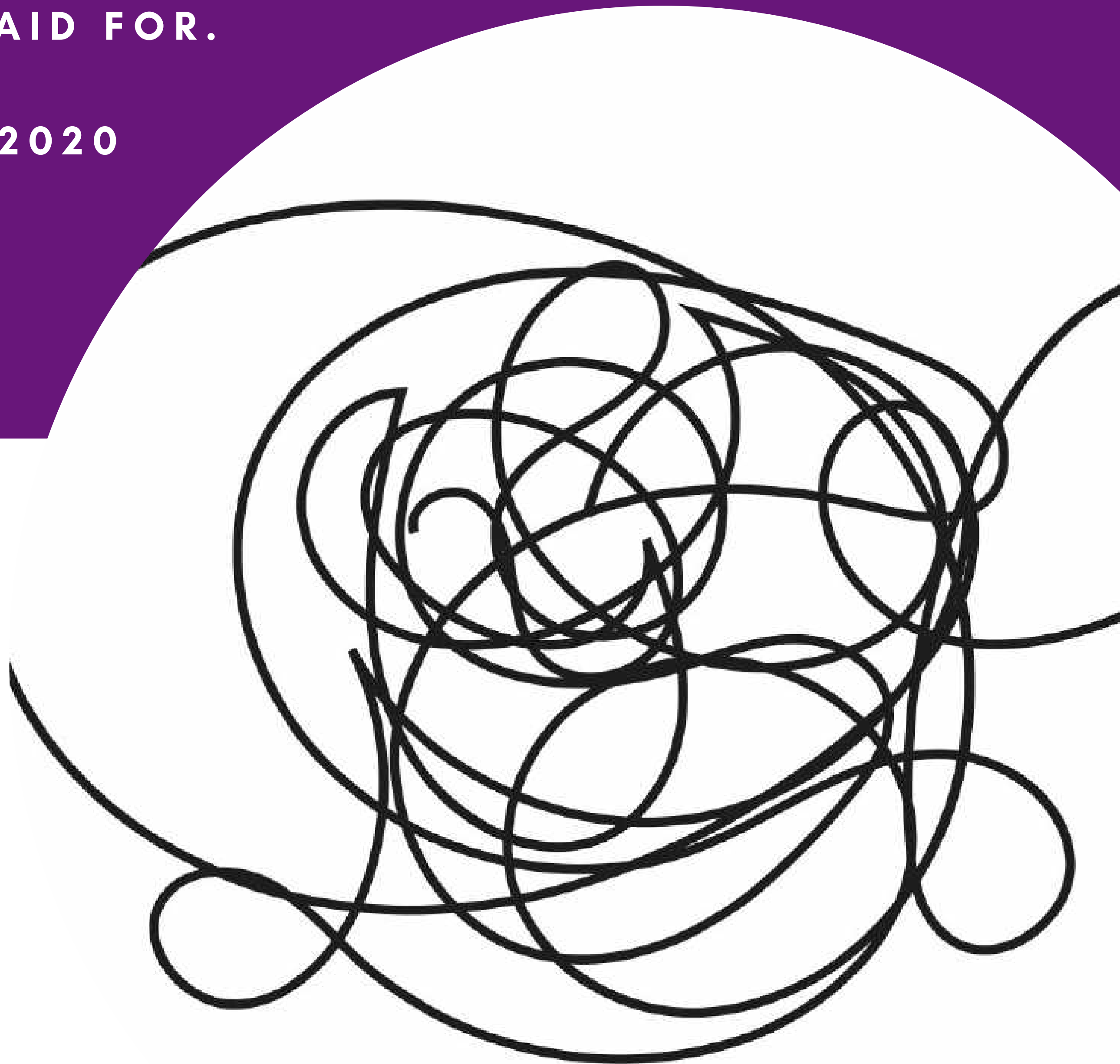
BIG IDEAS

FOR CHANGING HOW SOCIAL CARE IS PLANNED, PURCHASED AND PAID FOR.

CCPS,2020



Contents

Introduction 2

Context 2

The ideas 3

Financial system reset 3

Local and participatory decision-making 3

System review 4

1. Core funding and the end of procurement 5

2. A national agreement 7

3. Keeping money in the system 10

4. Place based and cross-system funding 12

5. Provider alliances 13

6. Open accountability 17

7. Self-directed support 20

8. Pressing pause 22

9. Cross-sector mediation 24

Core components of the Big Ideas 26

About CCPS

CCPS – Coalition of Care & Support Providers in Scotland
Norton Park, 57 Albion Road
Edinburgh EH7 5QY
0131 475 2676
www.ccpscotland.org

CCPS is a company limited by guarantee registered in Scotland No. 279913, and as a Scottish Charity registered with the Office of the Scottish Charity Regulator (OSCR) Charity No. SCO29199

Introduction

This resource arrives at a point where different paths are open before us. A return to the status quo is not one of them, despite the significant pull it will exert. Valuable social care principles (of self-direction, personalisation and rights-based approaches) cannot be achieved against a backdrop of unsustainable services and fractured relationships. It is this context *that Big Ideas* aims to address.

