

06 November 2020

Dear Mr Feeley

Independent Review of Adult Health and Social Care

EVOC supports, develops and promotes the interests and work of voluntary and community organisations in Edinburgh. As a leader and catalyst of social change we are a highly respected, trusted and effective strategic partner. We are a trusted leader in supporting, building the capacity of a model of good practice for the sector. Our leadership within, development of and advocacy for the sector has enabled the experience, knowledge and expertise of the voluntary and community organisations in Edinburgh be shape and influence how as a city we address social justice, poverty and inequality and the strategic planning and delivery of adult health and social care.

Since the announcement of the review of adult health and social care we have brought together organisations which have at their core the health and wellbeing of our citizens. This submission is a summary of these discussions and their ambitions for the people they work with.

The forums and networks EVOC support would all like to meet the review board to discuss any aspects of this response and further explore how local organisations and people can be realistically involved in shaping the future of adult health and social care.

The review process:

There is real concern that the review is unrealistic in its ambition and reach; this is compounded by the reality that many organisations are still reacting to and managing the impact of working with the restrictions of COVID-19. Edinburgh is also in the process of implementing a transformation programme based on the 3 conversations model and developing an “Edinburgh Pact” so there is a lot of change during a period of fundamental uncertainty.

National – local – voluntary sector:

The sector absolutely understands and agrees with the need to have national momentum and a national review but it is vital that at the heart of any review is the principle that services are delivered locally and must benefit people locally. On a national scale the need for parity and accountability, it is clear support to people with disabilities, the implementation of self-directed support, support to unpaid carers are effectively a post code lottery and this must be addressed nationally.

Voluntary organisations working across several local authority areas experience huge differences between the areas. Competitive tendering processes with KPIs which take no account of successful local delivery models or local knowledge damage local services and trust in services.

There is a lack of awareness of the scope, depth and reach of the voluntary sector and the massive contribution made to adult health and social care and this must be rectified going forward. The additionality the sector brings is significant and we must be treated as equal partners.

Accessibility of services:

At the heart of a robust adult health and care system is the principle of person-centred support which supports real choice for people needing support to live a life of quality and dignity. To make this a reality people need access to the right information at the right time in the right format. People want details of local, trusted services and resources for everyday tasks. The concept of a 20-minute neighbourhood fulfils this ambition. See <https://www.evoc.org.uk/information/reports/mind-the-craic/> research which details peoples experience of “what works” and “what is needed” for a health, fulfilling life.

Adult health and social care must focus on prevention and early intervention, investing in communities and, importantly, provide local services which are trusted and sustainable to deliver. Quality of life must not be seen as a luxury – it is a core necessity which means the care system must be build on integrity, trust and continuity. If we work with local organisations and people focusing on prevention and early intervention we will not only improve people’s quality of life but we will also reduce the need for re-active, crisis intervention.

Working conditions in the voluntary sector:

There is a general issue regarding the prestige of care work in general. The review must consider vocational training model and how this impacts not only on the status of the worker but the “value” placed on people in receipt of the services. There are real lessons to be learned from the training and qualifications required within other European countries.

While the impact of COVID on the workforce availability in Edinburgh is unclear the ability to recruit, motivate and maintain staff teams in a city where retail and hospitality pay and conditions are better than the care sector has resulted in high turnover and overburdened staff teams.

The “time and task” approach to social care is demotivating to the staff member and undignified to the person receiving it. Where organisations (large and small) are able to apply the appropriate policies e.g. National Care Standards these are effective but this is often constrained by the struggle to allocate time to train due to the low contract payments. Support to voluntary organisations through commissioning, regular contract monitoring and availability of statutory social care colleagues has declined over the last few years as a direct result of statutory budget cuts. This in turn further erodes the quality of the service and the ability of the service provider to be proactive and provide early intervention.

Impacts of COVID and the role of the voluntary and community sector:

Local community groups e.g. organised via churches, have responded to the pandemic by developing volunteer-based services that are very locally organised, dependent on volunteers and are likely to remain in place beyond the pandemic.

The reality is the voluntary and community sector reacted 3 – 4 weeks prior to any statutory social care response. Without that immediate response to an unprecedented crisis people would literally have gone hungry. The strength, reach, expertise and knowledge of the voluntary and community sector was evident in that response. That same strength, reach, expertise and knowledge must be at the heart of any review of adult health and social care.

Funding:

There are threats to the new diverse infrastructure as volunteers return to work and in some cases short term funding ceases. The review must document the wide extent of this community wealth building and seek to provide flexible locality funding for this community-led support to flourish.

The focus of the review should be investing in prevention – this is where its possible to build quality of life, community resilience and ambition.

Voluntary organisations often subsidise contracts to take account of travel costs, the complexities of delivering short medication slots, hospital admissions and cancellations. An honest and equitable approach to issues such as work-time training and travel time etc across all sectors must be agreed.

Self-directed support is a powerful option when and if all the options are fully understood and there is real choice. Carers, people needing support and organisations must work together to maximise the potential of SDS.

Social isolation and mental health:

Social isolation and mental health have been key issues for many groups, which makes local support even more important. Day care services are not coming back any time soon and people are anxious. Unpaid carers are literally on their knees. Safe transport is a problem. We ask the Scottish Government to provide clearer guidelines to local authorities and regulatory bodies which are based on mitigating risk rather than being risk averse.

Edinburgh has “Thrive Partnership” a collaboration of statutory and voluntary sector organisation. However, services could still work better to contribute to the prevention of hospital admissions and facilitate timely discharge from hospital. Effectively delegating responsibilities to voluntary organisations to carry out reviews would reduce delays.

As note at the beginning of this response the timeframe of the review is unrealistic and it is hard to see how or if the review board will have the opportunity to have any discussions with groups or organisations that make a submission. However, I would re-iterate the wish of the voluntary and community sector in Edinburgh to bring their skills, knowledge and expertise to this review. The need for adult health and social care is something we will all need and experience at some point in

our lives. The commitment from the voluntary and community sector to “get it right” is beyond question.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ella Simpson', with a stylized flourish at the end.

Ella Simpson

CEO EVOC

On behalf of the many voluntary sector and community organisations that contributed to this consultation.