Independent Review of Adult Social Care in Scotland
SAMH Submission

About SAMH

Around since 1923, SAMH is Scotland's national mental health charity.

Today, in over 60 communities we work with adults and young people providing mental health social care support, services in primary care, schools and further education, among others. These services together with our national programme work in See Me, respectme, suicide prevention and active living; inform our policy and campaign work to influence positive social change.

As a Scottish charity which both provides social care support to people with mental health problems across Scotland and campaigns for change, we welcome the opportunity to contribute to this review of adult social care.

Our services include housing support, care at home, supported living and other community services. Our response is based on both our direct experience of providing these services and on our policy and research work. We have structured our response into the following sections:

- Issues raised by people using SAMH services
- Planning, commissioning and charging
- Social care and coronavirus

Issues raised by people using SAMH services

According to SAMH research conducted earlier this year to inform a response to a Scottish Parliament Health and Sport Committee's inquiry, social care is generally viewed positively, with most people indicating that their support had been extremely helpful or very helpful. Nevertheless, our research also found that there are a number of issues that negatively affect people's experiences of social care in Scotland. Challenges experienced by participants in our research included difficult application processes, a lack of choice over the type of support received, and a lack of community support.

1. Accessing social care

It was common for service users we spoke to say they found accessing social care difficult or very difficult. A number of people felt there was a lack of information about what services were available to them locally and how to be referred. In particular, people using our services highlighted bureaucratic barriers to getting help, including long waits to be allocated a Care Manager from the local authority and complicated assessment processes.

Most people will have to go through a Community Care Assessment and have a Care Manager allocated to them before being given support. One service manager told us it is "very difficult" to access supported living services without a Care Manager, while a service user explained that it is hard to get a Care Manager unless you go to hospital or "beg" your GP, otherwise "there is no support". Moreover, many people with mental health problems only access support after having been in hospital for care and treatment. These access routes are problematic, because they can preclude someone from getting support unless they have been acutely unwell or present to social care services in such a way that explicitly demonstrates that they are struggling.

Social care assessments were seen as a particularly difficult process for people with mental health problems. In particular, people we spoke to emphasised the need for assessment

processes to be more holistic, involve family and friends, and include assessors who have expertise in mental health.

One respondent commented that "a one-time visit with me doesn't prove that I do or do not need care", while another said that "mental health professionals [need to be included] in social care assessments and review meetings". When exploring other disability assessment processes, SAMH has found that people with mental health problems are often put at a disadvantage, as they have a tendency to focus on physical presentations rather than exploring how someone's mental health problem effects their life.[1], [2]

We suggest it would be helpful for the social care services workforce – and specifically staff who conduct assessments – to be upskilled in mental health, so people with mental health problems are not disadvantaged when trying to access support. Moreover, we suggest an exploration of a duty on local authorities to provide a suitably qualified assessor – this would align social care assessments with assessments for Adult Disability Payment, which require people assessing those with mental health problems to be suitably qualified in mental health.[3]

We note that there is currently a duty to take account of the views of carers when assessing someone's support needs.[4] However, many people do not have a carer and, as such, we propose an additional duty to proactively ask someone if they would like anyone else to be consulted as part of the assessment process.

In addition to these improvements in the assessment process, we would like to see more widespread use of self-referral for social care, without then having to self-fund this care. Service users have previously told us that they would like more opportunities for self-referral and more use of drop-in community based social care support. A number of SAMH services offer self-referral, which is welcomed by the people we support.

Moreover, recent research on Self-Directed Support (SDS) in Scotland, showed that 61% of respondents lived below the poverty line.[5] The requirement for people to self-fund if they cannot access social care through their local authority, is a barrier which risks people trying to manage without the support they need. Managing without support has implications for people's mental and physical health, and can place demands on family and friends to undertake unpaid caring.[6]

2. Involvement in decisions and choice

The Scottish Government's Health and Social Care Delivery Plan states that people, and where appropriate their families, should be at the centre of decisions that affect them.[7] There is also a duty on local authorities to take into account the views of the person receiving care and their carer where appropriate.[8] Despite this, our service users have told us that their views are not always listened to or acted on. A respondent to a recent SAMH survey said: "My goals weren't taken as important to my key worker but were the most important to me".