Big Ideas aims to start conversations and provoke thought about how we can get things right for people, and those who provide and procure their support. It offers a suite of practical, engaging alternatives to returning to the system as it was pre-COVID.

Context

Reports by Scottish Government[i], Audit Scotland[ii], CCPS[iii] and the identify the same key challenge of financial unsustainability in social care. Self-directed Support (SDS),has not been embedded in practice as intended. COVID-19 has disrupted support provision and strained relationships and ways of working. A new review of social care is now underway.

SDS itself is not a failure – it remains the right model, rooted in the right principle of choice and control for people. The failure has been to change the structure – and funding infrastructure – beneath it. The Big Ideas in this paper seek to learn and move on from this, enriching the picture to inform what comes next, positively.

The Big Ideas are based on the assumption that there is enough money in social care to meet society's needs better than they are currently.

The need for radical thinking

The Big Ideas are all legally permissible, or explicitly provided for, within existing legislation[iv]. Whether they are possible or not depends on the mindset with which we approach them. They are designed to transfer power, choice and control to where they should be. Some people will feel this transfer of power more than others. Each Big Idea contains costs and benefits for everyone involved.

The ideas are deliberately provocative. By all means, look for the flaws they definitely contain. But at the same time, hold each Idea lightly and ask yourself:

- Is this how Scotland would like to see itself?
- Would it give Scotland the healthy citizen-led social care it deserves?
- Is this better than the status quo?

A set of three tests and four questions is provided to make this easy for you.

How to use this resource

The Ideas are presented simply, but there are complex and challenging. They are not 'models' that can be used off the shelf. They need discussion and development. Use them as a conversation starter. Facilitate conversations about what matters to people. Start by encouraging acceptance that there are different ways to do things: and the way they are currently done is just one of many. Give yourself and others permission to think outside box.

Don't let the *how* get in the way of *why* and *what*.

Although the Ideas aren't about the how, nor are they just abstract concepts. Talk to the CCPS Commissioning and Procurement team or visit the dedicated website for examples and inspiration from Scotland, the UK and further afield: www.ccps-big-ideas.org

The ideas

The Big Ideas came from CCPS members, emerging over a two-year period from engagement programmes including *Beyond Markets* and *Collaborative Commissioning*. They are informed by CCPS's own research[v] and relate primarily to adult social care and support though we hope these resonate with other types of support too.

The nine Big Ideas fall into three overarching approaches:

Financial system reset

1. Core funding and the end of procurement
2. A national agreement
3. Keeping money in the system

Local and participatory decision-making

4. Place based and cross-system funding
5. Provider alliances
6. Open accountability

System review

7. Self-directed Support
8. Pressing pause
9. Cross- sector mediation

As well as being Big Ideas in their own rights, those within *Local and participatory decision-making* (Big Ideas 4 to 6) are all potentially powerful enablers of the other six Big Ideas. Those within 'system review' (Big Ideas 7 to 9) are a little less visionary in that they focus on relationships and processes in the current system, rather than alternatives to it.

All of the Big Ideas are set out and explored using the same three questions and four tests:

Three questions

- What does the Big Idea mean for people?
- What does it mean for providers?
- What does it mean for purchasers?

  (colleagues in commissioning and procurement)

Four tests

- Does it shift power?
- Does it increase choice and control?
- Does it improve accountability and transparency?
- Does it improve social care sustainability?

All nine Big Ideas contribute to:

The National Performance Framework[vi] and Sustainable Development Goals[vii]. Key, specific contributions to the *National Health and Wellbeing Outcomes*[viii], *SDS values and principles*[ix] and *Fair Work Framework*[x] are itemised within each of the Big Ideas.

1. Core funding and the end of procurement

What's the Big Idea?

Organisations receive core funding for their work. There are no hourly rates. The right amount of funding is allocated on a per person basis determined through a good conversation between the social worker and the person.

Social care has been taken out of procurement legislation, so funding is allocated either:

1. In the form of a grant to the person (like Option 1) or to the provider (like Option 2)
2. In the form of a direct grant to the organisation for worker salaries. This allows stabilisation of the worker's experience through a salary that is not linked to hourly rates. This then frees the worker up to do the right work, led by the supported person.

Regardless of how the money is allocated, the resource is to be used flexibly by the provider and the person to meet needs and outcomes.

