Independent Review of Adult Social Care - Readiness Toolkit   **APPENDIX 1**

Name of HSCP: Health & Social Care Moray
Name of person completing the toolkit: Jane Mackie
Job title: CSWO/Head of Service

The form below sets out a number of the recommendations from the Independent Review of Adult Social Care (IRASC). We have removed recommendations (12, 15-29, 34-37, 42-51) which all relate to structure. We would ask HSCPs to provide an update on their current position and note any further comments.

A human rights based approach		
No.	**Recommendation**	**Current Position**	**Further Comment (including issues in relation to current / future resource and governance)**
1	Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.	The SSSC codes of practice for both employees and employers place solid social work values at the center of practice. The Profession in Moray are committed to upholding a Human Rights, Equity and Equality based approach, however there are several factors that impede this such as availability of resources/providers, need for more social work staff so waiting lists are erradicated and sufficient time to work in line with reflective practice and promote service users rights within a MDT context.	Practice Governance arrangements currently support the interrogation of risk and people being included on Practice risk register. This is inclusive of human rights approach. There is tension within the system that can lead to obstacles in supporting human rights, for example hospital discharge.
2	Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.	There is not a common understanding across the system of people's rights in relation to Social Care. The rights which social workers want to uphold are people's capacity to make poisitive decisions and to make choices and have control in their lives. Frequently people are referred in times of crisis when this is most difficult to achieve. There needs to be greater information given to the public about what their rights are. Practice audits are undertaken to evidence how effecitvely social workers are undertaking their role utilising direct feedback from clients and carers; but this is not yet comprehensive.	Peer supervision and peer audit could have a role in enhancing consistency making it 'everyone's business'. This may lead to the development of new skills in social workers to enable them to evidence and measure the service user and carer's experience. Dedicated and protected CPD time to become the norm (staff often feel too busy with caseload to keep protected time aside for this). Use could be made of available resources from IRISS and the SSSC.
3	People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.	Pressure on the Access Team as Moray's front door to services and their waiting list of 160+ would indicate that this is currently not being achieved. The workload pressure prevents social workers from having more thorough conversations at first point of contact.	Lack of financial resource to make it a reality to do away with eligibility as there needs to be a way of ensuring those most in need are prioritised. Communities have shown great resilience in the covid pandemic in rising up to meet the needs of its members. Social work practice should refocus to better support communities and individuals. This is in line with the self-directed support standards and the promotion of micro and small enterprises.

4	People should understand better what their rights are to social care and supports, and "duty bearers", primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.	Social Workers do endeavour to uphold the rights of their clients and carers, however, sometimes this can result in tensions across the system when an individual's human rights can be set against the priorities of the wider health and social care system.	These types of conversations require time and the establishing of a therapeutic rapport. Addressing staffing levels would assist with this to ensure there are enough personnel to respond in this way. Measuring the success of this type of interaction is impeded in current recording protocols of assessments and outcome measures. This will require the establishment of a performance management system that focusses on outcomes and not processes or inputs. Also require a reconsideration of financial regulations so that social workers are able to have greater autonomy.
5	Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.	This does happen, although not systematically. Moray has produced two market position statements collaboratively with providers to indicate the priorities of service development. In Learning Disability Services needs have been strategically identified leading to creation of a Learning Disability Transformation Plan, including new housing developments. This is also meant as a cross-reference between social care unmet needs and the Strategic Housing Investment Plan.	Unmet needs, particularly for older people, could be fed into the Health and Social Care Moray strategic plan.
6	Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.	These have been encouraged and supported in Moray through Social and Micro Enterprise Officer post established in 2011.	Diversion of increased funding could enable growth in this area. There needs to be a consideration of the use of Grants to support this further.
7	A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.	Moray adopted a Three-Tier Model and promotes these conversations, however it is most difficult to successfully implement for older people where the demands of the service are greatest.	A workforce model that takes account of the needs for conversations is required.
8	More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.	Limited advocacy available primarily for statutory reasons. Not to support people to get involved in service design and planning. We have the Mental Wellbeing Hub, a social movement for people with mental health problems, which has evolved and was initially supported by HSCM.	We should consider the role of TSi Moray and the Third Sector in supporting this. The Wellbeing Hub is potentially a model to follow for other groups.
9	When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.	Both NHS Grampian and Moray Council have a statutory complaints procedures and all complaints are investigated robustly.	Complaints and their resolution are reported to the Clinical and Care Governance Group and then to Committee or Health & Social Care Moray.
10	Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.	We follow the Scottish Government's Ordinary Residence Procedure. Each Authority area does have their own criteria and available resources so not all services can be completely replicated e.g if someone moves from a city to a rural area. Moving home can change outcomes and the support available so needs may be different.	Nationally aligned criteria and policies would support more seamless transfers.