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[1] SAMH, 'It was a confusion' Universal Credit and Mental Health: Recommendations for Change, March 2019
[2] SAMH & Mind, Submission to the Work and Pensions Committee inquiry on PIP and ESA assessments
[3] Sottish Government, Disability Benefits Policy Position Papers: Paper 4, October 2020
[4] Carers (Scotland) Act 2016
[5] ALLIANCE, My Support My Choice: People's Experiences of Self-Directed Support and Social Care in Scotland, October 2020
[6] ALLIANCE, My Support My Choice: People's Experiences of Self-Directed Support and Social Care in Scotland, October 2020
[7] Scottish Government, Health and Social Care Delivery Plan, 2016
[8] Social Work (Scotland) Act 1968

We have also heard from people with mental health problems that they are not always given choice about the kind of care they receive. One person who is supported by SAMH said that "Supported accommodation has been hugely beneficial, but the process of referral, assessment and being assigned a place was very drawn out, with little input from me."

There are specific points to be made about Self Directed Support, which is designed to give people more agency and more choice, by providing people with options depending on how much control they want in decisions about their care. It is notable that SDS has rarely featured in our discussions with people who use our services, indicating that it is potentially not readily used or accessed by people with mental health problems.

SAMH would like people to have more choice in the type of social care support they receive, which will require investment in and diversification of community based social care support. Additionally, people with mental health problems need to be better supported to engage in SDS, as mental health stigma and the symptoms of some mental health problems can be a barrier to proactive participation. Upskilling the social care services workforce in mental health will help to address this problem, as will better access to services like independent and collective advocacy, and peer navigators.

3. Support towards independent living

As an organisation with a person centred approach and a recovery based ethos, a key aim for SAMH is to support people to develop the skills to live as independently as possible. Therefore, moving on from services is a positive goal. From SAMH service users, we know that services that accept repeat referrals (including self-referrals) and allow for more informal contact following periods of care, were regarded as helpful in supporting people to move on. The ability to move on in phases was also seen as less distressing and more conducive to successful independent living; this approach and the ability to reengage with services also recognises the fluctuating nature of mental health problems.

However, we also know that moving on or transitioning between services can be distressing for people if there is not a joined up and strategic approach that ensures the availability of support when it's needed. In particular, we have found that a lack of less intensive support available in the community was often a barrier to successful move on and recovery. One person told us:

> "I feel like I'm bed-blocking as I no longer need the intensity of input that supported accommodation provides, but cannot move out until alternative support is arranged. This is proving difficult due to a) the limited choice of services available and their ability to meet my needs, and b) the amount of other people on the same waiting lists."

It's important to recognise that many people receiving social care support for their mental health will do so through a Community Compulsory Treatment Order. The duty on a local authority to provide care and support services in the community is covered by section 25 of the Mental Health Act, while section 26 covers a duty to promote wellbeing and social development.[9] In our response to the Independent Review into Scottish Mental Health Law, we suggested that the community care and social development duties need to be used more readily by practitioners when determining someone's care and treatment plan. We would advise the Review of Adult Social Care explores Local Authority compliance with section 26 of the Mental Health Act in particular.

[9] The Mental Health (Care and Treatment) (Scotland) Act 2003

Indeed, we found that people who had experience of both hospital care and social care support in the community, felt like they had more agency when being supported in the community. Things that people appreciated about community support included having their own accommodation to decorate, making friends and engaging in hobbies. One person told SAMH that being supported in the community made them feel like 'an adult again', while someone else said that community support services 'take you as you are, it's more relaxed.'

Moreover, there are currently people receiving support in hospital under conditions of excessive security,[10], [11], [12] who cannot move on because there are too few beds in lower secure wards and too few places available in community support services. This situation is unacceptable and needs addressed as a matter of urgency. SAMH is calling for the right to challenge excessive security status to be extended to people in low secure settings, but without expanding the provision of rehabilitation and community based support for people with mental health problems, such a change would be largely meaningless and result in more successful appeals that cannot be acted upon.

As has been highlighted above, SAMH wants to see substantially increased investment in and diversification of community social care services that prioritise outcomes for individuals. This will not only give people more agency by providing them with choice, but it will also support people to leave hospital and prevent people from being admitted or readmitted to hospital.

Moreover, it is crucial that mental health specific support services are available for people with mental health problems, so that their specific needs can be met. We have concerns about the generic frameworks for adult social care, which can result in people receiving mental health support from a workforce that is not trained in mental health. For example, we have experience of learning disability professionals overseeing the provision of mental health support, despite there being a distinct difference between mental health and learning disability.

In Fife, SAMH has successfully supported 14 people who had previously been in hospital towards independent living, demonstrating the importance and value of mental health specific support services and a workforce that is trained specifically in mental health. We operate a range of support services in Fife including supported accommodation, outreach support and community drop-in services, which allows us to support people effectively through their journey towards independent living.

