulated so much of the challenge we all face as we turn to consider what a National Care Service might look like. How do we turn an increasingly threadbare safety net into a vibrant springboard?

There was also a clear sense amongst people with learning disabilities and their supporters that the Review was a process that had truly listened to their voices and had recognised that their human rights had to be at the very heart of whatever came next.

Now, however, many of our stakeholders are concerned by the widened focus of the initial consultation for the proposed National Care Service and on the

challenging timescales for response. Feeley himself was clear that people with learning disabilities needed to be involved in the development of the National Care Service - timescales that allow this to happen are therefore essential.

People are also concerned that the current consultation risks diluting the transformative spirit of the Feeley Review with a focus on creating bureaucratic systems where those who require the support most remain invisible.

If we believe social care should be based on the realisation of fundamental human rights, we must bear in mind the words of Eleanor Roosevelt who said that human rights must begin in the “small places, close to home.” For us, this means a system of social care which addresses the problems faced by individuals, in the communities they live, before they arise. We have heard so many accounts of where this does not happen, both before and during the pandemic.

It is also important to remember that for many people with learning disabilities and their family carers, the pandemic is far from over. Support is still to return to pre-

pandemic levels, many respite and day services remain closed, health care and education remain inaccessible, transitions from education are patchy at best, and employment for people with learning disabilities is the exception rather than the rule. Added to this is the fact that entitlement to social care currently does not follow the person should they move area and, at its worst, lacks even the most basic flexibility in supporting people to achieve their future goals and aspirations.

SCLD believes that more than being a failure of policy and practice these, and the other systemic barriers that people with learning disabilities experience, are failures of culture, of values, attitudes, as well as inclusion and belonging. We believe we do not just need a new system of social care support, but a whole new story and a means to make that story a reality for people.

We know that many people continue to think that those supported by social care are static recipients in institutional settings, rather than individuals with talents and strengths which they can use to contribute to the social fabric of our communities when properly supported. Where people with learning disabilities do live in our communities, they tend to live their life on the margins, segregated and excluded by the very communities they long to belong to.

Resolving these issues must be at the core of the establishment of the National Care Service; it must be no less visionary than the thinking that established the National Health Service. It must enable transformative change to the lives of people

with learning disabilities, and many more besides.

The discussion about the vision, strategy, form, and function of the National Care Service must be about more than the minutiae of structure and process. It must be about delivering real and lasting cultural change for the country and significant improvements to the quality of life for every person who relies on it.

Therefore, SCLD would recommend the following as building blocks to the design and delivery process:

- Meaningful engagement of people with learning disabilities at every step on the way including in the development of legislation.
- Embedding an equalities and human rights approach to the provision of support and care which is EQIA (Equality Impact Assessment) assessed and focuses on providing flexible support which empowers individuals.
- A clear and consistent approach to the regulation of care and support including a fully accessible mechanisms of complaint for people with learning disabilities.

In short, the National Care Service must be truly human rights focused and person centred. It must be designed and resourced so that it can function as a springboard for all our citizens to live their best lives – in the heart of their ‘small places’ across Scotland.

# 10. The value of social care

## Lindsey Millen, Policy and Development Manager, Close the Gap

The creation of a National Care Service is an opportunity to improve the lives of people who use social care and their families and carers. But whatever form it takes, a reformed social care system must address the undervaluation of its workforce if it's to succeed in improving the quality and provision of care services in Scotland. To do this, we must acknowledge the reason that care work is so undervalued – because it's seen as “women's work”.

Care is profoundly gendered. Women do the bulk of unpaid and informal care, and comprise 85% of Scotland's social care workforce<sup>8</sup>. Social care is vital to women's lives, as workers and as service users, and to the functioning of Scotland's economy. Investment in the workforce is core to providing high quality personalised care. Despite this, the social care workforce remains underpaid, undervalued and under-protected<sup>9</sup>.

This undervaluation is sustained by gender stereotypes and assumptions about women's and men's capabilities and interests. There's a widespread assumption that caring and other unpaid work done in the home is better suited to women because historically it has been their role. This drives the undervaluation of this work when it's done in the labour market, with jobs such as cleaning, catering, childcare and social care paid at, or close to, the minimum wage as a result. Additionally, the

stereotype that women are intrinsically more caring is used to justify the low pay of care work in the labour market, with perceived job satisfaction a substitute for fair pay<sup>10</sup>. This undervaluation of women's work underpins occupational segregation, the gender pay gap and women's poverty.

