OFFICIAL REPORT
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Health, Social Care and Sport Committee

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Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

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HEALTH, SOCIAL CARE AND SPORT COMMITTEE

21st Meeting 2024, Session 6

CONVENER

*Clare Haughey (Rutherglen) (SNP)

DEPUTY CONVENER

*Paul Sweeney (Glasgow) (Lab)

COMMITTEE MEMBERS

*Joe FitzPatrick (Dundee City West) (SNP)
*Sandesh Gulhane (Glasgow) (Con)
*Emma Harper (South Scotland) (SNP)
*Gillian Mackay (Central Scotland) (Green)
*Ruth Maguire (Cunninghame South) (SNP)
*Carol Mochan (South Scotland) (Lab)
David Torrance (Kirkcaldy) (SNP)
*Tess White (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

James Dornan (Glasgow Cathcart) (SNP) (Committee Substitute)
Joanne Finlay (Scottish Government)
Rachael McGruer (Scottish Government)
Maree Todd (Minister for Social Care, Mental Wellbeing and Sport)

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Health, Social Care and Sport Committee

Tuesday 25 June 2024

[The Convener opened the meeting at 09:15]

Interests

The Convener (Clare Haughey): Good morning, and welcome to the 21st meeting in 2024 of the Health, Social Care and Sport Committee. I have received apologies from David Torrance.

Our first item of business is to welcome Joe FitzPatrick to the committee and ask him to declare any interests that are relevant to the committee's remit.

Joe FitzPatrick (Dundee City West) (SNP): Thank you, convener. I am pleased to be on the committee and I have no relevant interests to declare.

The Convener: Thank you, Mr FitzPatrick.

Decision on Taking Business in Private

09:15

The Convener: The second item on our agenda is for the committee to decide whether to take items 4, 5 and 6 in private. Do members agree to do so?

Members *indicated agreement.*

Social Care (Self-directed Support) (Scotland) Act 2013 (Post-legislative Scrutiny)

09:16

The Convener: The next item on our agenda is an evidence session with the Minister for Social Care, Mental Wellbeing and Sport. This session will conclude the committee's oral evidence gathering as part of phase 2 of our post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013.

I welcome to the committee Maree Todd, who is the Minister for Social Care, Mental Wellbeing and Sport. She is accompanied by two officials from the Scottish Government: Joanne Finlay is policy lead in the self-directed support improvement team, and Rachael McGruer is deputy director in the adult social care, local improvement and transformation division.

I invite the minister to give a brief opening statement.

The Minister for Social Care, Mental Wellbeing and Sport (Maree Todd): I would like to start by thanking the committee and all those who have taken time to give evidence during the past few months. I very much welcome any chance to shine a light on self-directed support, which is a policy with which Scotland leads the rest of the world.

The SDS journey began with the passing of the 2013 act, which signified a fundamental shift in mindsets, recognising that individuals are the experts in their own lives and should be fully supported to make their own decisions about their care and support. Since then, we have witnessed the tangible impact of the introduction of SDS on the lives of countless individuals across Scotland.

Through personalised budgets and tailored support plans, people have been able to live more independently, pursue their passions and participate in their communities in a way that just was not possible previously. I have seen for myself the impact of SDS on individuals, including at a recent visit to the Lothian Centre for Inclusive Living.

Although I am aware that the committee has heard of many examples of SDS being implemented in accordance with the 2013 act, I am aware and have heard that work is still to be done across a number of areas. They include ensuring consistency of implementation across local authorities and in provision of information and access to advocacy; addressing wider workforce issues, including recruitment, retention and training of staff; and clarifying how SDS will work in the context of the proposed national care service.

As members will be aware, the self-directed support improvement plan that was jointly published by the Scottish Government and the Convention of Scottish Local Authorities sets out how we are continuing to drive improvements in SDS. The plan recognises the need for a whole-system approach. Although the Scottish Government can set the legislative framework and foster connections to promote collaborative working in the areas where it is most needed, it is vital that delivery partners across the statutory, third and independent sectors all play a role in implementation. That includes local authorities and integration authorities, which have statutory responsibility for ensuring that people can get the support that is right for them. The plan is supported by updated guidance and a framework of standards that make clear the expectations of local authorities in provision of care and support.

However, I want to be clear. It is not right that an individual in one locality has limited options available to them in comparison with their counterparts in another part of the country. Such inconsistency in access to SDS is an example of the reasons why the Scottish Government has introduced the National Care Service (Scotland) Bill, which will allow Scottish ministers greater oversight over the quality of social care in Scotland and greater ability to drive consistency in order to reduce the inequality that we all know exists in the system.

Through the national care service national board, there will also be the opportunity to share good practice further across the country to enable it to become more widespread. With the NCS will also come greater financial clarity and transparency, which is something that becomes more and more important as financial pressures continue to build.

The 2013 act was a significant step, but we still face many challenges, and I recognise the need for further improvement in delivery of SDS at a local level. The Scottish Government remains committed to driving forward improvements in the way in which social care is delivered, and that commitment extends to embedding the principles of SDS in the national care service.

The Convener: I am aware that we have limited time with you, minister, so I ask members to be concise with their questions and ask you and your officials to be concise with your answers, to help us get through all the committee's questions.