Implications

People

The quality of the conversation with the social worker is key for identifying outcomes and budgets and identifying the most suitable service or support to meet these.

Providers

With a known level of grant, providers are more agile, managing their staff teams flexibly and responding dynamically to changing needs and aspirations. They meet purchasers' budgets in new ways, increasing innovation and creating savings, with less time spent in inefficient procurement processes.

Purchasers

Social worker and commissioner roles are relational not transactional: enabling choice and outcomes not compliance and outputs. As system stewards with statutory responsibilities, they help to facilitate a diverse market of choice. As brokers between people and providers, they help people to access it.

Does it shift power?

People have more autonomy because their outcomes determine how support is delivered, not hourly rates. By design this shifts criterion power – once any basic commissioning criteria are met, people become the arbiters of what quality and value mean for them.

Does it increase choice and control?

People have increased choice by either having a budget to use, or a service to direct, as they see fit. Flexibility in how providers manage their grants allows group activities to be offered as an option for those who want them. Market facilitation ensures a sustainable variety of providers, services and support.

Does it improve accountability and transparency?

Providers would continue to be accountable to people and quality would continue to be monitored by the Care Inspectorate. Innovation and improvement would be driven by people's needs and aspirations, not by tenders, though the market facilitation approach would also play a role.

Does it improve social care sustainability?

Hourly rates lead to loss leaders – services that do not cover their costs and result in an unsustainable race to the bottom. This Big Idea reduces costs and increases capacity by making 'assessment' an ongoing, relational process, with the right support being given at the right time in the right place.

Implementation

The technical aspects of this Big Idea are relatively straightforward: existing contracts could transition into grants, and existing systems for assessing outcomes and allocating resources could be developed. The adaptive changes would be greater, requiring a reset in the relationships between 'assessors' and people, and between purchasers and providers

2. A national agreement

What's the Big Idea?

Providers work with commissioners to determine a fair suite of prices across Scotland, taking account of differences in geography, complexity and specialism.

Competent rates are agreed nationally, and a co-produced risk-sharing contract is agreed between partners on an equal basis. Minimal specifications are agreed locally with providers who are then competing only on quality, not on price. Each year there is a pre-agreed contractual uplift for the Scottish Living Wage (SLW) and cost of living, using Fair Work principles, so protracted negotiations are not required.

The contract is administered by a neutral organisation that is not partisan to, or funded by, any one of the contract parties. The contract is structured to ensure parties are equal and agreement is sought at all stages.

Implications

People

People benefit from commissioners and providers having more time and resources to focus on them, spending less time in contract negotiations. With quality being the main determinant of funding, the quality of the support on offer improves. Minimal contract specifications lead to increased personalisation. Over time, the market from which people can choose providers expands, with providers being more able to evidence that they are a credible provider for SDS Options 1 and 2.

Providers

Organisations struggle to enter a new market unless the national rate allows for a certain level of infrastructure: e.g. the costs of setting up teams in a new area. Budgets are still finite, requiring providers to develop creative care packages or flexible pricing.

Innovation is increased by freeing up time spent in local negotiations. Some providers invest more of these efficiency savings in innovation than others. With less emotional energy going into contract negotiations, the quality of purchaser-provider relationships also improves.

Purchasers

Commissioners are more able to focus on their localities' needs, quality and relationships. The time they save from negotiating pricing and uplifts, is spent with social work, providers and people, facilitating partnerships.

Does it shift power?

Power shifts in two directions. Purchasers and providers both find some of their power shifting to a national level. They therefore invest time in ensuring good representation on the grouping that sets the prices and pricing formula.

Local power also increases, with local people and commissioners having more time to spend on identifying needs and how they can be met. The consequence of these changes is that power imbalances between commissioners and providers are reduced.

Does it increase choice and control?

People benefit from commissioners and providers focusing more of their energies on meeting local need, particularly those using SDS Option 3.

The nationwide approach avoids nationwide inflexibility through a suite of prices that account for personalisation: one price doesn't fit all circumstances.

Market variety and diversity are promoted because smaller providers or those with fewer resources are more able to compete – and to afford more innovation and development.

Does it improve accountability and transparency?

Additional scrutiny would be needed of the national partnership developing the pricing and contract. Transparency about the extent to which contracts are financially sustainable increases: i.e. the level of subsidy required from (or surplus available to) the not for profit sector.

Does it improve social care sustainability?

The national price is only sustainable if it extends the idea of 'core costs' to include infrastructure (e.g. HR costs, quality assurance) not just head office costs.

Implementation

Experience with the National Care Home Contract (NCHC) suggests that arriving at a fair price could take protracted negotiation and good, objective evidence on cost, price and

value. The methodology would need to be carefully devised, both for the national agreement and the process of reaching it.