Rising demand due to demographic change and difficulty recruiting and retaining workers have combined with funding challenges to place huge pressure on the social care system in Scotland. Many care sector employers are already reporting high vacancy rates, a shortage of good quality applicants, and high staff turnover. The overall vacancy rate in social care is already twice the Scottish average<sup>11</sup>.

These challenges are primarily driven by the pay and conditions of social care work. Care workers cite low pay and poor conditions as a primary reason for leaving their jobs<sup>12</sup>. Many report not being paid for travel time between appointments or for overnight stays<sup>13</sup>, effectively reducing their hourly pay rate, alongside highly compressed appointment times<sup>14</sup>. Social care workers frequently don't have enough time to deliver high quality care to service users<sup>15</sup>. This has a detrimental impact on service users, but also on workers' mental health and wellbeing because they can't deliver the standard of dignified and compassionate care they wish to.

These factors are driving social care workers to leave the sector, but they also affect the standards of care it is possible to deliver within the current system. Evidence shows that pay is the primary determinant of care quality<sup>16</sup>. Practices such as not paying for travel time and insufficient appointment times are a major barrier to quality of care<sup>17</sup>. Delivering quality social care requires delivering decent pay and conditions to the social care workforce. It's impossible to resolve these issues while maintaining low pay in the sector. This means that a National Care Service can only improve care quality and provision if it's accompanied by the investment needed to raise the pay and conditions of the social care workforce.

Investment in care infrastructure, including in childcare and social care, delivers wider benefits alongside improved care provision. It stimulates job creation, community regeneration, and increased opportunities for under-employed women<sup>18</sup>. Research by the Women's Budget Group found that

investment in care in the UK would produce 2.7 times as many jobs as an equivalent investment in construction<sup>19</sup>.

Care is as essential to our economy as bricks, steel, and fibre optic cable<sup>20</sup>. Social care, along with childcare, is critical infrastructure which enables women's labour market participation, and is a necessary step in realising women's wider economic equality. Inclusive growth must mean investing in a care economy, with investment in childcare and care for disabled people and older people considered as necessary infrastructure for a sustainable wellbeing economy and a good society.

The social care workforce is the foundation of the social care system<sup>21</sup>. A National Care Service must value the predominantly female social care workforce if it's to tackle the longstanding challenges in social care delivery, and create a sustainable system fit for the future.

8 <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

9 [https://www.closesthegap.org.uk/content/covid-19/1617262883\\_Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf](https://www.closesthegap.org.uk/content/covid-19/1617262883_Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf)

10 <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-to-the-Independent-Review-of-Adult-Social-Care.pdf>

11 <https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/>

12 <https://www.gov.scot/publications/implications-national-local-labour-markets-social-care-workforce-report-scottish-government-cosla/>

13 <https://www.ccpsscotland.org/wp-content/uploads/2015/03/CCPSsleepoverbriefing.pdf>

14 <https://www.kcl.ac.uk/scwru/res/hrp/hrp-studies/hearth/dhinitiative/projects/ruberyetal2011recruitmentfinal.pdf>

15 <https://www.gmbscotland.org.uk/Show%20You%20Care%20-%20Full%20Report%20Compressed.pdf>

16 [https://www.research.manchester.ac.uk/portal/en/publications/bringing-the-employer-back-in-why-social-care-needs-a-standard-employment-relationship\(be3d4a7f-f046-478a-93a6-c23232ba6dfb\).html](https://www.research.manchester.ac.uk/portal/en/publications/bringing-the-employer-back-in-why-social-care-needs-a-standard-employment-relationship(be3d4a7f-f046-478a-93a6-c23232ba6dfb).html)

17 <https://www.kcl.ac.uk/scwru/res/hrp/hrp-studies/hearth/dhinitiative/projects/ruberyetal2011recruitmentfinal.pdf>

18 <https://www.gcu.ac.uk/wise/media/gcalwebv2/theuniversity/centresprojects/wise/98178%20WiSE%20BREFING%20PAPER%204%20August.pdf>

19 <https://wbg.org.uk/wp-content/uploads/2020/06/Care-led-recovery-final.pdf>

20 [https://www.closesthegap.org.uk/content/covid-19/1621248138\\_Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf](https://www.closesthegap.org.uk/content/covid-19/1621248138_Gender--Economic-Recovery---Engender-and-Close-the-Gap.pdf)

21 <https://www.closesthegap.org.uk/content/resources/Close-the-Gap-submission-to-the-Independent-Review-of-Adult-Social-Care.pdf>

# 11. What does a National Care Service mean for those with lived experience of accessing mental health services?

Douglas Pickering, Chairperson, Voices of Experience Scotland

Of the 245,000 people in Scotland receiving social care, around 1 in 6 receive social care support due to mental health issues<sup>22</sup>. With the Scottish Government now consulting on a proposed National Care Service, Paula Fraser, VOX's Development Officer has been working with our members to understand their perspectives and ensure their voices are heard in the consultation process.