Carol Mochan (South Scotland) (Lab): Good morning. Thank you for the introduction, which set out some of the things that we have heard in evidence on the approach and the differences in

options that people have access to. My particular question is around the start of the journey, when people are provided with information and advice on self-directed support. I am interested in what we can do nationally to try to get consistency in that regard. Do you have anything in place at the moment? You talked about the new national care service. What could the Government do at the moment to try to help with that initial stage of information and choice around SDS?

Maree Todd: The Government encourages all local authorities to approach SDS in the same way so that people understand their options and are offered the full range of choices through SDS. I am aware that the support that is available is inconsistent across the country.

In April, the Scottish Government relaunched the support in the right direction programme and has committed £9.2 million to fund the programme for the next three years. I have to say that I was absolutely delighted to see the multiyear funding for that programme, because it is important that it is embedded and that it continues. It will ensure that people who require social care support will have access to independent information, advice and advocacy in line with the Scottish Government's vision for self-directed support.

Inspiring Scotland is the fund manager for the support in the right direction—SIRD—programme, which is delivered through partnership arrangements with third sector organisations and local authorities right across Scotland. The Scottish Government funds 33 organisations across the country through the programme, which covers all 32 local authority areas. That is one really significant piece of work that is being done in order to ensure that people have the right information, options and support in order to make the right decisions.

Carol Mochan: On statutory responsibility, including that of social workers—who are, I am sure you would accept, under enormous pressure—how do we support the statutory services, and particularly social workers, to get that information out as people start their journey in social care?

Maree Todd: A number of pieces of work are in place to support the social work profession to ensure that a standard level of knowledge exists across the profession for all social workers. We are also beginning a programme of support for newly qualified social workers and for social workers who choose to specialise and continue to gain qualifications throughout their career.

We are trying to standardise that approach. You will be aware that there are 32 different employers for social workers across Scotland, with 32 different sets of paying conditions and 32 different local authorities that do workforce planning for social work. We see the national care service as a real opportunity to bring some cohesion to that picture. The planned national social work agency will sit on the national care service board and bring some national standards and planning to the particular challenges for that profession.

I see the national care service as a real opportunity for social workers. As you rightly say, they are crucial to the high-quality functioning of a social care system. Supporting the profession and ensuring that social workers flourish and thrive and are able to do the job that they came in to do is a really important part of how we intend to improve the quality of social care in the future.

My colleagues might wish to add something, particularly about the social work profession.

Joanne Finlay (Scottish Government): We give out the local authority transformational funding each year, which is £3.696 million this year. I have just received back all the reports from local authorities. One thing that we asked about was staffing. Quite a few local authorities mentioned using some of the funding to help to train some of their new social workers, because they had noticed that there was a bit of a gap in their university training once they had come in to post. That issue has been identified in the committee, and I know that it has been acknowledged and is being addressed through development of the national social work agency and some of the work that local authorities are doing currently. It is quite good that we can see that some of the funding is being used to do that through the statutory sector.

Rachael McGruer (Scottish Government): On the activity that we are carrying out now, I know that Social Work Scotland has come to the committee already and given evidence about the work that it has been doing. We have been funding it to update the self-directed support framework of standards, which has recently been updated and issued. That was developed by a range of stakeholders across the country. The updated framework will make sure that there is as much clarity as possible to the social care workforce.

There has also been the development of a self-directed support practitioner toolkit. We funded Social Work Scotland to lead that work. That, too, was developed in collaboration with stakeholders across the country. That is—this is in line with Joanne Finlay's point—to support local authorities in understanding best practice in implementing self-directed support, so that they can apply that in their areas.

Carol Mochan: I am interested to know a little bit about funding for independent advocacy

services. Do we have secure funding for those after 2027?

Maree Todd: I think that the three-year commitment to the landscape in which we are operating shows the intent of Government. We see that as crucial. We know that the third sector is playing a really important role, and we know how important it is for it to have secure funding.

I am delighted that there is secure funding over three years, which demonstrates the on-going commitment to that particular aspect of self-directed support.

Gillian Mackay (Central Scotland) (Green): Self-directed support has, understandably, been implemented alongside other pressing issues. Some believe that that has affected its prioritisation. How can we better manage and align the implementation of SDS with other legislative and policy demands to ensure that it receives the necessary focus and resources?

Maree Todd: That is a really good question. This committee will be well aware of the complexity of the health and social care system and how challenging it is to have an impact from the centre. One reason why I am so committed to the national care service is that I recognise that, although we absolutely need to have Government direction and responsibility, we need to work with local systems, as well. It cannot be one or the other; it must be both. The tripartite accountability agreement that we struck with the national care service will help us to bring some cohesion to the complex landscape in which we are all operating.

The other challenge that we have in health and social care systems as a whole is that we cannot afford to get it wrong, because people's lives depend on it. These are essential services, so we really need to manage change very carefully. We are well aware of that responsibility, and we are managing change carefully.

One thing with self-directed support is that, rather than it being about the operational directions and guidelines on how to do it, it is really about the ethos of it. That was a huge shift in culture to where the person is at the centre of the decision, and a shift to where their human rights are upheld and early intervention, prevention and support are wrapped around that individual in order to make decisions that suit them and help them to achieve their life goals. I think you will see that ethos firmly embedded in everything that we do from now on. We know that it is absolutely the right thing to do. It is challenging, but this post-legislative scrutiny of the act is welcome. We are keen to keep going back and looking again to see how we can improve it.

