CCPS

COALITION OF CARE
AND SUPPORT PROVIDERS
IN SCOTLAND

“It’s out of whack!”

Expert voices on ethical commissioning and procurement in not-for-profit social care

Interviews by Pennie Taylor, with a foreword by Catherine Garrod, CCPS Programme Manager – Commissioning and Procurement

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Foreword

By **Catherine Garrod,** CCPS Programme Manager – Commissioning and Procurement

Good decisions are reached by listening to diverse, expert voices. Decisions on commissioning and procuring social care and support are no exception.

The Scottish Government guidance on strategic commissioning by Integration Authorities is clear that "A key principle of the commissioning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders…".

When Derek Feeley published the Independent Review of Adult Scotland Care, he built on this in his call for transformational change, recommending that "Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals… should form the basis of a collaborative, rights-based and participative approach".

Who has a stake in shaping the way social care is planned and purchased has a significant impact on the delivery of support services, sustainability of providers, the workforce and on people receiving support.

These interviews show that, despite the best of policy intentions, there is still a long way to go. The commissioning system is "out of whack".

Many interviewees call for urgent changes in everyday practice and far greater involvement of providers in the commissioning process. The risk of not implementing change is ongoing provider contraction or withdrawal from the system, which will leave people and families without essential support.

The Scottish Government has developed ethical commissioning and procurement principles focused on promoting high quality care, involving people receiving support, collaboration, fair work and financial sustainability for providers. These don't need legislation to implement; they could drive commissioning practice now in line with Feeley's vision. But it is clear these principles are far from being universally applied.

The expert voices in these interviews demonstrate how Third Sector care and support providers already deliver high quality personalised care and support and work to improve the outcomes of the people they support, in spite of the system. These are expert voices that need to be heard and included in finding the solutions to make the shift we all want – and need – to see for people who require support.

Introduction

To the casual onlooker, the public sector commissioning and procurement process might sound like a boring but necessary component of the bureaucratic machinery. But as these features demonstrate, it lies at the ethical heart of care provision and needs to be urgently refocused if vital services are to survive.

The principles that underpin how purse-holding organisations such as local authorities and Health and Social Care Partnerships decide what services to contract, and how they go about that, are critical. They not only determine the quality of support people receive in their communities but can make or break the Third Sector providers dedicated to delivering it.

Instead of a race-to-the-bottom on price competition, the providers are calling for proper partnership, community-level co-production and innovative thinking to address unprecedented service challenges.

Right now many Third Sector organisations are on the brink, struggling to meet the needs of service users on scarce resources. With further budget cuts looming, some lifeline charities fear extinction unless there is a fundamental shift in the way commissioning and procurement happens nationally.

The concept of ethical commissioning and procurement has been embedded in the proposals for a National Care Service for Scotland, but a new way of working cannot wait for that. Instead, the people I spoke to for *"It's out of whack!"* all want to see action taken to galvanise change, using existing legislation to kickstart widespread reform without delay.

These features spotlight great examples of doing things differently, and describe first-hand experience of current practice that is far from ethical. My personal thanks go to all the interviewees the time to share their perspectives so frankly. They eloquently demonstrate the passion, commitment and creativity that keeps the Third Sector going, whatever the odds.

Pennie Taylor

Believing in better

Trusting in people and leading with a human rights approach is vital for social care services to be effective says **Sam Smith**, CEO of C-Change

At the end of the 20th century when long-stay institutions were being dismantled and the people housed in them were being transferred to care in the community, Sam Smith was working as a commissioner for Greater Glasgow Health Board, part of the team managing the hospital closure programme.

Particularly tough to relocate were those considered difficult to care for, a group of disabled people with concerning behaviours who typically end up in secure settings. “I commissioned [community] services for some of these people, and they came back to hospital for reasons you could have seen happening and we should have done better by them,” says Sam. “I thought ‘you’d better put your money where your mouth is’.”

