



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 25 February 2020
BY: Chief Officer
SUBJECT: Independent Review of Adult Social Care

1 PURPOSE

- 1.1 To advise the East Lothian Integration Joint Board of the publication of the Independent Review of Adult Social Care (ASC)¹ to summarise the recommendations of the Review and follow up actions.

2 RECOMMENDATIONS

East Lothian Integration Joint Board is asked to:

- 2.1 Accept the report of the Independent Review of Adult Social Care.
- 2.2 Agree how to assess formally the implications for East Lothian IJB of the recommendations within the Review and the timetable for this work, particularly in view of the forthcoming Scottish Government elections.
- 2.3 Agree that following a formal assessment of the Review a report will be provided to the IJB to present the next steps.

3 BACKGROUND

- 3.1 Derek Feeley, a former Scottish Government Director General for Health and Social Care and former Chief Executive of NHS Scotland, led the Independent Review of Adult Social Care, assisted by an expert panel.
- 3.2 The Review was set up to recommend improvements to adult social care in Scotland. It looked at these in terms of the outcomes for people who use services, their carers and families and the experience of those working in the sector. It began a range of consultations (mostly online) and sought written submissions from September 2020. These concluded in January 2021, with the Review publishing its report on 3rd February 2021.

¹ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland>

- 3.3 The East Lothian IJB lodged its response to the Review consultation (appendix1) in November 2020, following consultation with its members.
- 3.4 The Review was underway when the Adult Social Care Plan published in November 2020. The Adult Social Care Plan commits to several actions complementary to the Review of Adult Social Care and aims, through collaborative working between partners, to support the social care workforce to deliver high quality integrated care.
- 3.5 There is considerable merit in reading the Review of Adult Social Care and its recommendations alongside the commitments in The Adult Social Care Plan, as there are several synergies between the documents.
- 3.6 It seems highly likely that Scottish Government policy developments will take into account the Independent Review and the preceding Plan, as there are already commitments to support national monitoring of the delivery of the ASC Plan strategic priorities through joint working between COSLA, the Care Inspectorate and other partners, all of whom have an interest in the ASC Review.
- 3.7 The Review states that there are three aspects of change needed to improve the delivery, experience and outcomes of adult social care in Scotland, in order to:
- Shift the Paradigm
 - Strengthen the Foundations
 - Redesign the System

3.8 Shift the Paradigm

- 3.8.1 The Review describes the need to challenge established thinking that social care support is a burden, the demand for which needs to be tightly managed. It suggests moving from “*Old Thinking*” based on crisis driven responses to social care need, to “*New Thinking*” adopting approaches that take a “...*human rights based approach.*” to planning and delivery of care across all client groups (table 1).

Table 1 – “Shifting the Paradigm” of Social Care Delivery

| Old Thinking | New Thinking |
|--|---|
| Social care support is a burden on society | Social care support is an investment |
| Managing need | Enabling rights and capabilities |
| Available in a crisis | Preventative and anticipatory |
| Competition and markets | Collaboration |
| Transactions | Relationships |
| A place for services (e.g. a care home) | A vehicle for supporting independent living |
| Variable | Consistent and fair |

3.9 Strengthen the Foundations

- 3.9.1 The Review emphasises the need to build on what is already established in Scotland, including: Self-Directed Support, the Independent Living Fund and the continuing Integration of Health and Social Care. It acknowledges that implementation remains a challenge, in taking proven approaches to high quality care delivery and embedding these within local care settings. One vehicle for this will be the establishment of a 'National Care Service' (as described in 3.8.1 below).
- 3.9.2 The Review reflects on the social care workforce as an important foundation, which needs “...nurturing and strengthening...” to “...feel engaged, valued and rewarded for the vitally important work that they do.”
- 3.9.3 The Review also notes that unpaid carers are the “...cornerstone of social care support...” who must be given a “...stronger voice...” in service planning as well as in securing the support they need through networks and by practical means, such as respite, to maintain their wellbeing and their important role.