09:30

Again, and you would expect me to say this as somebody who is steering the National Care Service (Scotland) Bill through Parliament, I see an opportunity through the bill to pick up on areas of good practice, as well as to bring grip, coherence and assurance to areas where practice is falling down. I see an opportunity to pick up on areas of good practice and to quickly translate them across the country. That excites me, because that has been challenging in the past.

Gillian Mackay: You mention the different layers of delivery. Policy can be quite inspirational and forward looking, but by the time you get through all the layers, a change in interpretation can suddenly take things away from what the initial policy set out to do. That is probably what we are hearing from people in relation to some of that local variation. How do we pull that back into alignment? How do we make sure that the initial ethos of that self-directed support being the primary delivery model for social care—it is still not well understood that it is the primary delivery model—aligns neatly all the way down the structure, rather than what we are seeing at the moment with that interpretation knocking it out of line in different places?

Maree Todd: I agree that it is not always recognised that it is the primary delivery mechanism. I meet constituents on a regular basis—as you all will—who say, "I've been put on to this SDS," and they do not realise that that is the way that we deliver social care. For example, they think that option 1 is the only option with SDS.

As well as the geographical variation, which reflects culture, delegation practices and the levels of integration in each area, we operate in a system that has different external pressures. The pandemic has undoubtedly been a huge pressure on our systems, as is the financial situation in which we find ourselves. The post-Brexit challenges of immigration and the labour shortages that we have across the country are another pressure.

Even in the geographical area that I represent, I have seen real changes. When I was first elected, I met local representatives in the Highlands who blew me away with their description of the amazing opportunity that people had to live their lives to the full and avoid being institutionalised in any way, and I met young people who were using their SDS to follow their dreams. It was magical to hear about.

Now, I more commonly hear concerns that—this is probably common for every representative around this table—when there is market failure, when the local authority has struggled to provide

care, people are being told, “Don’t worry, you can have this budget and find care for yourself.” That is not the intention. People are meant to be able to choose the option that works for them. Option 1 is not meant to be the final stop when market failure has occurred.

We are well aware of those challenges. I suppose that the way to avoid those challenges for people who are trying to access care is to focus our work on improving workforce planning and ensuring that sufficient funding is going into the system. We have a lot of work going on across the piece to do that. We committed to increasing the funding of social care by a quarter during this session of Parliament. We have delivered that two years ahead of schedule, but we are often not feeling that at the coalface.

We need the national care service to provide some grip and assurance in relation to following the money and making sure that the money is getting where we need it to be. The workforce issues are undoubtedly challenging. We will improve those by not just tackling pay, although that is really important, but social care conditions and the level of support for social care staff, so that they feel well supported and can flourish in their vital professional role.

Work is under way right across the piece to do that, but it is not as simple as flicking a switch, and it is exceptionally costly, so it must be done carefully. I would like us to go further and faster, but I think that we are on the right path. Each social care worker in Scotland is paid £2,000 more than they were paid last year. Their wages are going up substantially each year. Social care workers in Scotland are paid more than, and pay less tax than, their counterparts in the rest of the United Kingdom.

We are on the right pathway. We are not where we want to be, but, as a Government, we have set out our stall and are making incremental improvements in social care that will help us to solve the big-picture problems.

Emma Harper (South Scotland) (SNP): Good morning. I have a wee supplementary question on an issue that was covered in Carol Mochan’s questions. We heard evidence from the Dumfries and Galloway integration joint board that its self-directed support policies had not been reviewed since the IJB was set up. Stephen Morgan, who is the chief social work officer at Dumfries and Galloway Council, also said that the results of a recent audit contravened the principles of the 2013 act.

What work is the Scottish Government doing with the Convention of Scottish Local Authorities to support the review of self-directed support and the role that is played by integration joint boards and health and social care partnerships?

Maree Todd: It is challenging to achieve consistency across the board. We work not only with COSLA, but directly with chief officers in each local authority area. A few years ago, we updated the statutory guidance to make it clearer how we expect the policy to be implemented and to tackle the risk-averse approach that we see being taken in some parts of the country and the organisational or cultural barriers that might undermine the flexibility, autonomy and choice that are at the core of SDS.

My colleagues are probably best placed to comment on this, but we have funded Social Work Scotland to update the SDS framework of standards and to create the practitioners toolkit, both of which will help us to improve consistency across the country. However, I think that there is a strong case for a national care service. You would expect me to say that, but I think that it is really important that, in circumstances in which there is inconsistency and the situation is challenging for local areas, we will be able to provide national oversight and national support frameworks, and to ensure that different areas can learn from one another. At the moment, they are working in isolation, and we need to improve the learning that takes place across the country.

Joanne Finlay: Through the improvement plan, a number of local authorities worked with Social Work Scotland on the development of the framework, and a set of reflections and research has been published on the Care Inspectorate website, which holds the SDS library.

In addition, through the improvement team, we have previously offered—via the SDS practitioners network—to work with local authorities on improvements. My colleague was involved with that last year. That offer has been made by the improvement team, and we can take that forward.