VOX Scotland is run by and for its members. Our members have lived experience of accessing mental health support and fundamentally want to see a marked improvement to the quality and availability of services. This must be the overarching priority in the development of a National Care Service.

In particular, members want an end to the 'postcode lottery' of service provision in different areas of the country. A system that is more equitably coordinated across Scotland could see improvement for some people in this regard, with members emphasising the need for services to be 'levelled up' in the process.

They told us they want to see more accessible community hubs for mental health to help maintain their wellbeing, better integration of services, and to be able to access support whenever they need it – not just when they are in crisis. Members stressed the importance of care that is personalised and responsive to their needs at an earlier stage, and that there must be significant investment in, and support for, the workforce to ensure this is available to all.

Members said they need an National Care Service that is flexible and adaptable – one which recognises that levels of support needed, even for one individual, are likely to fluctuate over time. As found within the Independent Review of Adult Social Care, commissioning using generic frameworks based on hourly rates does not work well for people in this context<sup>23</sup>.

It is worth noting, however, that many proposals in the consultation document extend beyond the Review, and would likely usher in a major re-organisation of services.

Crucially, the resources and attention that will be concentrated on this re-organisation must not be to the immediate detriment of service delivery. Set-up must be underpinned by an ambition to achieve the best possible system for all who access it, with the resources made available to implement it.

Key to making such a system a reality is ensuring that those receiving support are at the heart of designing and influencing services. Proposals for people with lived and living experience to be voting members of 'Community Health and Social Care Boards' are welcome, but further detail is needed on how this will ensure authentic, non-tokenistic, participation – what support will be provided for all board members to fully engage?

Indeed, the consultation process itself has elicited concerns from VOX members. They told us that many questions require far

more of the basic scope and principles to be established first before they could provide meaningful answers, and feel the consultation period is too rushed for those it will impact to meaningfully engage. We heard that example 'case studies' of what proposals could end up looking like in practice would have benefited their engagement with the consultation.

Fundamentally, social care should be rights-based and it should be empowering. In order for this to become a reality for all we need a significant boost in investment and support for the workforce, provision of additional services that provide support pre-crisis, and meaningful involvement of those with lived experience to co-produce solutions. These must be core tenets of a National Care Service if it is to truly deliver what our members have ultimately called for: a system where everyone can get the care and support they need, when they need it, wherever they are in Scotland.



**22** <https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2021/08/national-care-service-scotland-consultation/documents/national-care-service-scotland-consultation/national-care-service-scotland-consultation/govscot%3Adocument/national-care-service-scotland-consultation.pdf>

**23** <https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf>

# 12. Social enterprise and the new National Care Service

## Duncan Thorp, Policy and Public Affairs Manager, Social Enterprise Scotland

The new proposal for a National Care Service (NCS) is being billed by The Scottish Government as the “biggest public sector reform for decades”.

The plan is to make sure that everyone who receives care gets the same standards, regardless of where they are in Scotland.

The service will seek to deliver person-centred care to suit individuals and will also use “ethical commissioning”, embracing the fair work agenda. It aims to cover adult social care services, but consideration will be given to extending this to other groups, such as children and young people.

Some reforms have already taken place within the sector, including the integration of health and social care and government funding to support the payment of the real Living Wage.

There are many social enterprises working in health and social care. The latest Social Enterprise Census is due out in the next couple of months, where we’ll be able to see what impact the past two years has had on this part of our sector.

According to the last Social Enterprise Census, from 2019<sup>24</sup>, 755 social enterprises worked specifically in health and social care, that’s 13% of all social enterprises and a 21% increase since 2015. At that time health and social care contributed a big 28.4% of income to our social enterprise community.

Even for those enterprises not directly working within health and social care, it’s clear that many others support people with additional needs or work within the broader health and well-being sector.

Social Enterprise Scotland and the Health and Social Care Alliance Scotland previously worked together to produce a brochure called *A Healthy Enterprise*<sup>25</sup>, that highlighted the innovation of these health enterprises.

With ageing populations, stretched public sector budgets and increased awareness about the challenges involved, health and social care enterprises are developing new, creative ways of working.

