

Health and Social Care Strategy for Older People Consultation

SOCIAL WORK SCOTLAND RESPONSE

Closes: 19th June 2022

INTRODUCTION

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome this opportunity to comment on the consultation for health and social care for older people. The consultation document was considered by our care at home working group, which reports to the Older Adult Sub-Group. All of the participants are engaged and involved with service provision for older people primarily through the planning of community-based services.

Social workers are uniquely placed as a profession to offer insight and contribution to this consultation as social workers hold legal duties under the Social Work (Scotland) Act 1968 placing responsibility with them for assessing the needs of those in the local authority area. As such, we seek to support the effective interaction and joint working of partner professionals in the process of delivering services and interventions to adults and children under the auspices of the above noted legislation. Working within this multi-agency context, social work hold a duty to offer perspective to ensure that a Human Rights enabling and strengths based approach is central to the delivery of services.

As an initial comment, Social Work Scotland feels that the document is weighted towards health to the disadvantage of social work and social care. As noted above, social workers hold a legal duty under section 12 of the Social Work (Scotland) Act 1968¹ to promote the welfare of, and assess the requirement of services for, those in their local authority area. Social workers are delegated this authority and as such the overall approach to this document is missing a significant, legal, element by focusing on a health approach to

¹ <https://www.legislation.gov.uk/ukpga/1968/49/contents>

provision of support. From discussion with colleagues in Scottish Government, we understand that the consultation questions were developed based on pre-consultation activity– we applaud this participative approach; however, question the reach of this pre-consultation activity as it relates to social work involvement. Given the identified gaps with regard to the legal duties taken forward by social workers we raise concern that the approach taken to this consultation has potentially skewed the focus of the consultation development as

1. Health needs, and the services received to meet them, are more routinely accessed and it could be argued are easier to identify by the wider public,
2. The approach to developing consultation questions does not account for the legal duties held by social workers, and as such are unlikely to provide the information required to inform a strategy from a legally sound position
3. The approach taken does not account for the legal duties set out within the Social Work (Scotland) Act 1968 as identified above.

The provision of social work and social care services are focused on individual need and desired outcomes, and are guided by personal choice with regard to delivery. The Social Care (Self Directed Support) (Scotland) Act 2013, places a duty on social work to promote choice and control for an individual assessed as requiring a social care service. This duty in legislation, to promote individual choice, may make it harder to describe and understand as services are often only sought at a time of crisis and therefore not as universally accessed as NHS services. The NHS, arguably, offers a better known set of services that communities share a common understanding with regard to how to access. The Strategy misses this distinction and in that, loses the thread of legal duties incumbent upon the social work profession in relation to assessment and provision of services. It would be useful for the Strategy to reference the legal duties set out in other legislation that impact service provision. Care at home service provision falls within the “promoting welfare” section of the Social Work (Scotland) Act 1968 and with it, the social work duty to assess a person’s community care needs and to decide whether to arrange these. These functions, carried forward by social workers, lead to the delivery of care that supports hundreds of people at home throughout Scotland.

We are disappointed that the consultation makes very little reference to the workforce challenges being experienced across Scotland, which are having a catastrophic impact on maintaining those essential services and facilitating their expansion to meet the increasing need of the most vulnerable people in our communities. The primary aim of social workers working within Older Peoples’ services, and of Health & Social Care Partnerships more

broadly, is to support adults to live at home or in a homely setting, and as such, the critical services put in place to support this need referenced and discussed. The local authority duty to assess for community care services with regard to the free personal and nursing care entitlement, as set out within the Community Care and Health (Scotland) Act 2002², is a relevant component to any Strategy developed with regard to older people and the role of the local authority duty to undertake such assessments needs to be considered. The workforce implications for the assessment responsibilities and the delivery of services in the way that people seek for them to be provided are workforce capacity issues that merit consideration when setting out aims and aspirations of any Strategy.

Our members, who are the Leadership in Social Work, have consistently highlighted issues specifically around Resources and Workforce that will influence the likelihood of successful implementation of the strategy. Over the past decade, Social Work Scotland has taken every opportunity available to underline how pressing the need is for investment, paired with reform, across all aspects of social care and social work.