Ruth Maguire (Cunninghame South) (SNP): Good morning. You mentioned that the budget for social care support and NCS delivery has increased by 29.1 per cent this year. I am sure that the Scottish Government would acknowledge, as the committee does, the pressures that are on social care budgets in relation to recruitment and retention of staff, which you mentioned, and commissioning.

The committee has heard calls that it would be best to invest money and energy in tackling front-line pressures on core services. To what extent do the use of eligibility criteria and the four SDS options remain useful to us in understanding how social care operates in Scotland and, more importantly, in ensuring that it is delivered equitably?

Maree Todd: I think that everyone acknowledges just how challenging the landscape is at the moment, given the pressures that we face. This has been a long review of SDS, and some pressures were building before the pandemic. We have an ageing population demographic—it is great that people are living longer, but they are living longer with more complex health issues and are, therefore, requiring more social care support—and people with certain conditions are living independently in a way that they would not have been able to do in the past, so some pressures are built in.

There have been 14 years of austerity, which have, as nearly everyone acknowledges, challenged all our local services. All our public services are feeling stretched to the limit. Any changes that could be made to improve efficiency have been made, so any further savings have an impact on delivery. People are feeling like that across the board.

The pandemic has caused a real challenge. The health portfolio team has a meeting every week before the Cabinet meeting, and this morning we discussed some of the challenges that we face in relation to the stage at which people present with an illness, because people are presenting further on in their illnesses and when they are more acutely unwell. There is more complexity than there was before the pandemic, and there are also more Covid cases—there has been an increase in the level of Covid in our community.

All those issues still exert pressure on our health and social care system, so it is undoubtedly an exceptionally challenging time at the moment. In order to rise to meet the challenges and address the pressures that we face, we have weekly charging for residential accommodation guidance—CRAG—meetings where we look at the whole system in order to assess what is happening in health and social care in Scotland and to consider what can be done to improve the situation.

You will have heard from the First Minister that there is a real focus on delayed discharge, for example. The figure for delayed discharges used to vary by season—it would go down in the summer and up in the winter—but the pressure from delayed discharges has been relentless all year round for a number of years, since the start of the pandemic. Over the next few months, there will be a real focus on trying to improve the situation in order that we have some headroom.

From the letter that I sent to the committee yesterday about the national care service, you will know that we have paused our discussions on one or two amendments that have still not been agreed by me and COSLA in order to free up the space to focus on acute system pressures over the next few months, rather than on the systemic solutions that might be a little further down the line.

I do not know whether my colleagues want to say a bit more about eligibility options in the future.

Rachael McGruer: We heard from the Feeley review that there were challenges with eligibility criteria, which were sometimes seen as a barrier to accessing self-directed support, and people's choices were considered. Under a joint statement of intent, we are working with COSLA to review eligibility criteria as part of the national care service programme of reforms.

That speaks to some of the points that the committee has heard about data on self-directed support. Ahead of the introduction of the national care service, we are attempting to improve our data and information on access to self-directed support across the country. My colleague Joanne Finlay might be able to provide a bit more information on the work that we have done recently through the health and care experience survey, which tells us how we are truly meeting the SDS principles of providing choice and taking a person-centred approach. We recognise that the policy is, as the minister said, world leading, and we agree with the principle of taking a person-centred approach, because that supports early intervention, which is the best way to deliver social care in the system. We need to gather information so that we know that that approach is being applied consistently across the country.

I do not know whether Joanne Finlay wants to come in.

09:45

Joanne Finlay: The policy team has been working with the health and care experience survey, which provides social care data across the board. This year, we added five questions to try to find out a little more information about whether people were offered their choice and whether they got their preference. If they were not offered a choice, we wanted to know whether they did not want a choice or did not know that they had a choice.

Basically, we were trying to work out a little more about how people experienced SDS and whether they were offered different options within it. That data was published just last month, and we can start to use it as a baseline to see how the situation changes over the next few years.

Ruth Maguire: As a constituency MSP, it is always challenging when you have first-hand experience of where needs are not being met, and abstract discussions do not always resonate. I suppose that a world-leading policy is only of use if that is how our citizens are experiencing it.

Minister, you spoke about the duties of delivery partners. I guess that there are risks involved in being overprescriptive in legislation. Will you talk about some of those risks? Do you agree that there are risks around defining eligibility criteria or options for how social care is arranged?

Maree Todd: Absolutely. As I always say when answering questions of that nature, I am a Highland MSP, and I know at my core that one size does not fit all. In fact, where I live, in a rural west Highland village, social care is delivered very differently even from the way that it is done in Inverness, which is just along the road and within the same local authority and integration authority area. It is challenging to be prescriptive. However, that should not prevent us from recognising that there is an issue. Time and again, when we have looked at the health and social care system, we recognise that the variation is too great and that there are not good reasons to explain it.

We can see real and significant variation, and we talk about good and bad variation, or necessary and unnecessary variation. We are not interested in ironing out the sort of variation that has to occur in a remote west Highland village where limited assets are available. In that situation, we really want flexibility. In my part of the world, I mostly meet people who are desperately keen to stay in their communities and who are happy to tolerate some variation in how care is delivered to enable that core aim.

The unnecessary variation, which comes from culture, systems and, in particular, risk aversion, is what we need to iron out. We need to give people the confidence to operate the system properly and to properly put the person at the centre of decision making and in the lead on that. That will not look exactly the same in every part of the country, but it will reach the standards of quality that we are aiming for with this legislation.

