

**From Councillor Paul Kelly, Health and Social Care Spokesperson**



**20 December 2024**

**Clare Haughey**

**Convenor**

Health, Social Care and Sport Committee

The Scottish Parliament

By email: [hscs.committee@parliament.scot](mailto:hscs.committee@parliament.scot)

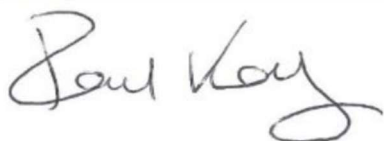
Dear Clare,

I am writing to you in my capacity as COSLA's Health and Social Care Spokesperson to thank you for the Committee's recent post-legislative scrutiny of the Self-directed Support (Scotland) Act 2013. In particular I wish to acknowledge the Committee's clear recognition of the valuable role Councils play in enabling people to access high quality care and support and to secure better outcomes for individuals or the people they care for.

Your report highlights the challenges Councils face in the planning and securing of care and support, and in ensuring people have choice and control over the care they receive. This has become increasingly challenging over recent years due to the erosion of Local Government funding alongside shortages across our workforce, as partner providers across the third and independent sector increasingly struggle to remain sustainable. Improvement in the quality and delivery of social care, in line with SDS principles, requires focus and responsibility at a national and a local level, and a fair recognition of the challenging landscape social work, social care, and wider Local Government are operating within.

The attached response has been endorsed by COSLA's Health and Social Care Board which comprises elected members from Integration Joint Boards and relevant Committees across Scottish Local Government and its integrated landscape. The response addresses several of the Committee's recommendations but should Committee Members have further enquiries I would welcome the opportunity to provide additional evidence.

Yours sincerely,



**Councillor Paul Kelly**

**COSLA Health and Social Care Spokesperson**



## **COSLA Response to the Health, Social Care and Sport Committee's Phase 2 Report: Post-Legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013**

*COSLA is a Councillor-led, cross-party organisation, representing all 32 Councils in Scotland, which champions Councils' vital work to secure the resources and powers they need. COSLA works on Councils' behalf to focus on the challenges and opportunities they face, and to engage positively with Governments and others on policy, funding and legislation. We're here to help Councils build better and more equal local communities. To do that we want to empower local decision making and enable Councils to do what works locally.*

1. COSLA welcomes the opportunity to respond to the Committee's phase 2 report looking at the implementation of Self-directed Support across Scotland. In our written response to the Committee's phase 1 call for views, COSLA set out Local Government's commitment to embedding Self-directed Support principles as a means to ensuring social care and social work support is personalised and enables people to live well, in a way that suits their own personal outcomes.
2. Local Government has a fundamental role in planning, securing, and delivering a range of support for the communities they serve. This also requires meaningful recognition of the natural strengths and assets that exist within individuals and communities, and Local Government's key role in promoting them.
3. The successes and challenges of implementing Self-directed Support are inextricably linked to the wider context that social care and social work services are operating within. Therefore this response should be read in conjunction with COSLA's written response which was submitted to the Committee at phase 1 of its scrutiny, as well as our [response](#) to the Committee's call for views on draft amendments of the National Care Service Bill at Stage 2.

### **Committee Recommendations to COSLA**

4. The remainder of this response will respond to the Committee's recommendations which were directed towards COSLA, followed by general comments at the conclusion.

*'The Committee calls on local authorities and COSLA to:*

- *identify areas where there is currently a lack of appropriate resources to offer people the choices they are entitled to under the legislation, and target support in those areas towards developing more collaborative initiatives to address this issue.*

- *embed or mainstream good practice across all local authorities to help overcome the lack of choice and shortage of providers that exist within certain areas'*
5. Currently, the challenge in individuals experiencing full choice and control over how their care is arranged relates in large part to the availability of provision within the market. Committee will be aware that social care is delivered through a mix of in-house, voluntary, and third and independent sector providers. This will look differently across many local authority areas and there is limited ability for local authorities and IJBs to control the market of external provision. However, where there have been successful initiatives and collaboration with the third and independent sector to strengthen and diversify local provision, Health and Social Care Partnerships should be supported to embed this where it would be locally appropriate.
  6. In addition, an individual's ability to employ a PA of their choice using a Direct Payment relies on the availability of a Personal Assistant who the individual chooses to provide support to them. COSLA are engaged at a national level in work to improve support for Personal Assistants through the PA Programme Board with the aim of increasing the value and recognition of the role that PAs have in improving outcomes for people.
  7. A key driving factor for a lack of choice and control, and shortage of providers available within certain areas, is attributed to workforce and financial pressures, which COSLA highlighted in our written submission to the Committee. Councils and HSCPs have experienced a sharp increase in demand for services following the pandemic. This is compounded by 840 fewer social workers registered with the SSSC than there were five years ago, as reported in their recent [Demand for Social Work](#)
  8. There has also been a well-documented shift in the complexity of care that individuals require. This impacts on IJBs' ability to commission and procure care and support for individuals and their carers, given the funding available and workforce pool has not increased in line with demand. This is not only a matter of scaling up good practice but speaks to a much broader issue around the lack of resourcing and investment in social care and social work services and workforce, the need for a thriving and dynamic market of care provision, and a national, strategic focus on improvement.