So in 2001 Sam founded the charity C-Change to provide profoundly person-centreds care and support for 12 people in Glasgow deemed too challenging to be allowed the freedoms others enjoy. Now, C-Change works with more than 80 people across Scotland’s central belt, helping them to live well in their own homes and achieve their personal ambitions.

“There’s a line I used to read all the time in case notes with this cohort, that people would be ‘spontaneously aggressive, with no obvious triggers’, and that would be the justification for having these labels: no-one knows why this person gets upset, so they will get upset again and again, and we will just keep on writing these case notes and not recognise that it’s how we’re supporting that person that is causing that distress,” says Sam, the charity’s Chief Executive.

“There is an assumption that support is good, or at least benign, but it can hurt people. If you are struggling with having a person with you at all times, often the service solution is that you will have two-to-one support. So your expression of distress leads to something that will heighten your distress.”

Breaking that cycle is C-Change’s purpose. “We have supported people to leave secure hospital settings where there has been a recommendation of being supported by five people at all times,” says Sam. “We’ve supported people to leave hospital with three staff, quickly reducing that because no-one wants it.”

The evidence shows that rather than escalating costs, C-Change has over time supported people to reduce their dependency on care and therefore their budgets. “When people’s lives change, we speak with the individual and say ‘anything else you want to do with your budget?’ and if they don’t, it goes back to the State,” says Sam. “You just want what you need… you want it to be right.”

“What we do that is so markedly different is that we actually listen to the person, we work out that less can be more, that we are possibly part of the problem, and we should at least stop irritating them so much.”

Known as a ‘small support’, this is an approach to care framed by human rights. C-Change employs personal development workers, chosen by the service user, who work alongside the person to design and deliver a bespoke service that facilitates the life they want to live. “It wrestles control. If you work in an explicitly human rights-based way it recognises the citizens having agency, a suite of rights that we should honour, protect, fulfil,” says Sam. “That can be quite tricky because it means you have to change what you do. Some places are resistant to that.”

C-Change represents the interests of the people it works with across a range of Health and Social Care Partnerships. “Where we work best is where our way of working is recognised and valued, where it isn’t defined rigidly at the point of commissioning because then you can’t do the sea change bit,” says Sam. “We’re involved in people’s lives to help people grow and develop, to flourish. That’s not a static thing – ‘here’s this number of hours at this rate, delivered in this way, until we review it’. That removes the agency from the individual to take control over their life, and it removes the ability of organisations in support of them to iteratively develop that support. It ossifies what should be a dynamic process.”

Meeting people’s needs creatively means building trusting relationships, not least between commissioner and provider. “Where we can do our best work is where we meet that understanding that in good faith we are custodians of someone’s budget, and we will account for that in a way that is honest and credible,” says Sam. “We don’t tend to take up much work in areas where we can’t do that.”

C-Change is a living wage employer with around 250 staff who are contracted to work with individuals according to personal budgets agreed with funding authorities. As with other care providers, recruitment and retention can be challenging, but the charity’s way of working brings benefits. “We believe you don’t have to be a specialist in social care to work with people – you have to be a specialist in the person you work for,” says Sam. “So people are recruited locally to work with people who live in their community, and training is specific to that person.”

To Sam’s regret, the minimum rate for adult social care does not make allowance for the support that Third Sector staff need to enable them to enrich their working lives and develop their services – space for training and team meetings, debriefs and opportunities for reflection is important. “I think that’s where things have been eroded over time, and I think that is a real loss to our sector,” she says. “I feel quite disempowered because I don’t know how to affect change in our system. It is as though the bandwidths are full.”

Changing the prevailing procurement and commissioning ethos would be a start. “Money is tight, but there’s also an unwillingness or an inability to look at what we don’t count as expensive,” says Sam. “The transaction costs associated with our tendering processes are just bureaucratic money-wasting enterprises, and organisations that really should be focusing on their work in support of individuals have to expend a lot of time going through these hoops. There have to be better ways of doing that.”