Local and national partners would also need time to come to a common conception of things, e.g. personalisation and locality decision making are understood differently by different organisations.

3. Keeping money in the system

What's the Big Idea?

Using the fair work guidance and market interventions, surplus stays in the system and is re-invested for the good of people and communities. The market is made uncomfortable for organisations that prioritise shareholder profit over reinvestment.

Eventually these organisations exit the system and providers that re-invest funding in the system move more prominently into fragile markets like homecare and care homes. All organisations prioritise people over profit. A focus on personalisation transforms these sectors with the end of 15-minute visits and the closure and mothballing of all large institutions.

Implications

People

People benefit from more person-centred services. Standards are driven upwards as surpluses are reinvested in services, not lost as profit.

Transitions are planned and supportive for people who have to change providers, minimising upheaval. In the longer term, they benefit from the values and governance requirements that the new (not for profit) providers follow.

Providers

Providers benefit from not being priced out by services that cut costs to maximise profits. Some private companies may develop non-profit or social enterprise arms or become certified B Corporations[xi].

Purchasers

In the short term, purchasers have a reduced overall market of providers to choose from. Prices may rise as a result. At the same time, all the money put into the system remains in the system. Overall, this results in more money being reinvested in developing and delivering social work. Together, these changes improve quality across services, workforces and the wider system.

Does it shift power?

Some power shifts back to communities, to the extent that it is in the hands of charity trustees, not private sector directors.

Does it increase choice and control?

Choice and control is initially reduced, with existing providers taking over the for profit sector's work. Longer term the market opens to new entrants, driven by the right principles and motivations.

The not-for-profit sector's legally defined charitable purposes (and the Reserved Market provisions) provide reassurance that community benefit is at the heart of this Big Idea.

Does it improve accountability and transparency?

Because funding stays in the system, there is greater transparency about how any surpluses are made and greater accountability for how they are used.

Does it improve social care sustainability?

Loss-making isn't sustainable. It's important to note that the difference between private sector 'profit' and third sector 'surplus' is not semantic: they are not two words for the same thing. The fundamental driver of this Big Idea is sustainability, stopping money being sucked out of social care.

Implementation

The effects of this Big Idea may already have been noticed by people, purchasers and providers. Some for-profit providers have already removed themselves from a system that has become increasingly unprofitable. This Big Idea doesn't alter the nature of the system: price-based competition, with its accompanying procurement challenges, would persist.

Place based and cross-system funding

What's the Big Idea?

Areas receive funding for their work. There are no hourly rates, funding is allocated on an area basis and priorities for investment are determined by a contractual alliance of supported people, commissioners and providers. Supported people receive full training, a wage and assistance to participate in the decision-making. The contract is based strongly in the need to uphold people's rights, with a particular focus on marginalised groups. Savings are re-invested into the area or used for other purposes. Recognising the inter-relatedness of both needs and strengths in an area budgets are shared across health, social care, education etc.

Implications

People

People are empowered to achieve their rights, though it will take time to see change on the ground. The contractual obligation to engage marginalised groups is crucial, reducing the risk that some people's voices and expertise are valued more than others.

Providers

Providers find it challenging to participate in this process across several localities - their time and capacity need to be supported. Staff skills also need to be developed. As above, there is a risk that unless providers are given equal status, their expertise may not be heard.

Purchasers

Shared planning across the group frees up purchasers' time. Procurement and commissioning change radically, as do the skills required. Professionals retrain to become system stewards and market facilitators, with a focus on interpersonal skills, facilitation and negotiation.

Does it shift power?

Power is shifted by facing up to different priorities collectively and addressing them democratically. Paying people for their participation also helps shift power and how it is perceived.

The emphasis on community and supporting marginalised groups leads to clear and open conversations about why they are important. Training for everyone involved in the locality alliance is needed to ensure marginalised people, and those who support them, are respected.

Does it increase choice and control?

Decision-making moves closer to communities. With good community development and facilitation, areas are more in control of developing solutions to the problems they face and aspirations they have.

Does it improve accountability and transparency?

With its potential for grassroots solution-finding and changing services from the ground up, this Big Idea is more feasible for improving accountability than top down approaches (like integration). Care is taken to avoid recreating or delegating existing problems with procurement.

Does it improve social care sustainability?

Sustainability is a core aim, supported both by building local capacity and reinvesting savings. The partnership process is relatively time consuming and needs to be supported with adequate resources.

Implementation

This Big Idea needs thoughtful hosting and facilitation:

- To get buy-in across the system
- To achieve equality of participation, and
- To ensure evidence and expertise are given due consideration (evidence of what works is not always acceptable to the public or decision-makers, particularly with topics like criminal justice and addictions).

Participants also need to be encouraged to look beyond their local area for new solutions, perhaps linking with other local structures from across the country.