Unpaid carers			
No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
11	Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.	A market position statement is currently being developed to support the market place.	A more diverse range of respite options needs to be developed.
13	Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.	The process for unpaid carers to get access to support through an Adult Carer Support Plan or a Young Carers Statement has been reviewed and revised at the end of 2020 with the aim to further support carers to carry on caring. A dedicated Social Worker started in post 29/03/2021 to ensure that the carers voice is heard and that they are listened to and have an advocate to get the supports they need. To further enhance this, our current paperwork has been revised to highlight the carers voice, personal outcomes and how they want to achieve these. Closer relationships have been built with our local carers centre to ensure coproduced Adult Carer Support Plans meets the needs of the carer.	Further work needs to be carried out to review the current SDS process for carers, including how an indicative budget and personal budget are identified and recorded to ensure SDS legislation is adhered to.
14	Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.	At present there is a carers representative who sits on the IJB, they are also taking an active role in supporting of the local carers strategy. Quarriers, our local commissioned carers service attends HSCM's weekly remobilisation meetings to ensure unpaid carers voices are heard at all levels and the impact of any action is discussed.	Need to support with the identification of a 'relief' representative to ensure carers are always represented at IJB meetings and to relieve the pressure on the unpaid carer. To explore involving carers in future development processes.

Models of care			
No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
30	There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.	We do try to involve the public and people who use our services in our planning but there is scope to improve	Refer to above. There is scope for involving third sector interfaces to develop this further.
31	Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.	The approach in Moray for learning disability does emphasise this and in close cooperation with Moray Council Housing Department and the Strategic Housing Investment Plan, housing is developed specifically for them. For older people the balance of care in Moray does show we support older people to remain at home and in their communities.	There may be significant financial issues in developing this approach further.

Commissioning for public good		

No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
32	Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.	Good practice currently around user intelligence groups and some market development work but opportunities for improvement, particularly regarding the monitoring of services.	An increase in focus in this area would require either additional commissioning staff resource or reprioritisation of commissioning work.
33	A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.	Good collaboration in respect of Self-directed Support and some collaboration through market development e.g. Supported accommodation and Extra Care housing but the majority of work still tending towards competition. The balance of scoring in tenders is always weighted in favour of quality. Where potential savings are identified from service redesign or decommissioning there is limited reinvestment of funding.	Under existing arrangements, governance of commissioning and procurement is split between IJB and Council. This has led to different perceptions of priority, risk and approach that we are working with Scotland Excel to reach a moderated position. Clarity in governance in the entire process would be welcome. In the future model it is not clear what the National role would be.
38	A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.	A focus on quality is well established in all commissioning work, including in tender scoring (as above).	
39	A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.	Outcomes based approach is firmly established in Learning Disability area and is central to the retender of Care at Home services. There is scope for expanding this approach into other areas, building on the learning in these areas.	
40	Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.	Some good work during the pandemic in shifting contract monitoring and support from information focussed to relationship focus. The learning for this will inform the future development of commissioning, including contract monitoring and market development.	
41	Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.	Well established and successful community and volunteer development with good links to the 3rd sector and the general community. Some peer support in contracts. No current grant funding although seed funding is a part of current community development. Current engagement with Scotland Excel will cover the subject of grants.	

Finance		

No.	Recommendation	Current Position	Further Comment (including issues in relation to current / future resource and governance)
52	Robustly factoring in demographic change in future planning for adult social care.	Whilst gross in numbers is factored in to a degree, the increasing dependency of those very old isn't always factored in. This also applies to people in learning disability.	National approach and resources to do this would be welcomed.