C-Change negotiates Self-Directed Support packages of care which are subject to detailed scrutiny. “The Direct Payments disabled people and their families receive through Option 1 of Self-Directed Support is possibly the most regulated, audited money in our whole social care system, accounting for receipts for relatively small amounts. And then you look at the money paid

to private hospitals to detain autistic people and people with learning disabilities," says Sam. "The disproportionate focus of our attention is stark. It tells us where the trust is in the system, where the value is in the system, and I think it's out of whack."

Within the Third Sector, Sam observes different gauges of value: for some organisations it is their size and turnover, for others the influence they wield. "I am so very fortunate that the board of C-Change doesn't regard those as metrics of success," she says. "One of our strategic aims is to grow better, not bigger. We feel that we've got to be able to touch the sides of it, keep it very relational."

> ***"Transaction costs associated with our tendering processes are bureaucratic money-wasting enterprises ... The disproportionate focus of our attention is stark. It tells us where the value is in the system, and I think it's out of whack"***

The Board of C-Change includes former service users and family members of service users, who lend their skills and wisdom to its work. "You can train someone to be an accountant and you can train someone to be a lawyer but you can't train someone to have a learning disability. That lived experience, that perspective, is absolutely invaluable," says Sam.

"The thing I find most dispiriting about our system is that it doesn't believe in people. I'm very fortunate that I get the opportunity to see the difference in the lives of people and the work of my colleagues in helping with that. I see my peers in other organisations and the incredible work they do. But the further you are from that the easier it is to get lost in system thinking instead of having the opportunity to top up your belief in human goodness and ingenuity."

Sam is doubtful that a National Care Service alone will lead to impactful change. "We've got a great piece of legislation in the Self-Directed Support Act, and it hasn't been implemented," she says. "We have had little in the way of judicial review around this significant piece of legislation, and that's because there is no accountability in the system. I would have to be persuaded why a National Care Service will do anything that Self-Directed Support couldn't have done."

The draft NCS bill included the concept of ethical procurement and commissioning, and for Sam making that meaningful would necessitate a commitment to upholding citizens' human rights. "Incorporate the UN conventions, then we'll have the framework for accountability for when we introduce the National Care Service, because without it our fellow citizens cannot challenge the inequities in the system," she says.

There is powerful precedent for the human rights route to transformation. "Scotland had an issue in the prison service about inhumane conditions around slopping out, and there was no money in the system to bring about the change until a legal challenge under the European Convention on Human Rights found 'that the practice was in breach of the State's obligations'. And then suddenly we had to transform the prison estate," says Sam.

All it would take is a couple of court cases to prove that the way the State engages with people around social care is not compliant with human rights legislation, she says. "I think then we would get a change in the system. We changed slopping out. We can change social care."

Let's liberate grassroots innovation

Third Sector social care's priority should be solving local problems with local people, not centralising power, says Carr Gomm's **Andrew Thomson**

Fresh thinking is essential if we are to rise to the projected demographic challenges facing social care in Scotland. Trends indicate the number of people needing care is set to soar, and there will be fewer care workers to provide it. Creative approaches are essential, but experience indicates that the procurement system currently conspires against that.

Innovation has been a watchword at the charity Carr Gomm since it started in 1998, when people with disabilities were being discharged from institutional care into the community. New person-centred approaches to care were pioneered, and digital technologies harnessed for the benefit of people receiving support.

When Self-Directed Support (SDS) was being proposed, Carr Gomm consulted its community to develop a digital application to help people make choices about the care they wanted. The app, which won a Google Impact Challenge in 2014 along with £200,000 of development money, was designed to give people control of their personal care budgets. And it worked.

"Google recognised that this wee app was going to bring SDS to life," says Andrew Thomson, Carr Comm's Deputy Chief Executive. "I spent a couple of years of going around authorities to say 'I've got this app. Can I give it to you to give to your citizens?' The social workers were saying, 'this is amazing, how can we use it, how can we have it?' And commissioning managers, the procurement people, the lawyers, the IT, the finance, were all saying 'no'."

