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Lewis Macdonald MSP
Convener
Health and Sport Committee

By Email.

17 March 2021

Dear Lewis

THE FUTURE OF SOCIAL CARE AND SUPPORT IN SCOTLAND

Thank you for your letter of 26 February 2021, highlighting publication of the Health and Sport Committee's inquiry report on 10 February 2021, and the issues raised with the committee during the follow up evidence session on 23 February. I also note the generally supportive position taken by most of your witnesses and the congruence between the Committee Report's findings in "The Future of Social Care and Support in Scotland and the Independent Review of Adult Social Care ("the Review").

I am grateful to everyone who responded and took part in all the evidence sessions and hope that the Committee will continue to work collaboratively with future Ministers to ensure the important concerns raised throughout both reviews can be resolved as a matter of priority.

The issues uncovered by the committee's review are also evident in the extensive consultation undertaken by Derek Feeley during his review. It is therefore unsurprising that the findings of the Committee reach similar conclusions to Mr Feeley in terms of what needs to change, but differ slightly on how to bring these about.

It is now up to the incoming Parliament, to consider carefully the practical interpretation and application of both reports and build on good practice, to ensure a social care system that consistently delivers high quality services across Scotland – a system that is founded in fairness, equality, and human rights, and that puts lived experience at the heart of its redesign.

I have made clear to my cabinet colleagues that I support, in full, the recommendations set out the Independent Review of Adult Social care, and I have stated in Parliament that we are at the beginning of a process for improvement. I will ensure that officials include the findings in the Future of Social Care and Support in Scotland are considered carefully in the next steps of implementing the Independent Review of Adult Social Care.

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In terms of the specific issues as highlighted in your letter:

The Implementation Gap

The Committee found that Self-directed support, integration of health and social care and the Carers Act are all examples of excellent policies, but they have not been implemented consistently and with rigour. This concurs with many of the responses to the Review engagement process – people who access services and members of the workforce – who referred to an “implementation chasm” between the Scottish Government’s aspiration and intent, and experience “on the ground”.

In response to this implementation challenge, to achieve a better system, we will need to do things differently. To do this we need a new narrative, one in which we see social care as an investment, not a burden. We must place human rights at the heart of social care – moving away from a competitive market to collaboration and ethical approaches to commissioning and procurement. It is a shift in thinking which underpins future funding, commissioning, regulation and critically, delivery.

Prevention Focussed

The Committee’s finding that the current delivery of social care is not consistently anticipatory or preventive, nor does it adequately ensure a transparent level consistency or coherence also chimes with the findings of the Independent Review. Current commissioning and procurement of support and services is under-pinned by the perception of scarcity of resource and the disjointed demands of a diverse system which often loses sight of the individuals it was designed to support.

I am confident that we can agree that there must be a shift towards prevention that is user-focussed, based on need, and co-produced with people and those who support them, whether paid or unpaid. Standards must be clear and consistent across the country, with robust monitoring, regulation and a commitment to continuous improvement.

The Review highlights the need for a change in approach towards ethical commissioning and procurement, which also incorporates fair work for staff and calls for a pause on procurement to allow scope for improvements to begin. This will require us to embed a clear value base in our approach to support and services, with Human Rights, person centred care and support, and fair work at the core of those values.

The Chair of the Review and the panel were also very conscious of their remit and the bounds of the Terms of Reference for the IRASC. The clear focus is on the delivery of Adult Social Care, but we are all aware that there is significant interdependency between age ranges between adult and children’s services in reality. Neither does the Review comment on criminal justice social work, where there are often significant health and social care needs to support rehabilitation and desistance from offending. I am clear that adult social care support should be inclusive, but recognise that there are questions outstanding about how a new National Care Service should include a wider remit for children and families and justice.

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I also accept the committee's observations about the interdependency with local social and health systems. At local level, Integration Joint Boards (IJB)s currently have responsibility as the commissioners of adult social care, primary healthcare, and most unscheduled inpatient hospital care, much of which is avoidable with good community support, so there is no suggested change to these arrangements.

Workforce

During the Covid-19 pandemic it has become more evident that Scotland's dedicated social care workforce provide critical and invaluable support to many people across Scotland. Even before the pandemic there has been a long-standing commitment to the principles of Fair Work. I have been working to embed fair work principles in social care towards achieving better terms and conditions and more rewarding roles for the social care workforce. By the end of May we will establish a minimum standards for terms and conditions, a minimum standards framework which reflect Fair Work effective voice, and what this fair work effective voice will look like and how it will be applied across all of our social care workforce.

I am clear that attracting and retaining and nurturing the right people, and raising the status of social care as a profession, is key to delivering quality care. The recently launched second phase of a marketing campaign for adult social care ran for four weeks, and aimed to increase recruitment and promote adult social care as a positive career destination.

Data

As the Independent Review notes, social care data is currently often obtained from individual Local Authority systems and that these focus on measures of inputs and outputs. Through Scottish Government investment in the Source programme, run by Public Health Scotland, work continues to link these data at individual level to health care data, to enable and enhance understanding of how people access services across the whole care journey, and whilst this is necessary further information is required for IJBs to commission improvement effectively.

I agree that data on outcomes and on direct measures of need and unmet need are equally important, but they are not currently collected consistently. At my request the Ministerial Strategic Group for health and social care had begun a review of data measures last year, before being interrupted by the pandemic.

A new dedicated Social Care Analytical Unit has recently been established within the Health and Social Care Analysis Division in the Scottish Government to support the development of data, evidence and analysis for Social Care in Scotland, building on the experience of developing social care data, analysis and new relationships that were fostered during the COVID-19 pandemic.

The Unit will lead work, in collaboration with Public Health Scotland and other organisations, to develop a programme of research, statistics, analysis and knowledge exchange to support social care reform. It will support the provision of high quality evidence to inform and monitor the experiences and outcomes of those within the social care system and also assess unmet needs. Their work will also consider and examine opportunities for the development of real time performance data for the Social Care sector, while feeding into whole system modelling and reporting to understand the social care system nationally and locally, and the associated options and implications of reform.

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Pandemic Recovery

I have consistently made clear that the Scottish Government will provide the necessary funding across health and social care services to recognise the additional costs of responding to COVID-19, to support remobilisation of services and support and ensure safety remains the top priority at all times. I am aware of concerns raised at the Health and Sport committee and the letter sent by CCPS, in relation to the sustainability of social care services and supports. I have asked officials to work with COSLA and Chief Finance Officers to ensure these issues can be resolved as soon as possible.

JEANE FREEMAN

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