3.10 Redesign the System

- 3.10.1 The Review asserts that to realise the potential of social care support and to ensure consistency in its delivery across Scotland a 'National Care Service' needs to be established. Such a service would, in the opinion of the review:
- “...drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability...”*
- 3.10.2 This National Care Service would provide transformational leadership for all those involved in the planning and delivery of social care support and give a voice to those with lived experience. It would seek to establish across the sector:
- common purpose
 - trusting relationships rather than competition, and
 - partnerships not market-places.
- 3.11 The 53 recommendations of the Review (appendix 2) are wide-ranging in scope and involve various partners and functions.
- 3.12 Those eight recommendations which specifically mention the Integration Joint Boards (Table 2) seek to:
- improve carer participation
 - reform IJBs to give them new duties and powers (including concerning GP contracts)
 - provide direct funding from Scottish Government
 - ensure IJBs work collaboratively with the National Care Service on various matters
 - become responsible for planning, commissioning and procurement

- to invest in preventative care and admission avoidance rather than crisis responses

3.12.1 In addition, the Review recommends that to deliver new duties and powers, IJBs should be empowered to directly employ relevant staff.

Table 2 – Review Recommendations Specifically Concerning IJBs

| Unpaid carers | |
|--|---|
| 14 | Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service |
| The case for a national care service (NCS) | |
| 17 | The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits. |
| A National Care Service for Scotland – how it should work | |
| 21 | The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies |
| 23 | Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government. |
| Commissioning for public good | |
| 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. |
| Fair work | |
| 44 | Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required. |
| 46 | Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions. |
| Finance | |
| 50 | Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital. |

- 3.13 Work is needed to more closely scrutinise the Review, its recommendations and their implications for East Lothian and for partnership working. Some of this work may need to await the formal response of the Scottish Government, which may in turn need to await the outcomes of the forthcoming elections.

4 POLICY IMPLICATIONS

- 4.1 It is too early to say what policy implications will come from the Review. Further commentary on this is awaited from Scottish Government.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 As this paper simply reports on the Independent Review of Adult Social Care there is no requirement to carry out an Integrated Impact Assessments. Any service changes arising from the delivery of recommendations of the Review will be assessed for IIA requirements at an appropriate stage in their development.

6 DIRECTIONS

- 6.1 At this stage, it is not possible to assess the implications for existing Directions or the requirement for any new Directions.

7 RESOURCE IMPLICATIONS

- 7.1 Financial – The implications of the recommendations cannot be assessed at this stage.
- 7.2 Personnel – Consideration needs to be given to how the new duties and powers recommended for the Integration Joint Board might be deliverable within the current staff complement or what alterations to existing posts or new posts may be required to deliver all the recommendations.
- 7.3 Other – None.

8 BACKGROUND PAPERS

- 8.1 None.

Appendix 1 – East Lothian IJB Response to the Review of Adult Social Care in Scotland

Appendix 2 - Review of Adult Social Care - Summary and Recommendations

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|----------------------|--|
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Appendix 1 –

East Lothian IJB – Response to the Review of Adult Social Care in Scotland

Background on East Lothian

East Lothian IJB welcomes the opportunity to comment on the Review of Adult Social Care. All members were consulted in the preparation of this response.

This exercise arrives at a critical time when across Scotland demand for social care is increasing as the result of social and demographic change, primarily the ageing of our population. People are increasingly living with multiple conditions with associated increased care needs. Some people have limited family and support networks. In East Lothian, the population is increasing (projected to increase by around 23% up to 2041) and ageing, with the highest growth in the 65-74 and 75+ age bands.

East Lothian Health and Social Care Partnership faces current and future increasing demands from this ageing and growing population. It faces further challenges in meeting the needs of a range of different communities, some urban, some more rural.

East Lothian Strategic Plan

The East Lothian IJB's Strategic Plan (2019-2022) includes a focus on transformation of care for older people to provide client-focussed care options, including provision of housing with care and a review of community services for adults with complex needs. The transformation programmes will consider the role of all colleagues, including social care, in developing future care and service options.

The IJB's strategic objectives, aim to *"...support all people in East Lothian to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use."* In support of this, the IJB has committed to:

- make health and social care services more sustainable and proportionate to need and to develop our communities
- explore new models of community provision which involve local communities and encourage less reliance on health and social care services
- improve prevention and early intervention
- reduce unscheduled care and delayed discharges
- provide care closer to home
- deliver services within an integrated care model
- enable people to have more choice and control
- reduce health inequalities
- build and support partnership working
- support change and improvement across our services.

Many of these objectives can only be delivered with the full co-operation of local partners (including in the third and independent sectors) as well as East Lothian Council, NHS Lothian, primary care and colleagues in acute services. Planning for service change involves these

partners and the public and community, and other representatives. This will continue as services adapt to current COVID-19 related restrictions and future requirements and to deliver the outcomes of the Review of Adult Social Care.