Started in East Lothian, Carr Gomm now operates across Scotland, where its 1,200 staff support around 5,000 people with a wide range of care needs to live well in their own homes. Negotiating services and contracts with statutory bodies in most localities gives Andrew insight to the way the system functions.

"Providers are forced to compete against each other. There's the foundational principle that best value procurement leads to positive outcomes for vulnerable people. I think that foundation stone is wrong," he says. "The monopsony that we operate in is so false that no provider can independently increase their price to improve the terms and conditions of their workers. What other market operates in that way? I think we would call them cartels."

For Andrew, a fairer system would have to embed parity. "I would understand ethical procurement and commissioning to mean trying to have the best interventions in people's lives to achieve positive outcomes," he says. "I personally don't believe the existing system can deliver these outcomes whilst there remains such a material difference [in terms and conditions] between the public sector employed workers and managers and those working in the Third Sector."

Pay is where the real squeeze is being felt in procurement and commissioning, resulting in confusion. Andrew cites a recent example of winning a commissioned tender on best value for a home care service from a large local authority. “We were all delighted, but after a number of meetings we were disqualified on the grounds of being unaffordable and the grounds they gave was that we were trying to pay our workers too much.

“The ridiculousness of it was that it was a requirement of the tender to pay your workers living wage, and it was a requirement of the tender to pay your workers to travel. They had no intention of paying for the service that would meet to those requirements. For me that’s almost the perfect example of the opposite of ethical commissioning.”

Andrew also has experience of positive practice, having been part of a collaborative commissioning project initiated by Dundee Health and Social Care Partnership in 2016. “What Dundee were trying to do was to empower as many of their partners as possible to achieve positive outcomes for people. They were implementing their approach using the laws and guidance that already exists. And they were saying, how do we work differently to maximise our collective impact?”

Leaders of local organisations developed rules of engagement together to support their new approach, majoring on working collaboratively and respectfully to improve their community. “A lot of the rules that we set were around culture,” says Andrew. “So even simple things, for example if a provider is selected to deliver service X, you will then deliberately not express interest in the next few options that are on the table until that one starts up and it’s running successfully. By definition everything will be shared around.”

When Covid struck, face-to-face meetings were suspended. When they resumed, there were new participants who took a more traditional competitive approach, and the collaborative collapsed.

Andrew does not believe that Scotland’s National Care Service proposals will promote co-operation. “The [existing] adult social care procurement guidance is actually really good. It’s really freeing. It offers such opportunity for public sector leaders to embrace responsibility, to empower them as decision makers,” he says. “I think what holds us back quite often is the standing orders of individual public bodies perhaps take over and don’t enable that ownership, that responsibility, that decision-making of lead public service managers.”

Within statutory bodies Andrew observes a tension between the aims of some commissioners and procurers. The former often want to work with Carr Gomm to develop services, drawing on the charity’s knowledge and reach. A recent example involved a service development, for which a commissioner wanted to issue a direct award worth £50,000. “Easily, the rules say that a direct award can be made to Carr Gomm to undertake take that piece of work,” says Andrew. “But the procurement team say ‘no, this has to be a tender. We have to give everybody in Britain the opportunity to understand this piece of work and bid into it’.”

Dispute over the legality of making a direct award of that value has stalled the process, yet so far no tender has been published, leaving service development in limbo.

Andrew would like to see more Third Sector organisations involved in strategic planning and admits to being sceptical about the role of Third Sector Interfaces on Integration Joint Boards, some of which compete with other providers to deliver services. “I think representative bodies can only ever represent a complex field,” he says. “I don’t think it is as simple as one voice for the whole sector. By definition of the range of organisations we have there’s a range of voices.

There's a nuance to that voice. Life is complicated, and I think the adult social care sector reflects that."