Planning, Commissioning and Charging

1. Strategic planning and commissioning

In order to increase and diversify community social care support, Integrated Joint Boards (IJBs) need to be able to take a longer term and more strategic approach. Despite the important work being done by IJBs, budget constraints are affecting progress.[13] The Health and Sport Committee has highlighted the wide variation in IJB budget allocations, [14] while Audit Scotland has emphasised that "financial planning is not integrated, long term or focused on providing the best outcomes for people who need support".[15] The same Audit Scotland report also notes the lack of progress in moving some acute hospital services and associated budgets from NHS Boards to

[10] MWC, Visit and Monitoring Report: Medium and Low Secure Forensic Wards, 2017
[11] MWC, Report on announced visit to: Leverndale Hospital, 2019
[12] MWC, Report on unannounced visit to: Stratheden Hospital, 2019
[13] COSLA, The wellbeing of communities is at risk when core budgets are under threat, 2020
[14] Scottish Parliament, Integration of Health and Social Care, August 2016
[15] Audit Scotland, Health and Social Care Integration: update on progress, November 2018

IJBs – without this shift it will not be possible to achieve the investment required to upscale community social care support.

This lack of long term strategic planning means that most local authorities only engage in short term procurement of community social care services. In its submission to the Equalities and Human Rights Committee, COSLA explained that single year budgets prevent Councils from being able to make long term investments and identify savings, which can result in short-term decisions about where Councils direct their resources.[16] Short-termism in the commissioning process means that social care providers, many of which are not-for-profit and third sector organisations, spend an ever increasing amount of time and resource preparing to apply and reapply for tenders. More importantly, the experience of changing social care provider – sometimes on multiple occasions –can be difficult and distressing for both people who use services and staff and is counter to a person centred approach.

In order to achieve a person centred approach, we believe that social care providers, whether they are third sector or for-profit, also need to be involved in the design of social care services, not just the delivery. Currently many providers in many areas are at the end of a supply chain, delivering a support service that has not been designed with a person centred or recovery based ethos in mind. Social care services should be designed around practice that achieves the best outcomes for individuals. However, SAMH's experience is that social care services are often designed around local authority budgets, which can force providers to compromise their approach. This is particularly concerning when we consider the fact that local authority contributions to IJB budgets have decrease by 30%.[17]

If the Scottish Government is truly committed to developing a social care system that is person-centred, it must end short-termism in the commissioning and procurement processes; this may require a move to longer term budgets for local authorities. SAMH recommends the introduction of five-year social care contracts as a statutory minimum and a requirement for final decisions relating to social care contracts to be based on quality of care rather than cost. Moreover, the design of services should involve providers, to ensure they are centred around outcomes for individuals – this will also help IJBs to take a more strategic approach as they draw on the knowledge and expertise of providers.

2. Social care charging

In Scotland, people can be charged by local authorities for the social care they receive. The amount they pay and the level of income they require before they are liable for charges varies a great deal between local authorities.[18] The Scottish Government does have the power, through the Community Care and Health (Scotland) Act 2002, to set national limits to the amount people can be charged, but this power has not been used to date. COSLA also provides guidance to local authorities on setting social care charges, but local authorities are not required to follow this guidance.

A recent survey of people who use SAMH's services found that 'money worries' was the second most frequently cited factor that had an adverse effect on people's mental health, with 37.5% of people selecting this option. This was in stark contrast to general public respondents to the same survey, with only 9.5% of general public respondents selecting 'money worries' as having a negative effect on their mental health.

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[16] COSLA, Equality and Human Rights Committee: pre-budget scrutiny 2021-22 – impact of COVID-19 on equalities and human rights, September 2020

[17] Audit Scotland, Health and Social Care Integration: update on progress, November 2018

[18] Citizens Advice Scotland, How to get social care services [accessed November 2020]

It is, therefore, not surprising that SAMH finds that some people decide to disengage with their support once they realise that they are required to make a financial contribution. The social care system should not be exacerbating people's money worries, rather it should alleviate the factors that contribute towards people's ill-health. The fact that many service providers are required to directly invoice the people they support can also have an adverse effect on the therapeutic relationship. This means that even when people decide to continue receiving support, the outcomes for that person are potentially compromised.

People who are obliged to receive social care through a Community Compulsory Treatment Order can also be charged for their support, as has been the case for some of our service users. This is in direct conflict with the Millan Principles which guide the Mental Health (Care and Treatment) (Scotland) Act 2003. In particular, the principle of reciprocity, which imposes an obligation on the state to provide safe and appropriate care and treatment where a person is receiving that care and treatment on a compulsory basis. It is entirely unacceptable that it is at the discretion of local authorities to decide if people should be charged for care that they are under obligation to receive.