Dr Lorna Paul, of social enterprise Giraffe Healthcare, says:

**“For the National Care Service for Scotland to fulfil its aims it is imperative that social enterprises are front and centre in terms of developing the strategy and delivering services. Social enterprises have community and person centred impact at the core of their services, with holistic approaches to improving the lives of people in their community and beyond, including health, social, environmental and societal perspectives.**

**“At Giraffe Healthcare we provide health care professionals (physiotherapy, podiatry and occupational therapy) with a platform which allows them to support people with clinical conditions to manage/self manage their condition on a long term basis whether they are in hospital, their own homes or in supported accommodation. We ensure that rehabilitation is available depending on need, not geography, language, ethnicity or other barriers. The platform also bridges the gap between hospital and community care.”**

Lesley Compton, of KLAS Care, highlights some of the current barriers for their organisation:

**“As a social enterprise delivering child care we have many hurdles and obstacles, primarily this is due to us not being treated as professionals, despite adhering to all the legislations and professional values from SSSC, the Care Inspectorate and Scottish Government. We are part of Child Services but are overlooked by the local authority due to being a social enterprise and being an out of school care provider. We welcome new legislation, especially one that will enable our user group to have a voice.”**

**We’ll continue to work with government and partners as plans for a National Care Service are driven forward, to break down barriers and raise awareness of social enterprise innovation.**

**There are certainly many potential opportunities for social enterprises to engage and benefit and we look forward to helping them get their voices heard.**

<sup>24</sup> <https://socialenterprisecensus.org.uk/>

<sup>25</sup> <https://socialenterprise.scot/resources/a-healthy-enterprise-bringing-health-and-trading-together-for-social-impact-and-the-wellbeing-of-scotland/>

# 13. Person-centred data for a person-centred future

Alex Stobart, Scotland Director, mydex

In its proposal for a National Care Service, Scottish Government has said that it wants to redesign *'the system around the individual'*. But what exactly does this mean?

Just now, people who interact with many different services experience a lot of friction, effort, risk, and cost trying to get support.

Somebody's rheumatologist can't swap notes with their neurologist because they are in different organisational boundaries. That same citizen's care at home staff don't give them a new medication because they missed the message from their daughter. Every time somebody moves to a new area or their situation changes, they have to repeatedly tell the same stories. It's inefficient and frustrating, with stress and hassle built into the system.

It's because the information is stored and controlled by the organisations that use it. We give and receive information to and from organisations, they provide services for us and, perhaps after asking our permission, they occasionally share it between one another to make life easier for us.

We call this organisation-centred data.

Government's current solution is to create a new *'nationally-consistent, integrated and accessible electronic social care and health record'*. This would take years to build, be hugely expensive (with inevitable cost overruns), and generate a new, unwieldy bureaucracy - while excluding citizen participation.

There is a better alternative, available to use now: to provide every citizen involved in care with their own personal data store, where they can accumulate records to create a rich picture of their situation. They bring this data to services, building privacy-protecting citizen control into how the system works.

Citizens give permission to organisations to connect to their PDS, sending and receiving information to serve the citizen, all without the citizen needing to find, send, or explain anything.

This is person-centred data: the core design principles we must embed into the NCS.

We agree the future of health and social care needs to be redesigned around the individual. But person-centred services won't work without person-centred data.

What could embedding these principles mean for people's experience of health and social care?

The Digital Health and Social Care Innovation Centre (DHI) undertook 52 co-design projects across 41 health and social care organisations, including over 3,500 citizens and 1,000 care providers.

Citizens told them five simple wants, which person-centred data would deliver:

### 1. “I want to tell my story once”

We would eradicate form-filling with person-centred data. You’d just give organisations access to what they need at the tap of a touch-screen.

### 2. “I want meaningful dialogue with professionals”

Relationships with professionals would be easier by giving them whatever level of access to your personal information you’d like. You would never again have to tell a GP in one area what your consultant told you in another, or worry about whether the staff in Mum’s new nursing home have everything from the care plan put together with her care at home team.

### 3. “I want to access and understand my data & guidance”

Everything in one place means no rifling through drawers - in fact, it means information tailored to the citizen’s particular needs. Organised, secure and under the individual’s control.

### 4. “I want to do things on my own terms”

Human rights extend to the digital world. Person-centred data means everything is placed, accessed, edited, or used on your terms..

### 5. “I want to unlock or unblock the care I need”

The friction, effort, risk, and cost created by organisation-centred data would dissolve.