Ruth Maguire: Thank you.

Tess White (North East Scotland) (Con): Good morning, minister. A stakeholder in the social care sector shared with me that SDS has not

"been the opportunity so far that has fulfilled its promise."

You have alluded to that this morning. She said that

"social care is rationed heavily",

that

"a new case can only be funded when one person no longer needs it",

and that the

"number needing support is growing."

I recognise that you have said that you acknowledge that, but do you accept that, in principle, the resources are not in place? Why not put that right now and get accurate data before overlaying additional complexity?

Maree Todd: We are working on accurate data. It is not as simple as saying that we should put in extra money. If it were that simple, we probably would just throw money at it, but most people would recognise that a change in approach is required as well as extra money. There are challenges in following the money across the system and in seeing where the money goes within social care. It is quite complex to follow it.

There is a general acknowledgement that we are not getting in early enough. If we go back to data, one of the problems with data is that we focus very much on the things that are easy to count, such as delayed discharges—what we call the back door of the hospital. It is less straightforward to measure unmet need in the community. If we could get that fixed, that would help us with early intervention and prevention and mean that money was spent more efficiently. Some of the calculations on early intervention and prevention suggest that we could probably help twice as many people if we were able to get in earlier, rather than waiting until somebody reaches crisis and is admitted to hospital. A frail elderly person being discharged from hospital is likely to need twice the package of care than they would have needed if we had got to them earlier.

It is not an easy thing to do, but morally, ethically and economically, we have to get in earlier, higher upstream, and we have to have more grip and assurance across our system. We have to understand what is going on and make sure not just that money goes into the system, but that it goes to the right place. I think that there is general agreement in that regard. People have concerns about the national care service and about the Government's delivery of social care, but very few people are arguing for the status quo and more money to do things the way that we do things now.

Tess White: I am not suggesting more money. I am actually suggesting focusing on getting the data and taking action, rather than adding additional complexity with a new system.

My second question is about option 1, which you referred to, and how certain people think that there is only option 1. In one part of Scotland, it is being used as the only option and options 2, 3 and 4 are not being offered, and there is insufficient resource locally to create a support package. In another part of Scotland, a social worker came up with a package that was in line with the option 1 guidelines and was acceptable to the individual,

but it had to be withdrawn because it could not be funded.

This is a direct quote from a parent with a child with autism. She said:

"SDS is the SNP's cornerstone strategy for delivering social care but it is not being applied as directed and parents are left hanging."

What resources will the Scottish Government give to local authorities to make sure that they can successfully implement all four of the SDS options?

Maree Todd: In my casework as a constituency MSP, I certainly hear that concern. People think that option 1 is SDS, and that concerns me, because it suggests that people who are trying to access social care at the coalface are not being talked through the whole suite of options that are available to them, and that option 1 is being used as the default setting. That is a real challenge that we recognise.

As Rachael McGruer said earlier, we are working closely with NCS colleagues to ensure that the SDS principles are embedded within the creation of the NCS bill, and that the SDS improvement plan, which we are working through at the moment, is completed and embedded into the national care service, so that improvements in practice, that genuine offer of flexible choice and that change in practice are embedded in future social care delivery and available to everyone across the country.

Joanne Finlay, do you want to say a little bit more about that?

Joanne Finlay: We are funding In Control Scotland, part of whose work has involved working with local authorities on option 2 and option 3 of the SDS improvement plan, looking at the barriers and challenges to delivery, and offering different options. It has worked on a contract for providers under option 2. There is work in the system, therefore—In Control Scotland did a lot of work last year, is continuing that, and has engaged with a number of local authorities on that.

Tess White: How can you do that if data does not come forward to Public Health Scotland? You cannot improve the data if some local authorities are not providing it. We have struggled with the data. We had a whole session on it last week. The data is not there. It is not being provided. How can you give local authorities the resources to implement options 2, 3 and 4 if you do not know what options are being delivered, where they are being delivered, or why they are not being delivered? That is what I am struggling with.

Joanne Finlay: I agree with what you are saying about the Public Health Scotland data. That is why the collection of the data has been suspended. We have had conversations about how we can collect better data, because we are aware that there have been some challenges, including around the recording of data by local authorities on the four different options. We have conversations in train about that with Public Health Scotland, and that is why collection is paused at the moment. We are trying to look at how we can improve that data.

Tess White: But you cannot manage what you cannot measure. If you do not have the data, you cannot measure it. How can you improve the data if you do not have it?

Maree Todd: That is why we have a programme in place to try to improve the data. We are working with Public Health Scotland to improve the quality of data. I agree with you: it is very difficult if we do not have high-quality data. We are therefore working on that with Public Health Scotland. It has suspended its collection of data. We will come back with better data collection, to enable us to manage more appropriately and more effectively the whole system through the use of that high-quality data.

As Joanne Finlay mentioned earlier, we have also looked at the health and care experience survey. That is a different methodology. It is always difficult to introduce different ways of collecting information, but we look at a variety of data sources. Some are well scrutinised and of high quality, whereas others are more anecdotal and less what you would call management information. We cannot publish those because the data is not of sufficiently high quality. However, we are looking at data and we are determined to find ways to measure the right things without putting a burden on a system that is already overburdened, in order to enable us—not just me, but the local system—to have that grip and assurance, exactly as you said, in order to ensure that delivery improves.