Finally, in addition to the recognition of the legal duties in assessment and provision of support in the community, we feel that the resultant Strategy would benefit from a Human Rights enablement lens being evidenced throughout. This would take account of Council of Europe's report, Human rights of older persons and their comprehensive care, which was produced by the Committee on Social Affairs, Health and Sustainable Development, aiming to promote human rights of older persons. It highlights that *"older people continue to suffer from negative stereotypes that lead to discrimination, isolation and exclusion. It also notes abuse remains a major problem and should be efficiently tackled, starting by raising public awareness of the issue, data collection and monitoring of long-term care institutions by an independent body"*³. We offer our support to achieve this.

Comments on the Consultation

Part 1: Place and Wellbeing

1. Mental Health and Wellbeing

Social Work Scotland Comments

² [Community Care and Health \(Scotland\) Act 2002 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2002/42/contents)

³ <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/equality-and-human-rights/age-uk---human-rights-of-older-persons-and-their-comprehensive-care---july-2017.pdf>

This section does an excellent job of demonstrating the interconnectedness of the things that influence an individual's mental health and wellbeing, housing, communities, and public services, all play an important role in supporting a whole system approach to assessment and service provision. However, we believe that it falls short in its recognition of the support that social workers can provide to older adults that does not result in a tangible service provision. Community connections and availability of engaging and meaningful activity that people can access in their local areas is vital to supporting wellness. We would further suggest that the recognition of the importance of informal carers and family support networks should be considered and inform any Strategy. These elements should be part of the considerations that are made when taking a comprehensive approach to mental health and wellbeing.

There is also clear evidence within the consultation of the detrimental impact of non-recurring funding on the ability of services to provide consistent, good quality support to individuals. Social Work Scotland would like to highlight the impact of recruitment and retention on the workforce where non-recurring funding is offered. While this reflection on challenges to recruitment is experienced nationally, we have particular concerns raised through our remote, rural, and island communities who report significant challenges with regard to recruitment under such funding circumstances.

Information Sharing systems are highlighted as a challenge within the consultation document. Given the investment in single shared assessment over a decade ago, it is disappointing that there does not appear to have been any improvement in the way that services collect and share information. It is our position that Scottish Government should, via the Digital Transformation Plan⁴ give serious consideration to the development of core data and digital systems for public services (including those third sector services that are commissioned by Social Work to provide social care services), that support a "tell once" culture, for the benefit of citizens.

We are unclear as to which professions are referenced within the term "wide range of allied health professionals (AHPs)" within the consultation document. We would note that Social Workers, who are not "Allied Health Professionals" but are a profession within their own right, have a specific statutory duty to ensure that appropriate services, are available in areas which meet its population's needs (Section 12, Social Work (Scotland) Act)⁵.

Keeping with the legislative framework and statutory duties of social workers, we are pleased to note the reference to self-directed support within the document, however are

⁴ <https://www.gov.scot/policies/digital/digital-transformation/>

⁵ [Social Work \(Scotland\) Act 1968 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1968/62/section-12)

disappointed at its brevity. The Social Care (Self-directed Support) (Scotland) Act 2013⁶ ensures that people who are eligible for social care support can get greater choice and control over how they receive these services. The 2013 Act places a legal duty on social work to carry forward the functions set out within the legislation, including the assessment for support that may be required and the offer of a series of options through which the support can be delivered. This function sits in accord with the section 12A duty of the Social Work (Scotland) Act 1968. Research carried out by Alliance Scotland concluded that;

Targeted work is needed to dismantle communication barriers faced by older people (especially older people from Black and minority ethnic communities) so they can find out about SDS and social care quickly and easily. This work includes widening the pool of professionals who are informed about SDS and can encourage people to access it, streamlining information processes and clear signposting, and ensuring people have access to information in a range of formats. People also need access to high-quality information about SDS/ social care at different points in their journey through the social care system – including explanations of the limitations of and overlaps between Free Personal Care and Self-directed Support⁷.

We would urge consideration of this research in the development of the Health and Social Care Strategy. We would also urge the consideration and promotion of the SDS Standards⁸ in any Health and Social Care Strategy to support the legal duties carried forward by Social Workers under the Act.