Impacts of COVID-19 on Service Outcomes and Integration

The arrival of COVID-19 has disrupted patient journeys and service delivery in health and care settings and is delaying access to secondary care treatment which might otherwise reduce care requirements for individuals. This places higher demands on the HSCP to provide care during the wait for treatment, while it is also increasing care to maintain its low delayed discharge numbers to take pressure off acute services. Added to this is the prospect of some patients requiring post-COVID rehabilitation which services had not planned for.

Colleagues across health and social care have risen to the challenge presented by COVID-19, showing a great deal of flexibility and inventiveness in how they have altered service delivery arrangements and in stepping up the use of IT and other technologies, to maintain support to patients and clients. Those staff remobilised to other services have quickly adapted to new demands. Through necessity, barriers between health and social care are being dismantled as teams work in a more integrated way, accelerating the wider adoption of ways of working that were in place before the arrival of COVID-19.

All staff have the gratitude of the IJB for their hard work in difficult circumstances and their innovative approaches to meeting patient and client needs while progressing integration.

The IJB is also grateful to the communities and the individuals who volunteered their support to local action.

The IJB supports local focussed work with East Lothian Council and NHS Lothian to further dismantle barriers to integration to deliver improved service outcomes for all. This work also needs to progress at national level through the development of supportive and ambitious policy to deliver integration within and across sectors.

Care Homes

At the beginning of the pandemic East Lothian was in the fortunate position of having an established nurse-led Care Home Team. This already provided Nurse Practitioner support to anticipatory care, long-term conditions support and to respond to acute illness presentations in residents in a number of independent care homes and HSCP managed care homes. The team also provided training to care home staff.

The team liaises with those GP colleagues covering each Care Home for medical advice as required. This has greatly reduced the need for GPs to attend Care Homes and has reduced emergency admissions.

During the COVID-19 first wave the team was extended and restructured to support all care homes within East Lothian. A Care Home Operational Group monitors care home occupancy, staffing, infection control and outbreak status and initiates action as required.

Care homes are increasingly using telephone rather than face-to-face assessment. This is reducing time delays to assessment and reducing delays to discharge, and ultimately occupied bed days.

Maintaining Social Care Capacity

In East Lothian access to social care, particularly care at home for all client groups, is monitored on a daily basis and action taken to direct resources to address issues.

National action is required to maintain and where required, increase capacity across social care. This requires work to make all roles in adult social care attractive in order to retain staff and to bring a new generation of workers into the sector. Any development of social care roles should include a move towards registration and professionalisation.

Discharge Planning

The IJB supports prevention and early intervention approaches to avoid admission. East Lothian has invested in Hospital to Home (H2H) Discharge to Assess (D2A) and other services to expand this approach.

Where admission cannot be prevented, coordinated discharge planning involving the MDT and patients and relatives is moving towards 'home first' approaches and implementation of nurse-led discharge. This contributes towards good delayed discharge performance.

Mental Health and Community Support

Colleagues are reporting increased presentations of mental health problems in the community. In response to this, new, primary care direct-access arrangements were quickly established.

Community Link Worker services are being remobilised to support people with a range of problems, including social isolation, which have been compounded by the pandemic.

Commentary on the Review

IJB Priority-Setting

IJBs need to be closely involved in decision making at NHS Board, regional and national levels. Each IJB must remain free to decide how it will prioritise meeting assessed needs of local communities while delivering to agreed national standards. Work with partners should seek to simplify processes to deliver service change and to improve outcomes for patients while increasing the efficient use of public funds in the delivery of services.

Integration across IT Systems

Although information technology has greatly assisted in continuing service delivery using new approaches through COVID, the continuation of separate IT systems by Health and Social Care is a limiting factor.

Current arrangements mean colleagues are either on one IT system and cannot communicate with the other system, or have to operate two systems simultaneously. This is

particularly problematic when working from home. Partners should establish joint platforms for sharing of information and the joint datasets needed for service planning, activity and outcome monitoring. This will require technological solutions and Scottish Government support.

IT and telephony is providing new ways to assess, support and follow-up patients. For example, in East Lothian, a new direct access musculoskeletal (MSK) service provides video assessments and treatment plans without the need for an initial GP referral or attendance by patients at a clinic. This reduces demand on GPs and speeds up assessment and initiation of treatment. The approach has greatly reduced waiting times for patients.