The group would need effective constitutions or agreements to uphold their principles. If a pure Alliance form (Big Idea 5) is used, then the contract, indicators and behavioural agreements will provide distributed decision making[xii] with shared accountability. Open book accounting could be used for an additional layer of transparency.

5. Provider alliances

What's the Big Idea?

Providers form locality or regional groups ('Alliances'[xiii]) to plan and deliver support on a whole area basis in partnership with the relevant commissioners.

Contracts are based on alliance principles and the Alliances ensure they :

- Make decisions on a best for people/community basis
- Share risk and power
- Keep the money in the system (surplus is re-invested)
- Use a consensus decision making model

Contracts are long term (10+ years) with the alliance meeting regularly to re-plan plan in response to what people need and want in their area.

Implications:

People

Individuals have more holistic, accessible support. By bringing organisations together and reducing silo-working, services are more consistent, joined up and there is 'no wrong door'. A wider range of needs can now be met, with consortium members more able to be pick up issues and referrals from each other. Their specialist advice and training are also more accessible for each other to draw upon.

Providers

Providers have increased ability to plan, develop and invest for the longer term. Alliancing takes significant time and partners may bear more of the costs of administering funding and case work. Overall, partnership work becomes more effective by gathering partners together more.

Providers may benefit from commissioners bringing them together – it should not be assumed that they will already have or know all the right partners.

Purchasers

Purchasers have more stable, consistent services. They spend less time in tendering and in administration, but more in partnership meetings and collaborative decision-making. New skills need to be developed in facilitation, negotiation and collaboration.

Does it shift power?

Alliancing in its undiluted form shifts power by design. However, depending on the realities of how it is implemented, commissioners may continue to hold significant criterion-power, at least at first while partners and bids are selected.

Lived experience should be a part of the process, to ensure providers and commissioners design services that are informed by supported people.

Does it increase choice and control?

Alliances increase choice and control when they open up new ways to explore local needs, with new potential to meet those needs in new ways.

The make-up of the Alliance needs to be reviewed periodically. Importantly, the Alliance itself decides when, if and how to admit new providers. It can also subcontract, enabling greater market variety by, for example, supporting and facilitating the equitable involvement of smaller organisations.

Does it improve accountability and transparency?

Partners work together to achieve agreed results and hold each other accountable for meeting shared outcomes. Supports delivered by the Alliance are subject to scrutiny in the same way as any other service (e.g. inspection).

Does it improve social care sustainability?

Alliances reduce the risk of market failure, single-provider reliance and monopolies. They can generate solutions to existing and emerging needs, as long as partners focus on reimagining the future together, not just service delivery: ‘Where do we want to be in 10 years?’, now ‘How do we contract for 10 years?’

Implementation

Learning from successful Alliances shows that they are hard work, time consuming and messy. However, by giving time for relationship development, they produce a more

outcome-focused system. Partners come together based on common goals, shared values and expertise they can contribute, relevant to the situation that is being addressed. They do so with no expectation of merger, or risk of losing their identity.

Some areas (geography and service type) will find Alliancing easier than others: there could, for instance, be too many partners or not enough, depending on the goals to be achieved.

Like the other Big Ideas in this section, Alliances can be an enabler, a tool to facilitate other big ideas.

6. Open accountability

What's the Big Idea?

All budgets and expenditure in social care are made transparent by default and accountability for using these funds wisely is shared across the system. Each element of the system is held to the same standards. All system and funding decisions at both national and local level are made between partners. Unless the decision is unanimous it does not get implemented.

Implications for:

People

People have access to information and decision-making, so their priorities are at the forefront of processes that would otherwise focus on budgets and expenditure.

However, if decisions take too long or unanimity is not achieved, support would be delayed or even undelivered.

Providers

Providers have more opportunity to learn from each other's practice, e.g. different ways of achieving things for different costs.

Issues of fair pay are addressed, to avoid a false impression of hierarchy i.e. with partners' staff being perceived differently depending on what they are paid.

Purchasers

Responsibilities are shared across the system, e.g. the procuring authority sets an original budget and core service expectations, but it is then up to the governance body of the structure to set the budget with open accountability built into that. All partners, including commissioners, gain more understanding of how providers create and manage their budgets.

Does it shift power?

This Big Idea shifts power by design, distributing it across the system. The equal value of partners' views is reflected in the decision-making systems that are developed and agreed.

Does it increase choice and control?

The rationale of giving people information about different providers' costs has been used to some extent with SDS Option 3, but it is questionable whether Open Accountability leads to greater choice and control for individuals. Having decisions made by a more diverse range of partners decisions could increase the diversity of provision.

Does it improve accountability and transparency?