1.2 Housing

Social Work Scotland Comments

We feel that this section appropriately describes the importance of place however, the impact of loneliness is not well considered in this section, given the significant impact loneliness and a loss/absence of connection has on physical and mental well-being and health. Studies⁹¹⁰¹¹ into loneliness and impacts for older people are very relevant to draw

⁷ <https://www.alliance-scotland.org.uk/blog/opinion/older-people-and-access-to-social-care-and-sds/#expanded>

⁸ [Social care - self-directed support: framework of standards - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/social-care-self-directed-support-framework-standards/pages/1-1-introduction.aspx)

⁹ [Preventing loneliness and social isolation in older people | Iriss](https://www.iriss.org.uk/publications/preventing-loneliness-and-social-isolation-in-older-people/)

¹⁰ [Social isolation and loneliness in Scotland: a review of prevalence and trends \(healthscotland.scot\)](https://www.healthscotland.scot/publications/social-isolation-and-loneliness-in-scotland-a-review-of-prevalence-and-trends/)

¹¹ [Loneliness research and policy report - Scotland | Mental Health Foundation](https://www.mentalhealthfoundation.org.uk/publications/loneliness-research-and-policy-report-scotland/)

upon. We welcome the focus on mental health, but note that there is very little recognition of discrimination for older people in accessing health services (for example mental health). We support the current campaign by Alzheimer's Society "It's not called getting old, it's called getting ill"¹². as a good example of challenging the stigma and under-representation of older adults and mental health.

Housing is critical to well-being and, for older people, is often linked to or associated with health and social care needs. It is our position that Housing with Care models need to be scoped and referenced and that this is not restricted to access to adaptations. Housing models and research into housing for older people are critical to informing how we address the health and care of older people. We would reference our earlier points with regard to isolation and loneliness here as well in acknowledgement that whole systems approaches should meet social needs in addition to health and care requirements. Technology Enabled Care is an important aspect of supporting people to live well in their own homes, we are disappointed that this does not feature within the consultation and would hope to see it referenced within any strategy for older people's health and social care. Social Work Scotland would be happy to support further consideration of these areas.

There is work underway to develop an Adult Practice Model/Getting it Right for Everyone (title in development) – the aim being that this will facilitate a multi-disciplinary, holistic approach to providing better outcomes for older people, again, we would hope that this will be referenced within the Strategy for Older People and offer our support to achieve this.

Part 2: Preventative and Proactive Care

Social Work Scotland Comments

We were concerned that the overall title of this section might not mean much to older people and the heading might be better described as prevention.

As noted in our response to Part 1, we are hopeful that the development of the GIRFE approach will facilitate a multi-disciplinary, holistic approach to providing better outcomes for all adults.

Social Workers understand the importance of planning ahead for older people, and doing this in the context of a person's life, family and friend network, and community. Anticipatory care planning is a part of social work assessment through legislative responsibilities under the Mental Health (Care and Treatment) (Scotland) Act 2003, and is a consideration given during the assessment process. Using a community asset based approach is the most

¹² <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/memory-loss-dementia-diagnosis>

beneficial way to plan for the current and future needs of a community. This approach reflects best use of resources available, allows for engagement with those who will benefit from developed approaches, and can offer a cost, time, and resource effective way to empower individuals to make use of the things *they* want to and to live the life of their choosing. Once again, we would emphasise our response to part one in which we describe the statutory duties implemented by the Social Work (Scotland) Act 1968 and the Social Care (Self-directed Support) (Scotland) Act 2013.

We would also take this opportunity to highlight the role of collaborative commissioning plays a part in place and well being and preventative and proactive care?

Social care has historically commissioned and worked with communities and organisations to deliver social care outcomes, as emphasised by the Independent Review of Adult Social Care. Good collaborative commissioning can help shape communities that support older people. Alternatively commissioning focused on unit costs advantages low cost less personal services.

Part 3: Integrated Planned Care

Social Work Scotland Comments

It would be positive to see the title integrating health and social care rather than integrated planned care, which we feel would be more reflective of the current and future system. As noted within this consultation document, social workers hold legislative duties that reflect their unique and vital role in assessing and supporting older adults to achieve their desired outcomes. Social work and social care are distinct, but connected professions, working together to enable those who require a service to receive it in the way in which they choose. An integrated plan should therefore reflect the unique and connected roles of social work, social care, and health.