*'The Committee also calls on COSLA and other relevant stakeholders to ensure that all staff in local authorities who are involved in SDS decision-making are required to undertake appropriate training on the legislation and the principles that underpin it. In addition to social work staff, this should include finance and administration staff, managers, those involved in commissioning and procurement, and councillors.'*

*'The Committee therefore calls on COSLA and Health and Social Care Scotland to set out what it is doing, or plans to do in future, to minimise such variability and to smooth transitions for those individuals moving from one HSCP.'*

*'The Committee therefore calls on COSLA and Health and Social Care Scotland, as a matter of priority, to undertake an evaluation of all HSCPs to ensure local processes are universally consistent with SDS principles.'*

*'Following this evaluation, the Committee further calls on COSLA and Health and Social Care Scotland to systematically identify areas of best practice and ensure there are opportunities to share these across all HSCPs (including related opportunities for additional training, improved processes and mentoring).'*

9. COSLA recognises the importance of ensuring all those involved in planning and securing care and support services have a sound understanding of the values and principles of Self-directed Support. Section 4 of the Statutory Guidance accompanying the Self-directed Support Act is clear that local authorities should take steps to provide the relevant training, support and processes each 'function' needs to be able to take a person-centred and human-rights based approach to fulfilling their duties under the Act.
10. The recently updated Statutory Guidance describes the roles and responsibilities of those involved in an individual's care and support pathway. This includes senior leaders and decision-makers within local authorities and Health and Social Care Partnerships, highlighting that knowledge surrounding the Self-directed Support Act, and the importance of personal outcome planning, is not limited to professionals involved in assessing an individual but are a collective responsibility of all those involved in the care pathway.
11. COSLA also recognises the importance of people being able to consistently experience high quality care and support regardless of the area they live in. How this is delivered might look differently depending on local need and local provision, however people should be able to move seamlessly across local authority boundaries without experiencing poorer outcomes.
12. In relation to the Committee's recommendation that COSLA and Health and Social Care Scotland undertake an evaluation of local processes to ensure alignment with SDS principles, it is important to note that COSLA is a membership organisation which exists to represent the views and needs of Local Government in Scotland. There are national bodies who hold a more appropriate role in monitoring, regulating, and evaluating the extent to which local authorities and care service providers are delivering quality care in line with the principles of SDS.
13. In 2019, the Care Inspectorate carried out a [thematic review](#) of Self-directed Support jointly with Health Improvement Scotland, and reported separately in six Health and Social Care Partnerships. The review found much good practice as well as areas where more could be done to fully implement SDS. COSLA would suggest that the scrutiny and improvement of care services should continue to be led by national bodies with this expertise and remit, including Care Inspectorate. However, notwithstanding that, COSLA absolutely recognise where there is support and learning required, this should be easily and readily available to local partnerships and as an organisation would seek to ensure that at a national level this activity is joined up and serves the needs of local authorities and their communities.

*'The Committee calls on COSLA to ensure there is better collaboration between finance and accounting staff and those responsible for establishing social care and support needs, across all local authorities. This will help to ensure resulting support*

*better reflects people's outcomes and will help enable local authorities to fully realise the principles of SDS.'*

*'The Committee therefore calls on COSLA and other national partners to explore how that underlying system of social care delivery needs to change in each local authority area in order to become compatible with SDS principles;'*

*'The Committee calls on COSLA and Health and Social Care Scotland to ensure examples of best practice in [commissioning and procurement practices] are disseminated across all HSCPs and local authorities.'*

14. Through the [Framework of Standards](#), developed in partnership with a range of organisations including SDS Scotland, Social Work Scotland, and Scottish Government, COSLA has endorsed the Standards as an important tool for embedding good practice and collaboration across and within local authorities and wider organisations.
15. In addition to existing national guidance and standards, collaboration between professionals is something that must be supported through good relationships and local leadership. There is no one-size-fits-all approach to enhancing processes and relationships at a local level.
16. COSLA agrees with the Committee's assertion that the underlying system of social care needs to change, and this requires significant resource and collaboration at a national level, between both spheres of government, and including our partners in the third and independent sector who are critical to the delivery of quality care and support, and crucially, people with experience of accessing the system.
17. As part of our joint work with Scottish Government in relation to ethical commissioning, COSLA will consider opportunities for disseminating examples of good practice across HSCP and local authorities. It is worth noting there are several improvement bodies who have undertaken work to look at improving existing practice, including [HIS Transformational Change through Ethical Commissioning](#).

### **Additional Comments**

18. COSLA once again welcomes the Committee's consideration of our role in helping councils build better and more equal local communities, such as through successfully implementing the values and principles of Self-directed Support. We recognise there are challenges in implementing SDS and, unfortunately, that individuals and their carers do not always or consistently experience quality care and support.
19. Where there is a role for COSLA to support national activity to further embed SDS and a human rights based approach to social care this will continue to be taken forward. At a local level, Councils and IJBs are under significant pressure in relation to the level of available resource to invest in improving and transforming services. The improvement that is needed to reform social care and social work requires collaboration and partnership working, which Local Government is committed to driving forward.

**November 2024**