The right data gets to the right place at the right time, via the person it is about. Work we have done with DHI and Scottish Government<sup>26</sup> as well as Macmillan Cancer Support<sup>27</sup> shows PDS will mean services truly wrap-around people, telling them when they’re entitled to support tailored to their particular needs. All without having to lift a finger, let alone advocate for help.

A National Care Service is a once-for-Scotland opportunity to dramatically improve how citizens, carers, and frontline staff alike gain and provide support.

Scottish Government’s third vision in its Covid Recovery Strategy<sup>28</sup> is to “*accelerate inclusive person-centred public services*”. Rethinking the personal data infrastructure that provides this care is essential if this vision is to be realised. Citizens should be provided with tools to control the data that system runs on. That’s what we’ll be writing in response to the National Care Service consultation - we hope you agree.

26 [https://mydex.org/resources/papers/Smart\\_entitlements\\_recommendations/smart-entitlements-research-recommendations-and-report-for-the-scottish-government-final\\_copy.pdf](https://mydex.org/resources/papers/Smart_entitlements_recommendations/smart-entitlements-research-recommendations-and-report-for-the-scottish-government-final_copy.pdf)

27 <https://medium.com/macmillan-my-data-store-pilot>

28 <https://www.gov.scot/publications/covid-recovery-strategy-fairer-future/>

# 14. Equality must be at the heart of a new care service

Lynn Welsh, Head of Legal and Compliance, Equality and Human Rights Commission (EHRC) Scotland

Lynn Welsh, Head of EHRC Scotland: Legal and Compliance reflects on how we can achieve a social care system with 'human rights, equity and equality at its very heart.'

We have heard so many people tell us enthusiastically and passionately that we now have a once in a lifetime opportunity to transform care in Scotland. In the Equality and Human Rights Commission, we wholeheartedly agree. This is a chance to properly build equality and human rights into a National Care Service meaning that they will be part of everything that it does and delivers.

So, it's good news that the Government has committed to taking a human rights-based approach to developing the new service. However, this is not enough to achieve the significant change that is needed. We know the system isn't working for everyone, and to date social care reform has not helped to achieve real change based on equality for the people using and working in social care.

The pandemic has highlighted many of the flaws in the current system and too often social care services are not able to give people the high quality support that they

need and are entitled to. Too many people were not able to access social care services during the national lockdown and had to rely on the goodwill of neighbours, friends and family for help. This situation leaves people without the dignity or independence that they're entitled to and we all expect to enjoy.

In view of this, we have to make sure we get this right. If those in need of social care don't get it, we'll see a widening of existing inequalities. Building equality into the design and delivery of the new social care system and involving people who rely on the services will make sure it truly is person-centred and lets people live an independent life as part of their community.

Disabled people must have the same choice and control over how and where they live as non-disabled people. We want to see the right to independent living incorporated into legislation creating a National Care Service.

## Legal requirement to consider equality

The Public Sector Equality Duty requires public bodies consider equality in

everything they do. This is a legal obligation as well as being the right thing to do for the people of Scotland. However, we know performance of the duties is patchy. There needs to be a renewed focus and commitment from our public sector leaders to use the tools set out in equality law to drive progress.

We know there are significant gaps in knowledge about who needs social care, who is getting care and support and whether their needs are being met. For example, at a basic level, we don't know how many LGBT or ethnic minority people access social care support and if they don't, why not.

Equality data gaps are a significant problem because it is impossible to design and deliver person-centred social care services if you do not know anything about the people using the service and what their needs are. We need to take action now to find out more about the people who use social care and use this information to inform the planning and delivery of a social care service fit for all.

## Benefits of an equality-led approach

We know that progress towards equality is slow and not consistent or widespread. The stark reality of inequality is that too often

people are unable to realise their full potential. Access to high-quality social care that meets people's needs can help to provide everyone with an equal chance to participate in day-to-day things like work, learning, seeing family and friends and doing exercise - things that many of us take for granted.

This is particularly important for disabled people who we know, for example, are more likely to be unemployed, have no or fewer qualifications and be in bad or very bad health.

Finally, we must also recognise and value people working in social care by investing in their training, and ensuring better pay and working conditions. These workers, who are predominately women, continue to face immense pressure to deliver services that the public need and without them, there wouldn't be a service at all.

The creation of a National Care Service is an opportunity to help to achieve a more equal Scotland. We must grab it with both hands to ensure people's rights are upheld and we create a care system that we can all be proud of.

You can read the full EHRC Scotland consultation response on our website at:

<https://www.equalityhumanrights.com>

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



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

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