We agree with the statement “Everyone in Scotland should get the right care, at the right time, in the right place based on their individual circumstances and need” and take the opportunity to further highlight our response to Part 1 in which we set out some information regarding the Social Work (Scotland) Act 1968 and the Social Care (Self-Directed Support) Scotland Act 2013. To achieve the aim of the above statement, there is a necessity to recognise the legal duties of the social work profession and reflect the interconnectedness of how those can be carried forward together with colleagues in social care and health, for the best outcomes of an individual. We would also take the opportunity to highlight again the pivotal role of Unpaid Carers in the support of older people. The support provided by carers

and family augments any delivered service and can often times fill the gaps in service provision, which local areas do not have resource to meet.

The reflections within the consultation document regarding poor experiences of home based social care have prompted us to raise the importance of independent advocacy and robust complaints processes, we would hope that the eventual strategy produced will have clear information on how to access both advocacy and complaints processes so that these types of situations can be addressed and improved.

As noted in our response to Part 2 (Preventative and Proactive Care), Social Workers have experience in taking forward anticipatory care planning and understand the importance of planning ahead for older people and having positive and proactive conversations about end of life care, dying and death. It is our position that there should be a national approach, led by Scottish Government, which seeks to remove the stigma and discomfort around planning for the future – this links to conversations being led by the Mental Health Law Review Team regarding supported decision-making¹³ and is a legislative duty under the Mental Health (Care and Treatment)(Scotland) Act 2003. The principles of respecting the rights and wishes of an individual when considering intervention in their lives sits within the Adults with Incapacity (Scotland) Act 2000 and the Adult Support and Protection (Scotland) Act 2007, and informs the core value base from which social workers operate.

Part 4: Integrated Unscheduled Care

Social Work Scotland Comments

We would highlight that the title of this section belies an emphasis on health systems, as opposed to the whole system of health, social care and social work that supports the retention of individuals being at home, or in a homely setting in the event that they require unplanned medical care. We would suggest “Unplanned Health and Care” might be a better title for this section.

We are concerned that this section makes no mention of some core elements that enable people to live well at home, these are things that sit within the umbrella of community planning and which we believe are vital to supporting the mental wellbeing of older adults. Access to safe transport (to access appointments, but also to buy groceries etc. and access leisure and wellbeing activities and resources that support a good life) for example, is particularly relevant for those living in rural communities. Critically, we are extremely

¹³ [Summary of consultation March 2022 | Scottish Mental Health Law Review](#)

disappointed that this section makes no mention of Care at Home services. This represents a gap in the provision of a service which maintains many older adults living within communities and augments the unpaid care provided by families and unpaid carers. The importance of Care at Home cannot be overestimated, in addition to unpaid carers; it is one of the most pivotal areas of service for older people in supporting them to remain at home.

Additionally, the lack of consideration of risk, and the role that social workers take in leading assessment of risks within the community is worthy of mention. The three protective legislations that place duties upon social workers and others, specifically, the Adult Support and Protection (Scotland) Act 2007¹⁴, are relevant when considering support for older adults in the community. There may be additional risk for Older People when they are recovering from an episode of unplanned medical care and the use of powers under the Adult with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003, and the Adult Support and Protection (Scotland) Act 2007 may be relevant pieces of legislation to consider when determining supports required. These Acts place duties on social work, and others, to engage in effective and meaningful collaboration to support vulnerable individuals. The statutory duties on all Public Services¹⁵ to co-operate with the Council Officer (usually a Social Worker) under Adult Support and Protection (Scotland) Act 2007, when inquiries are made under this legislation, and where required, protection plans being implemented, are opportunities to collectively address risk and this legal duty should be acknowledged and upheld by each partner to ensure public protection responsibilities are carried forward as intended by law.

¹⁴ <https://www.legislation.gov.uk/asp/2007/10/contents>

¹⁵ <https://www.legislation.gov.uk/asp/2007/10/section/5>