Winter planning 2023-24: Scottish Parliament Inquiry

Social Work Scotland Response

14th July 2023

https://yourviews.parliament.scot/health/winter_planning/

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 experience of winter resilience planning.

Social workers are uniquely placed as a profession to offer insight and contribution to this consultation; as professionals we carry out the legal duties placed on local authorities by the Social Work (Scotland) Act 1968[1] and related legislation, for assessing the needs of individuals and families in their local area. As such, we seek to support the effective interaction and joint work with 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 holds a duty to offer perspective to ensure that a Human Rights enabling, and strengths-based approach is central to the delivery of services.

The provision of social work and social care services are focused on individual need and desired outcomes with the principle of personal choice integral even within services which are being provided on a compulsory basis. The Social Care (Self Directed Support) (Scotland) Act 2013[2] places a duty on the local authority 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.

Consultation Questions

1. **Winter Resilience Overview 2022-23**

1.1 How effective were government actions to support winter resilience across health and care systems last year?

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[1] Social Work (Scotland) Act 1968 (legislation.gov.uk)
[2] Social Care (Self-directed Support) (Scotland) Act 2013 (legislation.gov.uk)

The effectiveness of the Scottish Government actions to address winter resilience across Health and Social Care systems last year was significantly hampered by planning activity beginning too late in the year. Winter resilience is system resilience, and should be treated as such, with ongoing planning, evaluation and testing of models happening throughout the year, rather than beginning in late summer/early autumn.

Social Workers in Health and Social Care Partnerships and Local Authorities are keen to support colleagues across acute, primary and community settings to ensure that individuals are well, and when they need support and or care, it is delivered timeously and in a place that makes most sense for them – this cannot be achieved with only 12 weeks of planning. Social Work Scotland has ample examples of innovation being delivered by social workers and their colleagues in integrated settings, unfortunately there has been no opportunity to share this due to the limited appetite from, and subsequent standing down of, the National Resilience Group for Social Care and Social Work that was jointly chaired by COSLA (Convention of Scottish Local Authorities) and Scottish Government.

The actions to support winter resilience, were, in our opinion, too heavily weighted towards acute care, with little attention paid to pressures within community sectors. Whilst the ambition of the Health and social care: winter resilience overview 2022 to 2023[3] was to address pressures in the integrated health and social care space, its delivery appeared to focus on easing pressure in acute settings, with little acknowledgment of the recruitment and retention crisis in social work, and social care, or the potential inadvertent consequences of taking action to address pressures in acute settings that would impact on community settings.

An example of this being the introduction of "interim placements" in care homes to alleviate "delayed discharge" pressures in ward settings. Social Work Scotland, and several Chief Social Work Officers expressed concern at the time of these discussions (at the Social Work and Social Care National Resilience Group) that there was a significant risk in relation to Human Rights Enablement, and that no contingency plan had been formulated that would address what would happen when the short term funding identified for interim placements (6 weeks) ran out, and no further placement had been identified. Colleagues from the Care Home and Care at Home sector were clear about capacity issues across the system, and particular pressures in remote and rural communities. These concerns were not acted upon by the Group, leaving the social care and social work sectors with a strong sense of being disregarded, and that their knowledge, skill and staff are of less importance than those in the health sphere.

1.2 What additional priorities should inform actions to support winter resilience across our health and care system this year?

- 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.
- 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

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recognition of the importance of informal carers and family support networks should be considered and inform any planning.

Attention to resilience across the year rather than a focus on winter pressures. Crises can occur at any point as was evidenced by the pandemic

2. Capacity and system flow

2.1 What were the key factors limiting capacity and delivery in the NHS and social care last winter?

- Workforce
- Lack of Emphasis or attention on community settings
- Community supports (social work, social care, occupational therapy, physiotherapy, pharmacology and primary care to name a few), being seen in the context of supporting/impacting on acute hospital provision rather than core services in themselves and part of a wider provision of care.
- Planning happening too late in the year.
- The term "whole system approach" being used to describe efforts to support hospital occupancy and discharge only (a single system)
- Over the past two years the workforce situation for some areas or teams has deteriorated further. As many members of the Social Work and Social Care National Resilience Group noted in the course of the group's meetings, substantial and sustained improvement on delayed discharge depends significantly on addressing the social work and social care workforce issues. The absence of meaningful action in the plan on these fronts, or even an explicit focus on community sector issues, suggests that little will be achieved except displacing the risk from acute settings onto others, including those requiring care and support.
- There appears to be a continued misunderstanding of the role of the social worker. In particular, duties and functions in respect to upholding individual's human rights both within the assessment of need and in working with the individual to determine how they wish their needs to be met. These mean that, by necessity of their statutory role, social workers are sometimes unable to work in "lockstep" with the rest of the system. Nor should they be encouraged to be so. Friction is built intentionally into our public services to protect individuals, whose needs and interests can sometimes become sublimated to those of the public authority.