Tess White: I think that people just want the resources to get it in place. May I go on to the next section?

The Convener: Only if you are extremely brief.

Tess White: I will be very quick.

The Convener: We have 15 minutes left and there are still lots of questions.

Tess White: I just have one question on the next section, which is about national consistency. Joanne Finlay talked about funding of £3.69 million. Will the additional funding in the social care budget be ring fenced so that it directly supports activities that improve capacity and the ability of local authorities to offer the good outcomes that have been promised?

Joanne Finlay: Part of the money that goes to the local authorities—the local transformational funding—is specifically for one particular post per local authority for SDS. The reporting that we got back from the local authorities at the end of last month indicates what post they have used the money for. We are getting direct reporting on that particular piece of funding. As I have said, there are SDS practitioners network meetings that I and all the SDS leads attend.

Paul Sweeney (Glasgow) (Lab): I thank witnesses for their answers so far. Previous witnesses highlighted flaws in data—certainly, in the qualitative aspects of data collection. That is well understood. They also highlighted concerns about the interface with the Public Bodies (Joint Working) (Scotland) Act 2014—how that has created a culture of competition for resources and how other areas of public social care provision are superseding the principles of SDS. Will you seek to further investigate that? A number of witnesses raised the concern that the principles have not been well embedded in the 2014 act and that that is creating a culture that militates against its effects.

10:00

Maree Todd: We are keen to identify any barriers to the implementation of full integration across the board. We will look at any barriers that this post-legislative scrutiny identifies. We will then make improvements to the system and take action to ensure that it operates as intended.

I do not know whether Rachael McGruer wants to say a bit more about the evidence that has been gathered so far in this inquiry.

Rachael McGruer: Your question also speaks to the points that the committee has heard regarding the reflection of SDS principles in the National Care Service (Scotland) Bill. We are acting on a principle of continuous improvement. We had the Social Care (Self-directed Support) (Scotland) Act 2013, then the Public Bodies (Joint Working) (Scotland) Act 2014 and now the National Care Service (Scotland) Bill seeks to strengthen integration and the person-centred approach. That is all part of a flight path of continuous improvement.

The principles of SDS are reflected in the NCS principles at the beginning of the bill and both sets of principles align. We do not believe that they are in conflict; rather, they strengthen that person-centred, early intervention, support-for-independent-living approach. All those core principles of SDS continue to be reflected in the legislation and are further reinforced through the bill.

Emma Harper: I am conscious of the time, but I am interested in the education and training of social workers, as well as of health professionals, such as nurses, and their knowledge of self-directed support. They do not need to know about it in detail, but enough to trigger potential referral, for instance, when they are treating patients in acute care or in the community. How can we help the higher learning institutions to convey self-directed support information in the curriculum, so that social workers are aware of what self-directed support is all about, including its principles, so that they can trigger assessments by dieticians, physiotherapists and occupational therapists, for example? I am not suggesting that social workers or even nurses need to be experts in SDS but that they need to have some knowledge of what it means.

Maree Todd: You are right. Everybody working in the health and social care system as a whole needs to have an understanding of how social care in Scotland works. One of the aims of our current work to tackle the acute issues that the system faces, as Ruth Maguire was alluding to, is working with healthcare systems to try to ensure that there is early referral, with early discharge planning for example. That requires an understanding of what is available in the community and who needs to be involved in the process of putting together a package of care post-discharge.

There needs to be a level of working knowledge in both the healthcare system and the social care system to ensure that things are operating efficiently and effectively across the board.

Certain professions are crucial, though. Social workers are crucial to the high functioning of the system—I am more and more convinced of this every day. From my perspective, as a general rule, it is really important that we support that profession and that we ensure that they are supported to make the professional and statutorily underpinned decisions that they are meant to be making to support individuals' human rights as they access social care. We can do that by tackling both undergraduate and postgraduate support and training.

The work that we mentioned earlier to support and mentor newly qualified social workers and to ensure that there is a pathway in place for social workers who want to pursue higher qualifications—postgraduate qualifications—is really important. That needs to reflect not only the practical operation of SDS, but the culture and ethos of SDS, which is about flexibility, choice and upholding people's independence. I joke with the SDS audience, "I'm all about independence." I absolutely get how important it is to individuals that they have the autonomy to make decisions to

have social care that supports them to work, for example, or to do whatever it is that they want to do. That is crucial.

For people who are working in the system, we have an opportunity, through NHS Education for Scotland and Scottish Social Services Council registration, to provide training packages that work in a multidisciplinary way right across the system. I think that that will be really helpful in tackling some of the barriers.

People with learning disabilities are one of the communities that struggle to have their rights upheld. There are good training opportunities for everyone who works in the system in how to engage with people with a learning disability. NES offers multidisciplinary, postgraduate and post-qualification or post-registration training to everyone who might come across such people so that they can help them to engage fully in the process of decision making and make good informed decisions that suit them, that uphold their rights and that fulfil their dreams and ambitions for their lives.