Open accountability improves accountability and transparency by design. It addresses the asymmetry of information whereby tenders require voluntary sector providers to be open about costs, while public sector costs are less visible and open to scrutiny, as are decisions about which services come into the scope of commissioning (and what's kept in house).

Does it improve social care sustainability?

Open accountability provides a way to allocate and use resources differently, more flexibly and affordably, by taking a whole-system perspective.

Some efficiency is generated from a reduced need for competitive tendering, having longer term planning horizons and more joined up responses. However, it takes time to transition to collaboration as the underpinning model after decades of market-driven competition.

Implementation

Open accountability means facing up to the hierarchy of priorities and addressing them honestly, for example health and education are generally held in higher public and political regard than social care and housing.

More transparent models don’t necessarily lead to better processes or decisions. Unanimous decision making is a possible source of inertia, though the distributed decision-making process used in Provider Alliances may reduce this risk. (Any stakeholder can propose an action and would be expected to seek advice from partners/relevant others. Actions go forward unless there is an objection based on agreed principles - thus creating momentum and freedom of decision making within a tight framework.)

7. Self-directed support

What's the Big Idea?

Recognising the systemic failure to implement SDS as intended, the whole system makes a concerted effort to implement Self-directed Support (SDS.) Instead of building more process on existing bureaucracy there is a radical overhaul of local authority functions and individuals are directly awarded funding on a citizen's income basis. They can then spend this as they wish on care and support of their choice. Procurement in social care dwindles to nothing as is no longer required. Social workers move from a resource gatekeeping role to become brokers and advocates for supported people.

This is a Big Idea because the long term system change SDS requires can still be enriched and informed by our learning about what we want it to achieve now. Everything within social care has been provided and funded as Self-directed Support since 2014. However, its implementation has only partially been realised and many people still misunderstand it.

Implications:

People

Money follows the person across systems and silos. This ensures more choice where different services intersect, including health, criminal justice, drug and alcohol and homelessness. All four Options are still available: control of the choices available is what matters - individual budgets just facilitate this.

Providers

With less centralised procurement, providers adopt more personalised methods of marketing and invoicing. They have good evidence of local need and are therefore still involved in needs-assessment and other market facilitation approaches.

Purchasers

Commissioners retain the duty to promote the availability of options, providers and support[xiv]. Existing market facilitation approaches help to sustain diversity of provision and promote choice. Commissioning frameworks aren't needed but lists of accredited providers could guide individual budget holders as to the quality and reliability of providers.

Does it shift power?

Self-Directed Support is designed to shift power by giving people more control over budgets and choice.

Does it increase choice and control?

Market facilitation promotes variety and diversity, ensuring people have appropriate levels of support or services to choose from.

Does it improve accountability and transparency?

Accountability and transparency are still needed, for example with providers being able to evidence the values and standards they follow, to people choosing any of the four Options.

Does it improve social care sustainability?

SDS reduces the burden on social work by helping people to find and make good use of the support around them, preventing escalation and crisis. SDS delivers its potential by being part of a system based on the same principles of choice and control. Its implementation during austerity and integration led to a focus on budgets and process at the expense of these outcomes.

Implementation

Messaging is important: this Big Idea is about the potential of SDS to achieve much more in future, not what people have been getting wrong to date.

The model is already there for use. It can fundamentally transform the way we work in social care if we are open to change, and ready to recommit to its principles, looking forward not back.

For the Big Idea to work, health and care cannot be separate. We cannot be radical in one without being radical in the other.

Enablers

Existing SDS legislation allows for the citizen's income element proposed here.

Short Break Service Statements[xv] are an example of service options can be promoted beyond commissioning frameworks.

The Christie Commission report[xvi] is as relevant and urgent today as it was in 2011, with its focus on sustainability, personalisation, integration and inequalities.

8. Pressing pause

What's the Big Idea?

All procurement and commissioning activity ceases altogether. Using the COVID-19 flexibilities open to contracting authorities, existing contracts are extended for one year to allow for recovery and renewal. We use this 12-month period to radically overhaul commissioning and procurement practice in social care.

Implications

People

People are guaranteed continuity and consistency, avoiding or delaying any upheaval involved in moving to a new system. They benefit from purchasers and providers having time to think. Although new services are delayed, if people wanted to move between services (e.g. to improve choice or quality) this will be supported (e.g. via spot purchase).

Providers

With less time being spent on tenders, providers have more time to give to people. Innovation is supported, with time to develop new business models or transition to new ways of working. Operationally, some services, like transitions, benefit from having time to catch up and get things right. Others, like crisis support, continue but will benefit longer term from the radical overhaul a pause would allow.

Purchasers

Although many purchasers will be reluctant to pause their work- believing that competition drives innovation and quality they would still benefit from pausing to reflect on Covid-19 and plan ahead.