2.2 Was the flow through the NHS and social care adequately maintained last year?

Not within our organisations remit to answer as this was felt differently across the country.

2.3 How can capacity be maximised to meet demand, and maintain integrated health and social care services, throughout the coming autumn and winter?

- Rebalance the focus of attention to the system crisis to reflect the management of risk in the community on balance with acute hospital pressures.

- Decisions being made must adhere to legislative duties (SDS and AWI (Adults With Incapacity) for example)
- Staffing challenges require a mid to long term strategic plan, starting now. These should address training, recruitment, and retention of staff across the sector in line with succession planning. Dedicated workforce planning for social work needs to be given attention.
- Future developments and decisions made should be in partnership with CSWO (Chief Social Work Officers), who hold responsibility for the duty in relation to advice and discharge of local authorities' statutory social work functions. Their involvement should be sought at early stages to ensure legal responsibilities are met, governance of professional social work is recognised, and parity with other professions is evident.
- Recognition and value of the knowledge and experience of CSWOs (Chief Social Work Officers) in managing Social Work/Social Care as a system.
- Reflecting on the interconnectedness of social issues such as poverty and inequalities it is essential that some balance is found in our collective understanding of the importance of education, health, and care. Only by creating this balance can Scotland truly realise the ambition of taking a "whole system approach" to system design and delivery.

3. Workforce and staff wellbeing

3.1 What factors affected the wellbeing of those providing health and social care support, including both paid and unpaid carers, over the 2022-23 autumn and winter periods?

- There is clear evidence 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. Rather than increasing capacity it introduces additional challenges including difficulty filling posts due to the short-term nature of any contract, and the unintended consequence of greater insecurity in the sector with more temporary posts overall, created by both backfill and the short-term posts themselves. 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.
- Where workforce is discussed, the need for protected posts for social work in the current system and with a view to incorporating more within the NCS (National Care Service) structure and enshrined in legislation could be mentioned.
- Social Work Scotland undertook research in 2021 and 2022; Setting the Bar[4] and Setting the Bar 2: Taking the Wheel[5] respectively set out, the pressure felt by Social Workers working across adults, children and families, and justice and their origin, of higher caseloads, increasing

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[4] https://socialworkscotland.org/reports/settingthebar/
[5] https://socialworkscotland.org/reports/settingthebar2/

complexity, poor retention and feeling devalued, and the workforces recommendations to improve their working context, which included, reframing how we talk about social work, challenging unreasonable expectations and investing in learning and development. We would highly recommend that these two reports are considered in any activity relating to workforce development in health and social care.

3.2 What should be done this year to ensure staff wellbeing, and ensure those providing support (in all settings) are able to continue to do so?

Equitable emphasis and regard for practitioners in all settings

4. Outcomes

4.1 Were patient outcomes affected last winter, either positively or negatively?

It is of note that individuals are only referred to "patients" in healthcare settings. Community care, and care at home services do not deliver "treatment", therefore, individuals would be referred to as "individuals", or "service users""/people who use services". The use of the word "patient" in this consultation further evidences what has been said earlier in this response about the over focus and balance towards health and the acute setting rather than the whole system.

4.2 What recommendations would you make to ensure services best support vulnerable communities and achieve positive outcomes this year?

To be most effective, winter resilience planning should be year-round, and should involve and be cognisant of the whole system, including community planning and housing – with equal emphasis on the needs of acute and community resources.

5. Do you have anything else to tell us?

Social Work Scotland would welcome an ongoing commitment from the Scottish Government to continue to enhance and transform health, social work and social care services through better implementation of digital technologies within practice.

There are developments and activities contained with Scotland's Digital Health and Care Strategy[6] and its associated Delivery Plan [7] that if appropriately supported and sufficiently invested in, could have a significant impact upon easing winter pressures, and support increased resilience. This includes, but is not limited to: the development of a Digital Front Door to allow access to wide range of self-served health, social work and social care services; greater use of digital telecare to support more proactive and preventative services; more widespread usage of Near Me to improve access to services and reduce wait times for interventions; and the federated collaboration of Microsoft 365 across services, making it easier for health, social work and social care staff to communicate and collaborate efficiently while securely sharing information.

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[6] https://www.gov.scot/publications/scotlands-digital-health-care-strategy/
[7] https://www.gov.scot/publications/care-digital-age-delivery-plan/