Emma Harper: I want to pick up on the issue of multidisciplinary teams. I know from my casework that social workers are key; they are crucial in helping people to get the services that they need. One of our social work teams operates on the multidisciplinary team model, but there are social workers who work independently, who do not have the ability to pick up the phone to refer someone to physio or whatever. "Standards in Social Work Education in Scotland" mentions social workers being innovative and empowered. The final page of that document has a section on ethical principles, which talks about

"Promoting the full involvement and participation of people receiving services"

and

"what matters to them".

In essence, it is referring to choice and control.

The role that social workers play is critical, and it is crucial that we value the job that they do. Do you have an opinion on how we can improve connectivity by using a multidisciplinary team approach, which many people seem to value and find to be very positive?

Maree Todd: I agree that there is a lot of variation in how teams are set up around the country, and that that presents challenges for people. As we try to drill down and understand what is happening and what is leading to the acute pressures that are being felt at the moment, we have come across situations in which social work has not been involved, even though it has had capacity. There are definitely barriers to do with the way that teams are set up locally that are making things difficult.

An exciting piece of work that the Government is doing is our work on GIRFE—getting it right for everyone—which is an approach for adults with complex needs. You will be aware of the GIRFEC—getting it right for every child—approach. GIRFE involves taking a proper multidisciplinary and, indeed, multi-agency approach to more complex cases, in recognition of the fact that some people require services to coalesce around them and provide a package of care that means that they cannot fall through the net. It is about ensuring that we find ways to deliver that care to people with complex needs.

Our services operate in silos, but human beings do not, so we are always trying to crack that one. There are a few GIRFE pathfinders currently operating across the country. They will give us an understanding of how we can provide a more personalised way to access help and support when it is needed, and put the person at the centre of the decisions that affect them in order to achieve the best outcomes.

There is an overlap with the GIRFEC approach, which is about putting a team around the child. GIRFE is about putting a team around the person and making sure that all the public services are involved. I have mentioned previously that some individuals whom I meet are like a pinball, pinging back and forth between different systems and struggling to have their rights upheld and their needs met. The approach of ensuring that the person is at the centre and the team is around them, working together to ensure that their needs are met and that their rights are upheld, will help.

We are currently working carefully on that, and I think that it will really help with those complex cases in which there are not just multiple disciplines, but multiple agencies, involved.

The Convener: I call Sandesh Gulhane.

Sandesh Gulhane (Glasgow) (Con): I declare an interest as a practising national health service general practitioner.

Good morning, minister. Given that we are the committee with sport in our remit, I take the opportunity to congratulate my local club, Glasgow Warriors, on their United Rugby Championship triumph.

The average working life of a social worker is six years. We have seen a shortage of social workers, who are struggling to cope with their current demands and workload. Government bills that are coming through Parliament will require social workers to deliver them. For example, the Children (Care and Justice) (Scotland) Bill will require some 500 social workers.

How can we enable social workers to do not only what they are doing now, but the things that the Government wants them to do in the future?

Maree Todd: First, as a Warriors fan myself—as I say regularly to folk, I am Glasgow by marriage, so I am a huge Warriors fan—I was absolutely delighted, in a tough weekend of sport for Scotland, that their win in Pretoria was absolutely uplifting for the whole nation. We are very proud of what they have achieved—they are inspirational to many.

With regard to the social work profession, I absolutely recognise that there is a challenge in there for Government. I will put it simply. You are a clinician, and I am a clinician, too—I worked as a mental health pharmacist for 20 years in a multidisciplinary team, of which social workers were a key component. In my experience, social workers are social justice warriors: they come in to uphold the human rights of the people with whom they work. Over a number of years, however, the system has forced them to focus on issues such as budgets and eligibility, rather than on the individual requiring care who should be at the centre, and who requires their needs to be met and their rights to be upheld.

I see it as a responsibility of Government to ensure that social workers can go back to the job that they came in to do. One of the reasons that so many social workers are leaving the profession is because they are disappointed with the reality of their job once they are qualified.

As I have said previously, there are a number of issues. We need better workforce planning across the country, and higher numbers of social workers being produced and trained. We need better liaison between local authorities and universities in order to ensure that there are training placements for undergraduates and postgraduates so that they can be supported to become the professionals that we need them to be.

We need a strong postgraduate process of further education. Any professional—there are a number of health professionals around the table—will recognise that you do not come out of university ready to be the professional that you need to be. There is a period of further training once you are qualified, so we want that post-degree support, mentoring and training to be in place, solidified and nationally led.

The national social work agency will provide us with an opportunity to put in core standards to which every social worker will be expected to work. Although—as you allude to in your question—that might be felt by some social workers as a pressure, and as a further thing that we are asking them to do, many social workers tell me that it will give them the ability and the freedom to focus on the things that are important, such as upholding the human rights of individuals. They will be expected to work to a national standard rather than follow the local pressure of ensuring that the budget is delivered.

10:15

There is a huge amount that we can do to support the social worker profession. I reiterate how crucial social workers are. When I go around the country, in areas where systems are working really well, usually the social work profession there has a high profile and is well supported to do the job that it needs to do. The evidence is anecdotal, but it is clear that if we support the profession, the quality will be lifted throughout the country.

Responsibility for the social work profession lies with Angela Constance. She is a social worker, so has a passion for that. Natalie Don also shares some responsibility, as the Minister for Children, Young People and The Promise, so the three of us work regularly with the chief social worker, Iona Colvin, and her team, to try to ensure that we are delivering a social work workforce that is fit for the future and that it supports autonomous professionals who are empowered to deliver within the system.