The Scottish Government should support development of technological options for service delivery, taking into account the variability in knowledge and use of smartphone, tablet and computer devices across communities and age groups.

Acute Services

Although the IJB has delegated responsibility for some services managed and delivered in acute hospitals it has proven difficult to engage with these to plan service delivery focussed on needs of HSCP residents. Too often decisions are made for the total population served rather than considering what individual IJBs have prioritised.

Existing relationships between social care, community services and acute must be built on further through the review of adult social care to develop a whole system approach to identifying and acting on social care needs for patients and families.

Appendix 2 – Review of ASC Summary and Recommendations

The Independent Review of Adult Social Care concludes that Scotland needs to act *“...to deliver a system of social care that takes as its central aim the realisation of every citizen’s right to participate fully in society, whatever their needs for support. And that system needs to work in full partnership with other ...public services...”*

The delivery of improved social care and support services is said to be pressing as it is estimated that by 2036, one in four people in Scotland will be aged over 65, in a group with increased care needs.

The requirement to provide fairness in access to care is emphasised, ensuring that need, however manifested is identified and responded to, ensuring people’s dignity, independence and ability to participate in society is maintained.

To deliver these aspirations and the National Care Service that will be central to delivering them the Review makes several recommendations:

A human rights based approach

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.
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.
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.
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.
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.
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.
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.

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.
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.
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.

Unpaid carers

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.
12. A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights based approach to the support of carers.
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.
14. Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.

The case for a national care service (NCS)

15. Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care.
16. A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.
17. The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
18. The National Care Service should lead on the aspects of social care improvement and support that are best managed once for Scotland, such as workforce development and improvement programmes to raise standards of care and support.

19. The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.
20. The National Care Service's driving focus should be improvements in the consistency, quality and equity of care and support experienced by service users, their families and carers, and improvements in the conditions of employment, training and development of the workforce.

A National Care Service for Scotland – how it should work

21. The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies.
22. A Chief Executive should be appointed to the National Care Service, equivalent to the Chief Executive of the National Health Service and accountable to Ministers.
23. Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.
24. The role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council – should be revisited to ensure they are fit for purpose in a new system.
25. The National Care Service should address gaps in national provision for social care and social work in relation to workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.
26. The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and delivery of care in custodial settings, including prisons.

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

27. A National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, should be introduced by the National Care Service, and should address the three following key areas:
 - the experience and implementation of self-directed support must be improved, placing people using services' needs, rights and preferences at the heart of the decision making process.
 - the safety and quality of care provided in care homes must be improved to guarantee consistent, appropriate standards of care.
 - commissioning and procurement processes must be improved in order to provide a vehicle for raising the quality of social care support and for enhancing the conditions and experience of the social care workforce.

Models of care

28. The Scottish Government should carefully consider its policies, for example on discharge arrangements for people leaving hospital, to ensure they support its long held aim of assisting people to stay in their own communities for as long as possible.
29. A national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.
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.
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.

Commissioning for public good

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.
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.
34. The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service, and delivered locally across the country.
35. To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.
36. The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A 'new deal' must form the basis for commissioning and procuring residential care, characterised by transparency,

fair work, public good, and the re-investment of public money in the Scottish economy.

37. National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.
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.
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.
40. Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.
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.

Fair Work

42. Rapid delivery of all of the recommendations of the Fair Work Convention, with an ambitious timetable for implementation to be set by the Scottish Government.
43. Conduct a national job evaluation exercise for work in social care, to establish a fair and equitable assessment of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution.
44. Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.
45. Establishing a national organisation for training, development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development. The current role, functions and powers of the SSSC should be reviewed and appropriate read-across embedded for shared and reciprocal learning with the NHS workforce.
46. Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.

47. National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.
48. The recommendations listed above should apply to Personal Assistants employed by people using Option 1 of SDS, who should be explicitly recognised as members of the workforce, as well as employees of providers in the public, third and independent sectors. This recommendation should be delivered in full partnership with the independent living movement.

Finance

49. Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.
50. Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.
51. Additional investment in order to:
 - expand access to support including for lower-level preventive community support;
 - implement the recommendations of the Fair Work Convention;
 - remove charging for non-residential social care support;
 - increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;
 - re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and
 - review financial support made available to unpaid carers and increase investment in respite.
52. Robustly factoring in demographic change in future planning for adult social care.
53. Careful consideration to options for raising new revenues to increase investment in adult social care support.