In future instead of concentrating on cost Andrew believes it ought to be possible for social care services to be assessed on quality, and relevant information gathered to monitor that. So Carr Gomm collects outcome and impact data, which Andrew has tried to share with service planners. "For many years I would take this aggregate data to commissioners to say, 'look at the outcome impact that Carr Gomm is having' and routinely I was told 'we don't want that'," he says. "Is anyone using the data that way? I'm not aware of it."

In practice, there seems to be a perverse disincentive for Third Sector organisations to invest in innovation. Carr Gomm worked with one local authority to design an alternative approach to overnight supports, achieving significant cost savings. The approach was widely commissioned through the Carr Gomm network, but when it came to rolling it out further, two local authorities decided to put it out to tender, sharing the idea with the market – and private sector providers won the tenders, based on price.

Instead of command-and-control management, Andrew would like to see systems leadership happening across procurement and commissioning. "The only thing that works is trust. The only way that's developed is through positive relationships by respecting and appreciating the various assets, skills, experience and expertise that different partners bring to the table," he says. "When we're just seen as entities to be controlled, it's not working."

> ***"The answer does not lie in building more wards, the answer lies in the community and how do we support people to live safely and well at home"***

In line with the Feeley report, which inspired the NCS plans, Andrew would like to see greater public awareness of the value of social care and its importance to society, rather than perceiving its role as relieving pressure on acute services. Instead of referring to delayed discharges or 'bed blocking' in hospitals, he suggests talking about the number of people 'held captive' in hospitals because there is no care available for them at home – and asking 'why?'

"If we ask that question, by the end of the week the Health Secretary would have a different approach," he says. "If we changed the narrative, very quickly we'd say 'that's a human rights abuse'. The answer does not lie in building more wards, the answer lies in the community and how do we support people to live safely and well at home."

Andrew is in no doubt that the solutions are out there, and grassroots innovation needs to be liberated to find them. "The Third Sector is famous for disruption, for innovation, for doing exciting things in exciting ways that have a material impact on people's lives," he says. "And it doesn't always have to be controlled from the centre. Just let people be creative. Let's solve local problems with local people in ways that work for them and let the Third Sector flourish."

From here to equality

Third Sector care providers must be on a level playing field if they are to deliver the best possible support, argues Capability Scotland's **Ben Bradbury**

The pursuit of fairness with a forensic eye on the bottom line might sum up Ben Bradbury's approach to his job. As Business Development Manager for the charity Capability Scotland, he works with commissioners across the country to create new services for disabled people, and he is acutely aware of the value of the Third Sector.

"We're not profit-making entities, we're not here to milk off the system, but we need to make enough to keep ourselves viable, or we're not going to keep doing it," says Ben. "[If] you look across older people's services, there's a lot of private companies who are taking large amounts of money out of the system. Third sector providers don't do that, and although we may make an annual surplus, it goes back into building the new project or benefiting the system."

For Ben, making procurement and commissioning operate ethically is essential if fairness is to be embedded at the heart of social care. "Ultimately this is about people's lives and therefore if it's not done ethically, if it's done with the pursuit of profit or whatever, the outcomes are never going to be with the person who is being supported," he says. "There will always be vested interests and therefore you can't not commission ethically."

Founded in 1946, Capability Scotland provides care, support and education for disabled people of all ages across the country. The charity has two schools in the central belt offering teaching alongside therapy, and recently set up Corseford College in Johnstone, Renfrewshire, for young people aged 18-25 whose continuing education provision is not met by the mainstream. It also delivers care in the community, residential care and buildings-based day care for around 800 disabled children and adults, many of whom have very complex needs.

Ben started with Capability Scotland in 2008 as a part-time carer while studying at Edinburgh University. "There was a lot of optimism in the sector at that time that SDS [Self-Directed Support] was going to change things, and for some people it has but for some people it hasn't in the way that it should have, and too many things have stayed the same," he says. "Prevention is never high on anyone's list. Everybody says the right thing, but when it comes to it you can't point at it on a piece of paper because those people never got to crisis, and therefore it's all good. Until it's not."