Purchasers have, and feel, the legal responsibility for making things happen, so spending the year working with partners is important for generating new ways to stand up to shared challenges together. Some commissioning has been paused during Covid-19. A further pause would allow for learning to emerge from this, and from those areas where contract extensions and variations were put in place.

Does it shift power?

Commissioning becomes guided by whether people are happy that they are getting what they want – if they are happy, they can press pause on routine retendering.

Power is radically shifted when new models of practice emerge alongside new models of commissioner-provider engagement.

Does it increase choice and control?

Pausing results in better choice and services in the longer term. People who are happy with their current support benefit from not having it taken away and passed to a new provider. People can still choose from, and move between, existing services.

Does it improve accountability and transparency?

This would depend on the any new models or approaches that are developed during the pause in commissioning and procurement.

Does it improve social care sustainability?

Pressing pause allows better decisions to be made about where capacity, resources and energy can be used most effectively. As long as everyone is on the hamster wheel, their capacity is used in keeping it going. This is a waste of resource and unsustainable.

Implementation

Covid-19 has already pressed pause on many aspects of social care. This pause helped some people to step off the treadmill of routine commissioning and delivery. If the opportunity is not taken now to pause, reflect and redesign, it never will be. Mediation of the kind explored in Big Idea 9 might be needed to ensure a system pause is well spent.

9. Cross-sector mediation

What's the Big Idea?

Recognising the fracturing of relationships between the sectors that have been amplified by the COVID-19 period, professional mediators are brought on board to broker relationship rebuilding and the development of a culture of collaboration, trust and shared vision. This is done in local areas and also at national policy level.

Structural drivers towards mistrust (e.g. competitive tendering) are discarded (through legislative change) as it is recognised, they are not helping create the right environment for care and support provision.

Implications

People

People are only involved later in the process, once the fundamental relationship work has been done between partners. People shouldn't have to carry the weight or consequences of dysfunctional professional relationships.

Providers

Providers are given the trust, time and resources needed to move their organisations into recovery. The removal of structural drivers of mistrust creates space in which new or creative solutions can be developed.

Purchasers

Social care is no longer led by finance and procurement. Mediation, and the facilitation of cross-authority networks, empowers commissioners to lead commissioning more confidently, e.g. not waiting for finance or procurement to decide what is and isn't possible.

Commissioning and procurement roles fundamentally change. Colleagues in these professions learn from skilled mediators who demonstrate the facilitative, system stewardship skills needed in this new world.

Does it shift power?

Mediation and structural change help partners to talk about risk and share it properly. Previously, unequal levels of risk led to many unsuccessful attempts by commissioners to encourage provider collaboration, damaging trust in the process. Mediation helps to surface the different priorities purchasers and providers have. It does not address them fully, but partners stop saying they have the same aims and vision and start sharing and developing them together, with mutual trust.

Does it increase choice and control?

Since lockdown in March 2020, money has dominated discussions between purchasers and providers. Mediation puts the focus back on choice and control where it should be, getting a stuck system moving again.

Does it improve accountability and transparency?

Mediation allows the accumulated pressures between stakeholders to be realised and released. Relationships between local authorities and Scottish Government become less pressurised. This gets passed down, with provider relationships also improving.

Does it improve social care sustainability?

Cross-sector mediation itself is not a sustainable solution but removing the main structural drivers of mistrust is.

Implementation

Relationships are currently fractured, not just between organisations but within them too (e.g. between audit, finance, procurement and social work functions).

