**Social Care Inquiry**

**Scottish Parliament: Health and Sport Committee**

February 2020

1. **How should the public be involved in planning their own and their community’s social care services?**

Much of the legislative framework needed to empower people to be involved in planning their own, and their community’s social care services already exists. The Community Empowerment (Scotland) Act and Social Care (Self-directed Support) (Scotland) Act are supposed to provide the groundwork for involving people and communities in planning their own care. Integration Authorities are also supposed to actively involve the community in their decision making.

In practice, however, the implementation of this legislation is not consistent across Scotland. The review of Self Directed Support (SDS) by Audit Scotland found that despite many examples of positive progress SDS has not yet been fully implemented.[[1]](#footnote-1) All too often our freephone helpline is finding that Local Authorities are providing varied information which causes inconsistencies with how social care is experienced throughout Scotland.

This is further compounded by the lack of progress made by Health and Social Care integration that requires a new way of working together. The Scottish Government, COSLA, Health Boards and Integration Authorities must work together to create the transformational change needed to put social care on equal footing with health. This includes supporting front line staff to adapt to the changes as well as putting the proper systems in place that allow them to do so. People with lived experience are also paramount to change using their experience of the system as well as their needs to drive change.

Far too many older people with critical or substantial needs have lengthy waits until they are able to receive the social care that they are assessed as needing and are entitled to. The Age Scotland “Waiting for Care” report, published in May 2019, demonstrated that 43% of people assessed with this level of need were waiting longer than the 6 week national guidelines to access the vital care they need. [[2]](#footnote-2)

The Age Scotland helpline regularly hears from family members that they struggle to work in partnership with health and social care about their family’s care needs.

**Case Study** – please note that the names in this case study have been changed.

Robyn has Power of Attorney for her mother Sharon who is 82. Sharon is frail, registered blind, suffers urine incontinence, and has hearing and balance difficulties. After being discharged from hospital, Sharon was given a care package which was in place for five months until the care contract went to tender. Unfortunately the service provider could no longer provide the assessed level of care within the allocated hours and Sharon’s allowance of five showers per week has been reduced to two.

Robyn was told by Sharon’s social work team that budget issues were a factor in the reduction of the care package as well as the fact that Sharon’s level of incontinence is not high enough to require daily laundering of bed linen.

Understandably Robyn is very concerned for her mother’s wellbeing and it is clear that Sharon’s level of care needs has not reduced since her original assessment. The council did not carry out a reassessment for Sharon, but did conduct a review. **Neither Robyn or Sharon were told that a review was taking place and were not involved in the process.**

1. **How should Integration Authorities commission and procure social care to ensure it is person-centred?**

For social care to be truly person centred its value must be better recognised and rewarded. Properly costed tenders which cover all the costs of providing person centred care need to be realised, this includes enough money to cover expenses such as the living wage and travel time.

How we measure success also needs to change. **Output should be measured by outcomes and not by hours.**

1. **Looking ahead what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?**

A skilled and valued workforce that has career progression options for care staff are essential. Ensuring paid carers have the training and experience to provide high quality care for the people they support will be key to a successful model of social care.

Ensuring that there are enough social care staff to deliver what is needed by an ageing population, therefore a likely increase in demand, is critical. It is estimated that in 20 years there will be a 50% increase in the number of people in Scotland living with dementia, which in itself will mean more people needing support to live well.[[3]](#footnote-3)

It is clear from the long waits many older people face in receiving the social care they are assessed as needing, that social care staffing levels need to be increased. The Scottish Government have initiated a recruitment campaign in this field as promised in their 2019/20 Programme for Government, but it will require focus and longevity to recruit at the levels required.

The United Kingdom’s exit from the European Union and consequential new immigration requirements enacted by the UK Government could have a significant impact on an already fragile social care workforce. Approximately 10,000 social care staff working in Scotland are non-UK EU nationals. Changes to right to work in the UK and a potential income threshold would effectively “price out” people coming to work in this sector and make it more likely that current staff are unable to remain.

Any social care model should also use innovation where possible, making use of assistive technology such as community alarms, telecare and assistive technology. There is also a need for free and readily accessible information and advice for the individual with care needs, their carers and family.

Shared decision making between the person receiving support and services being delivered is vitally important. People must be fully involved in decisions about how their care is delivered and is central to a successful model of social care.

