**Independent Review of Adult Social Care in Scotland, January 2021**This is a very quick summary. The full report is over 100 pages, but is well worth a read. We will be developing a briefing paper for carers over the next few weeks

**Executive Summary**

The review identifies three key things that must change to improve outcomes for people using social care and their carers

1. Shift the paradigm - Changing the narrative around social care so that it is viewed as an investment, taking into account people’s rights and capabilities
2. Strengthen the foundations – Building on what we have already, including key legislation which must be implemented fully, the strengths of the workforce and carers who are described as ‘the cornerstone of social care support’
3. Redesign the system – Changing structures, including the development of a National Care Service

**Chapter 1 and 2 – What we heard and the purpose of social care**

Chapter 1 sets out a summary of the key themes from the engagement process, which are expanded on in later chapters.

In Chapter 2 a definition of social care is proposed as *‘Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing and independent living and equity’*

**Chapter 3: A human rights based approach**

This chapter looks at embedding human rights in all aspects of social care provision and moving towards provision that is more accessible, personalised and preventative. Chapter 4 mentions carers’ access to support as a human rights issue

Recommendations:

* Human rights at the heart of social care
* Reform of eligibility criteria to allow for more prevention and early intention
* More independent advocacy and brokerage services
* More effective complaints system and right to redress
* Portable care packages
* Co-production and better implementation of SDS
* Unmet needs recorded

**Chapter 4: Unpaid Carers**

This chapter is relatively short, it sets out the value of the contribution carers make and the need for increased carer support. It also mentions supporting carers in employment and commits to ensuring carers are represented as full partners in planning. References to carers aren’t restricted to this chapter, but are found throughout the report

Recommendations:

* Right to respite with the development of a range of options for respite and breaks from caring
* National Care service to take a human rights based approach to support for carers
* Carers more involved in planning their own support
* Carers as full partners on IJBs and the Board of the National Care Service

**Chapter 5&6 The case for a National Care Service and how it should work**

These two chapters set out the need for a National Care Service, how it would be structured and what its functions would be. A fairly radical approach is suggested, shifting power from local authorities to national government and local Integration Authorities. The diagram on Page 5 illustrates the proposed structure

Recommendations:

* Responsibility for social care support to move to national government with a Ministerial role created for oversight
* National Care Service (NCS) created, having parity with NHS
* NCS to oversee commissioning and procurement, undertaken by IJBs. IJBs to oversee GP contracts
* NCS to lead on workforce development, improvement programmes and oversee provision for people whose needs are highly complex
* NCS and NHS to establish a set of joint outcome measures
* The Care Inspectorate and SSC to be part of NCS
* THE NCS should address gaps in social care in relation to workforce planning, data and research, IT and service planning

**Chapter 7 – A new approach to improving outcomes – closing the implementation gap, a new system for managing quality**

This chapter sets out the need to close the implementation gap with SDS and ensure more quality and consistency in care home provision

Recommendations:

A national improvement programme for social care should be introduced by the NCS and should address the following 3 areas

* Implementation of SDS to be improved with greater choice and control
* Care home provision to be improved in order to guarantee consistent, appropriate standards of care
* Commissioning and procurement processes must be improved to raise the quality of social care support and the conditions of the workforce

**Chapter 8 – Models of care**

This chapter sets out the need to embed good practice as consistent practice. Improvements are sought in the following areas

* Reducing use of institutional/residential care - Looking at models such as extra-care housing, shared lives, the home share model for older people and early intervention to support people to stay in their own homes
* Making better use of adaptations and technology – The use of housing adaptations and technology enabled care to enhance, rather than replace, social care provision
* Involving people and their families more in decisions – Involving users of services and their carers better and earlier.
* Including wider community supports in care – Building on community supports through the NCS. For example through community connectors and community brokers
* Professionals working together better across traditional boundaries of health, social care support and other services such as housing – Better integration of services within communities and the development of networks of mutual support

Recommendations:

* A review of discharge arrangements for people leaving hospital to support them to continue living at home. Investment in new models of care should prioritise people living in their own communities
* A national approach to innovation, with the Institute for Research and Innovation for Social Services (IRISS) potentially being part of the NCS
* A ‘relentless focus’ on involving people who use services and carers

**Chapter 9 – Commissioning for Public Good**

This sets out a new approach to commissioning and procurement with an end to an emphasis on price and competition and a move to more collaborative, participative and ethical commissioning with an emphasis on better outcomes. People who use services and carers would be more involved in the process.

Recommendations:

* Commissioning should be collaborative, rights based and participative, involving users of services, carers and communities
* Commissioning should shift from being competitive to collaborative
* The NCS should set standards for commissioning
* A Pause button should be pressed on all current procurement until the NCS is in place
* The care home sector should become an actively managed market with a new national care homes contract developed
* There should be an outcomes focus and a move away from time and task provision driven by national minimum quality outcome standards
* IJBs should also look at community development to support this move

**Chapter 10 – Fair Work**The review sets out the need to improve the conditions and experience of the care workforce and raise standards. It draws heavily on the Fair Work Convention’s report [Fair Work in Scotland’s Social Care Sector](https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland%E2%80%99s-Social-Care-Sector-2019.pdf)

Recommendations:

* Rapid delivery of all the recommendations of the Fair Work Convention
* Conduct a national job evaluation to establish a fair and equitable assessment of terms and conditions for different roles
* Put in place national minimum terms and conditions as a key component for commissioning and procurement by IJBs
* Establish a national organisation for training development, recruitment and retention of the adult social care workforce. Review the role of SSSC
* Establish a national forum to advise the NCS on workforce priorities and take forward some of these recommendations. The NCS should prioritise workforce issues
* These recommendations should also apply to Personal Assistants, as well as staff in the public, third and independent sectors. This recommendation should be delivered in partnership with the Independent Living Movement

**Chapter 11 – Finance**

This chapter sets out an estimate of the costs associated with implementing the recommendations in the report. It also sets out funding options to achieve this, both through achieving savings in the current system and investing more in social care.

Additional investment is recommended in several areas. These include expanding access to social care and investing in prevention, implementing the Fair Work Convention, removing social care charges, increasing the sums paid for free personal and nursing care for self-funders, re-opening the Independent Living Fund and preparing for our ageing population.

Support for carers is specifically mentioned as follows: *‘National Care Service should also increase investment in a range of respite provision including options for non-residential respite, and for short breaks.’*

It does not recommend a specific approach to funding, but the options for raising revenue are set out as

* Introduction of mandatory social insurance
* Changes to existing devolved taxes to raise additional revenue
* Introduction of a new local tax
* Seeking devolved powers for a new national devolved tax in Scotland
* Seeking devolution of existing reserved taxes to raise additional revenue.

**Chapter 12 – Summary and Recommendations**This final chapter talks about the for real change and the need to secure support from all political parties in the run up to the elections. It also lists all the recommendations in the report

Proposed Structure of the National Care Service