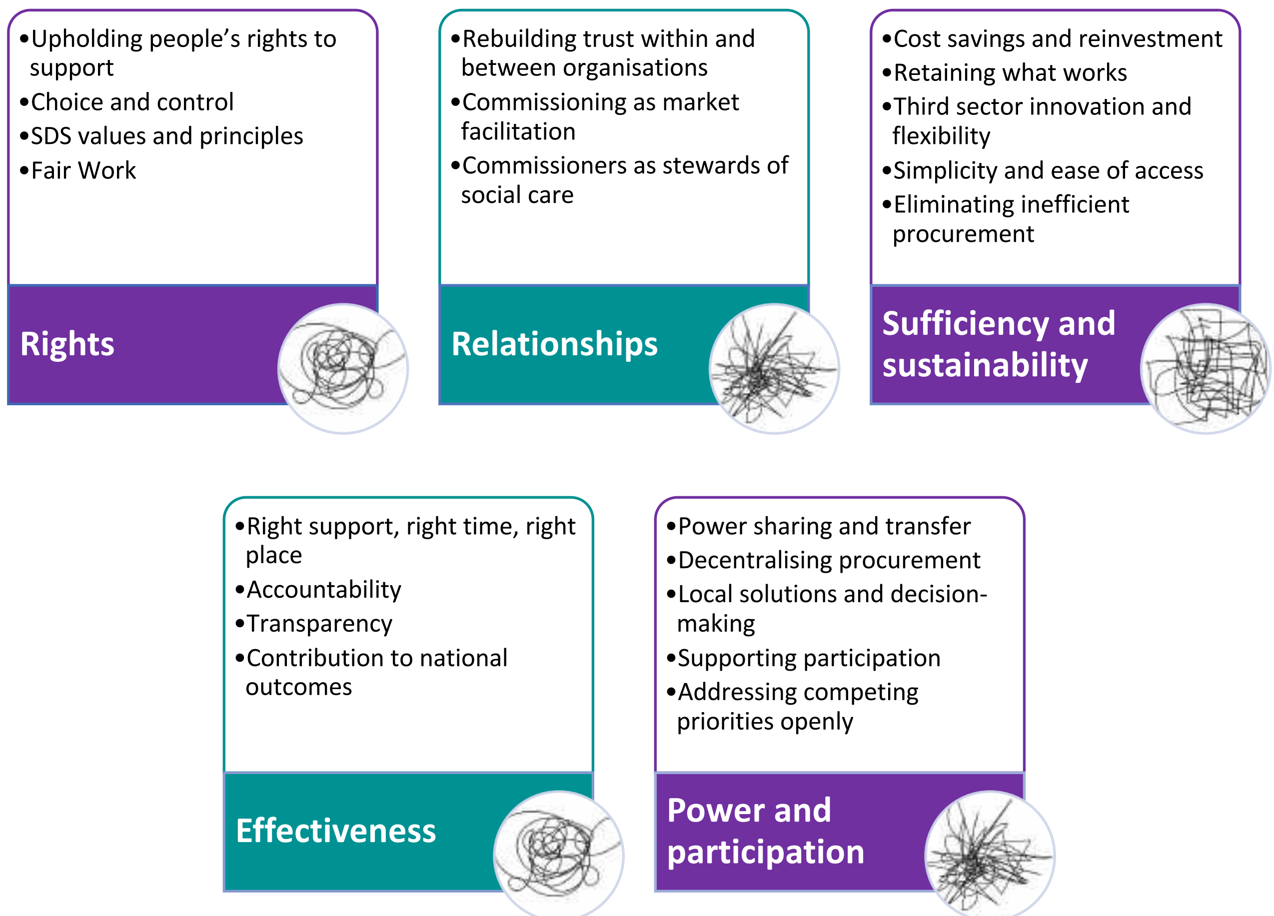
High levels of stress and pressure have understandably been a feature of the Covid-19 crisis. These sometimes manifest as poor behaviour in relationships and unprofessional conduct in meetings. Mediation would give everyone a much-needed pause to look at their processes, perspectives and relationships and ask if they are working.

The challenge, given all these pressures, is to get people to come to the table with an open mind and clean intent. Ultimately, relationships are the foundation of everything in social care.

Core components of the Big Ideas

The Big Ideas are not ready-made solutions, and in themselves they are not what matters. Their value is in the principles within them and the outcomes they allow to flourish.

To help you to discuss the Big Ideas – and develop your own – this page identifies the core elements within them.



[i] https://www.gov.scot/publications/summary-report-discussion-paper-responses-analysis-responses-joint-discussion-paper-scottish-government-cosla-building-national-programme-support-adult-social-care-reform/pages/4/

[ii] https://www.audit-scotland.gov.uk/report/self-directed-support-2017-progress-report

[iii] http://www.ccpscotland.org/wp-content/uploads/2019/05/Handing_Back_report_CCPS.pdf

[v] http://www.ccpscotland.org/resources/nice-people-terrible-system/

[vi] https://nationalperformance.gov.scot/index.php/national-outcomes

[vii] Particularly SDG 3 (Good Health and Wellbeing) and 10 (Reduced inequalities)

[viii] https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/

[ix] https://www.gov.scot/publications/self-directed-support-values-principles-statement/

[x] https://www.fairworkconvention.scot/the-fair-work-framework/

[xi] https://bcorporation.uk/

[xii] https://wavelength.asana.com/organizational-structures/

[xiii] www.lhalliances.org.uk

[xiv] Section 19 of the Social Care (Self-Directed Support) (Scotland) Act 2013 https://www.legislation.gov.uk/asp/2013/1/contents/enacted

[xv] Section 35 of the Carers (Scotland) Act 2016 requires local authorities to prepare and publish such a statement http://www.legislation.gov.uk/asp/2016/9/section/35

[xvi] Christie Commission on the future delivery of public services https://www.gov.scot/publications/commission-future-delivery-public-services/