SAMH wants to see social care charging abolished as part of a wider review into the social care system. We are also calling for the Community Care and Health (Scotland) Act 2002 to be amended as a matter of urgency, so that people receiving social care under the Mental Health (Care and Treatment) (Scotland) Act 2003 cannot be charged for their care. In order to achieve a person centred system that is based on outcomes for individuals, all financial barriers to receiving support need to be removed. As a minimum, until the abolition of social care charges can be achieved, there should be no question of a provider having to invoice the people it supports: this should be handled entirely by the IJB.

Social care and coronavirus

There has, rightly, been a focus on population-level mental health in the last few months. However, there is no doubt that people with more severe and enduring mental health problems have been hard hit, with many receiving the bulk of their support through statutory and third sector social care providers, rather than the NHS.

These services have been under severe strain in the past few months, and this is likely to worsen as the financial impact of recent events begins to take effect. SAMH research into people's experiences of mental health care and treatment during the pandemic, indicate that these effects are already being felt by many people.

Most respondents to our survey had started their mental health care and treatment before the pandemic began (78%), with the most common sources of support being GPs (77%) and Community Mental Health Teams (55%). However, among those who had started their treatment before the pandemic, only 39% had received any information on how their care/treatment would be affected by the pandemic. Despite being given this information, 63% of those that received it said they were worried or upset about how the changes to support had affected them.

The findings also show that coronavirus worsened respondents' mental health. Twenty-three percent of respondents said they were coping 'very' or 'quite' badly before the pandemic, which increased to 45% following the pandemic. When asked as part of a second survey how they were coping in comparison to earlier in the pandemic, 46% said they were coping worse again. Similarly, 42% indicated that their mental health was 'poor' or 'very poor' pre-coronavirus, which increased to 62% following the outbreak. Half of respondents to the second survey then said their mental health had been 'a lot' or 'a bit' worse compared to earlier in the pandemic.

Overall, the findings indicate that continuity of service, where this has happened, was valued. However, it's concerning that the findings also indicate that some services have been withdrawn or substantially changed, at the same time as respondents' reported worsening mental health and ability to cope. It is concerning that telephone consultations are putting some people off support and that a substantial number of people found the technical aspects of online consultation difficult.

SAMH would like targeted support for people with mental health problems through the Connecting Scotland scheme, which helps people to access technology and develop digital skills, reducing digital exclusion. This targeted support should be rolled out as a matter of urgency, as it is clear that coronavirus continues to negatively affect people's mental health. As soon as it is safe to do so, face-to-face contact should resume.

Finally, we must have a recovery plan which sees the NHS and social care as two interlinked parts of the same structure, and places equal emphasis on each. The focus on the NHS in recent months has been quite understandable, as it has faced an unprecedented challenge. However, we must realise that the social care system supports the most vulnerable of our citizens, many of whom have been severely affected by coronavirus, and require immediate attention.

Recommendations

SAMH is calling for:

- The creation of a Minister for Social Care post as part of the Review into adult social care.
- Substantially increased investment in and diversification of social care services, so that people have more choice and more agency.
- More opportunities for people to self-refer to social care services, and the abolition of the requirement to self-fund on self-referral.
- Social care assessments that better meet the needs of people with mental health problems, by introducing suitably qualified assessors and a requirement to proactively ask someone about consulting other people (e.g. friends, family etc.).
- Improved support for people with mental health problems to engage effectively with Self-Directed Support, by upskilling the social care service workforce and increasing access to advocacy services.
- Practitioners to comply with the duties contained in Sections 25 and 26 of the Mental Health Act more readily when determining someone's care plan.
- The Review of Adult Social Care to explore Local Authority compliance with Section 26 of the Mental Health Act.
- Social care support services for people with mental health problems to be provided by workforces with training and expertise in mental health.
- The Scottish Government, councils and NHS Boards to tackle the regional disparities in IJB budget allocations and difficulties in strategic planning, by moving appropriate acute service budgets from Hospitals to IJBs and involving social care providers in the design of services.
- An end to short-termism in the procurement of social care services, by introducing a statutory five-year minimum for social care contracts.
- The abolition of all social care charging and the immediate amendment of the Community Care and Health (Scotland) Act 2002, so that people receiving social care under the

Mental Health (Care and Treatment) (Scotland) Act 2003 cannot be charged for their care.

- Targeted support for people with mental health problems through the Connecting Scotland scheme to reduce digital exclusion.

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