Looking to the future it is important that homes are built to be adaptable and age-friendly as the aim must be to ensure people can live independently and well in their own homes for as long as possible. It is important that the Scottish Government, local authorities and planning authorities work together to ensure that new homes and developments incorporate these principles. For the first time ever, one of the key planning principles in Scotland is to ensure that the needs of older and disabled people are met. This was introduced to the Planning (Scotland) Act passed in 2019 which Age Scotland worked extensively on with members of the Scottish Parliament’s Local Government and Communities Committee.

1. **What needs to happen to ensure the equitable provision of social care across the country?**

Recognising the different and varied needs across Scotland’s communities is essential to equitable provision. Making smart decisions about workforce needs, for example using population projections to inform recruitment drives. Different levers should also be used to attract workers to under resourced areas in the country, in particular remote and rural communities. This links to the issue of an increased pay offer in order to attract and retain staff.

The current approach which is aimed at allowing Local Authorities flexibility by having guidance as opposed to statutory obligations has resulted in Local Authorities making their own rules and in some cases blatantly ignoring the guidance.

For example, our helpline is in communication with one caller who is having an ongoing issue of trying to relocate her mum from a care home in Scotland to one in England. Despite Charging for Residential Care Guidelines (CRAG) clearing stating ‘As a general rule, responsibility for individuals who are placed in cross-border residential care remains with the first local authority. The first local authority is the local authority which places and funds the individual in a cross-border residential placement.’ The Local Authority in Scotland is refusing to acknowledge their responsibilities and directly contradicts both guidance and legislation.

We regularly hear of cases like this, where conflicting information has been provided by Local Authorities which causes confusion and stress at a likely already difficult time when trying to arrange support for care needs. Access to free and impartial information and advice that is available in a variety of ways such as written, on the phone, face to face and online that explains the system and what people should expect as part of their rights will help to ensure equitable provision of social care across the country. It will also help to ensure that Local Authorities are held to account with their decision making.

As mentioned in question three, Age Scotland believes in the need for free, impartial information and advice. This information and advice should be written use easy to understand language and be available in a variety of formats such as written, on the phone, face to face and online that explains the system and what people should expect as part of their rights. This will help to ensure equitable provision of social care across the country. It will also help to ensure that Local Authorities are held to account with their decision making.

Care and Repair services are successful in providing cost effective home adaptations for older and disabled people across Scotland. Services such as “Home from Hospital” and adaptations such as grab rails and ramps mean that people are able to live more independently in their own homes, and the fitting of key safes assists carers and family members gaining access to the home for routine visits or in an emergency. These services are often funded by Health and Social Care Partnerships, but there is a mixed picture across Scotland with some local authorities having no Care and Repair service and others with more limited capacity. These services should be consistent and well funded throughput Scotland. They could also play a more effective roll in reducing levels of delayed discharge from hospital if they are commissioned quickly so that the patients home is safe to return to. Often Care and Repairs are contacted on the day of discharge with no time to deliver the required service. This preventative spend has a significant positive impact.

**Want to find out more?**

As Scotland’s national charity supporting people over the age of 50, Age Scotland works to improve older people’s lives and promote their rights and interests. We aim to help people love later life, whatever their circumstances. We want Scotland to be the best place in the world to grow older.

Our Policy, Communications and Campaigns team research, analyse and comment on a wide range of public policy issues affecting older people in Scotland.

Our work is guided by the views and needs of older people themselves.

**Further information**

Contact the Age Scotland Policy, Communications and Campaigns team:

[policycomms@agescotland.org.uk](mailto:policycomms@agescotland.org.uk)

0333 323 2400

Twitter [@agescotland](http://www.twitter.com/agescotland)

Facebook [/agescotland](http://www.facebook.com/agescotland)

Linkedin [Age-Scotland](https://www.linkedin.com/company/age-scotland/)

[www.agescotland.org.uk](http://www.agescotland.org.uk)

1. <https://www.audit-scotland.gov.uk/report/self-directed-support-2017-progress-report> [↑](#footnote-ref-1)
2. <https://www.ageuk.org.uk/scotland/our-impact/policy-and-research/political-briefings/waiting-for-care/> [↑](#footnote-ref-2)
3. <https://www.scottishscience.org.uk/sites/default/files/article-attachments/SSAC-%20Reacting%20to%20Report%20Future%20of%20An%20Ageing%20Population.pdf> [↑](#footnote-ref-3)