The Convener: I am conscious that we have got to the end of our allocated time. Would you be willing to stay with us for slightly longer? Hopefully, that will mean that the committee can get through all of its questions.

Maree Todd: That is fine.

The Convener: I will pick up on some of what you said in your opening statement, when you talked about SDS assisting people to pursue their passions and interests and to enhance their quality of life.

Witnesses suggested to the committee that there is tension between their accounting rules and how they commission and procure services more flexibly, and we heard some examples of that. What is the Scottish Government doing to examine any barriers to better commissioning and procurement processes? The barriers might not relate to direct care, but more widely to enhancing people's lives and allowing them to be more independent.

Maree Todd: I am going to ask Joanne Finlay to come in on that.

On the need for flexibility, we are doing work around the country to try to ensure that SDS is delivered as flexibly as possible. At the moment, we have a request in from Highland Council to clarify some of the flexibilities that it might need in very remote communities where everybody is

related, frankly. That is a challenge that I have in my constituency.

We have to ensure that there are tight controls on the possibility of exploitation of vulnerable people, but we also need to recognise that family support might well be the only option that people who live in very remote and rural communities have. We are working with the council on ensuring that we can deliver those flexibilities while safeguarding individuals' human rights, and also on ensuring that it works for people, because saying, "We are not going to do that" is not an appropriate answer.

We also have work going on across all parts of the country on exactly the same challenges. One of the challenges that we have, and one of the reasons for variation across the country, is the level of risk averseness that individual local authorities and integration authorities have. We are trying to support them with that to ensure that they know that they are empowered to be flexible.

Joanne Finlay: On the SDS improvement plan, there is a number of—

The Convener: For the sake of time, could you write to the committee on that?

Joanne Finlay: Yes, that is fine.

Sandesh Gulhane: Minister, earlier, you spoke about the Scottish Government's vision for self-directed support. Prior to royal assent for the bill, in 2013, what specific criteria did you have to judge the success of that?

Maree Todd: Rachael McGruer, do you want to comment on that? Were there plans to measure it before 2013, or were there plans in place on metrics when the legislation was introduced to measure whether the vision had worked?

Rachael McGruer: I would have to go back and look at some information on that, I am afraid—I do not have that to hand.

Maree Todd: We can go back and look at it. It was long before I was elected, and certainly long before I was in my position as minister. We will go back and have a look at what was discussed around the time that the bill that became the 2013 act was introduced, with regard to the metrics that were put in place to ensure that it was delivered appropriately. Times have moved on somewhat since then, but Sandesh Gulhane is right to highlight that it is important that we look at what the intention was at the time that the bill was introduced.

Sandesh Gulhane: So you are going to go back and look at that, and you will no doubt write to the committee with a response. In that response, it would be great to see what those metrics were and how you have achieved them, or not.

What are your current specific criteria for success?

Maree Todd: We want every individual in Scotland to be able to access social care, in a way that is flexible, meets their individual needs and enables them to flourish. To go back to some the challenges that we discussed with Tess White, we recognise that it is challenging to provide data. With the health system, for example, we can look at things such as the four-hour accident and emergency metric, which gives us an indication across the whole system. In social care, we do not have such simple metrics that are easy to measure and that give us an indication of the health of the whole system, and for which we can set targets. However, we are keen—

Sandesh Gulhane: Sorry—I was not asking for targets. I was asking what your criteria for measuring the success of the 2013 act look like.

Rachael McGruer: It goes back to the core principle of self-directed support, which is about individuals having choice and control over how they receive their social care. That is why it is positive that we have started to drill down into some of the data that we are getting through the health and care experience survey, because it is not simply about working out who is receiving which options. It is also about what was offered to each person, and how much involvement they felt that they had in those decisions.

It goes back to those core principles. That is where the statutory duty lies with local government with regard to enabling choice and control over how social care is delivered for people in local areas. That is at the core of independent living, and of the principles of SDS that we go back to in looking at how we measure success.

Sandesh Gulhane: That is the principle. What are the specific criteria that you have used to judge the success of the 2013 act, a decade into its implementation?

Rachael McGruer: That relates to my reference to the health and care experience survey, and our work with Public Health Scotland to improve the data. It is about not just the delivery of those options, but people being asked whether they were given a choice of options. We need to ensure that people are aware that those options exist and that there is a choice in that regard. We are really keen to make sure that we are measuring that, so that we better understand how that is truly happening out there in local government.

Sandesh Gulhane: When do we expect to see results and data?

Rachael McGruer: Some of that was captured in the health and care experience survey, which was published last month. As I said, we have been trying to strengthen that survey in order to capture the data, and it is important that we continue with that as we move forward to keep monitoring the position.

Sandesh Gulhane: You said that "some of that" data was captured, but when will all of it be captured?

Rachael McGruer: The survey addresses those questions around choice to help us to better understand what is happening out there in local areas.

Sandesh Gulhane: Right. I am cognisant of time, so I will stop there—thank you.

The Convener: I thank the minister and her officials for their evidence. This is the committee's final meeting ahead of the summer recess. Further details of our next meeting will be published towards the end of August. That concludes the public part of our meeting today.

10:23

Meeting continued in private until 10:55.

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