Having worked as both a Service Manager and Operations Manager, Ben took up his new role with the charity two years ago. These days, he supports existing Capability Scotland services to plan for sustainability and growth and works in partnership with local and national commissioning teams to develop new ways of meeting disabled people's needs.

"I'm starting to get a picture of who you approach in what way, and who is more open to that co-operative, collaborative approach, which I think personally has massive benefits," he

says. “Working with some of the more rural or smaller authorities, they are able to be more agile because they can all meet in a room, whereas if it has to go through five layers of bureaucracy and go to a big committee meeting and then come back down again, I think that causes barriers.”

For Ben, the traditional competitive tendering process is not an ethical way of working. “Health and Social Care Partnerships will talk to you about ‘it’s a market’, and that’s how they get best value from public money,” he says. “It’s a market when they want it to be, but it’s not in the sense that we’re free to say ‘actually, the real cost of that isn’t this, it’s this’.

“We Third Sector providers are competing unfairly, in my view, with local authority providers and NHS providers who are funded to a higher rate and pay their staff at a higher rate. And then they come to us and it’s like ‘We want to pay bottom dollar’. If the social care workforce becomes recognised professionally across the piece, then that would be a serious step forward.”

There has to be a realistic appreciation of provider costs when it comes to commissioning. “The worst examples of that are the big open frameworks that proliferated around the country. Every local authority has them in some way: ‘We’ve got this framework, we want you all on it’. There’s no indication of the amount of business that is in that framework because they’re so big and incorporate so much,” he says. “It certainly puts us off, and I know it’s put other providers off looking at some of the areas where they struggle to get providers. It’s a lot of work for us to do for not very much. If you come and have a conversation with us and say ‘this is the area of need that we have, what could you offer?’, that’s a much easier proposition for us to be helpful with.

> *“If the social care workforce becomes recognised professionally across the piece, then that would be a serious step forward”*

“The big open frameworks don’t include the views of people, they just create a paylist of ‘these are the prices that we’ve agreed with 30 different organisations’. But then there’s no collaborative element, and there’s no ethical element to that,” says Ben. “We’re not talking about who can provide the cheapest vending machines for the offices – it’s care and support of people’s lives, and it should be about facilitating the best support that they can.”

Good practice would mean involving care providers at the very start of the planning process, says Ben. “Increasingly local authorities and Health and Social Care Partnerships look to the Third Sector to solve problems for them,” says Ben. “It would be my view that the local authorities would get much more out of us were they to engage in those conversations at a strategic level, at a point where they were deciding what the strategy was, rather than deciding the strategy and then going and seeing who could fit into that.”

Statutory providers should act as equal partners with providers, and that means being willing to share business risk, says Ben. He cites the example of discussions in one area about creating a new service model for people with complex care needs. “At the start it was ‘you get the unit, you fit out the unit, and we think there’s people who are going to come there’,” he says. “We’re not going to go and spend half a million quid for happy thoughts and wishes. We’ve said upfront we won’t do it if it’s not a price that’s sustainable for it.

“If this is solving a major problem for you the HSCP or you the NHS Trust, then if it falls flat we both take a bit of a hit rather than we take the whole hit.”

New ways of working demand attitude change, he believes. “There needs to be that trusting relationship between the statutory and the Third Sector – we’re here for the right reasons, they are there for the right reasons, and there’s something there that we can all do together. But it needs to be on a basis of trust. I’m talking about the Health and Social Care Partnerships trusting us and having that partnership with us, but it goes back the other way. If only one partner is at the table, whichever partner that is, then it’s not going to work.”

Instead of competing with each other for business Ben would like to see Third Sector care providers also working collaboratively, sharing service delivery. “There’s not that many organisations who are looking to support the exact same group of people we are looking to support. There’s overlap, but there’s plenty of need for care and support to go around,” he says. “Whereas we have to say in tenders that we absolutely have not collaborated, we have to sign and say there’s been no price collusion, and we’ve not spoken to any of the other organisations unless we’re putting it forward as a formal coalition bid.”

One of Ben’s hopes is that there will be new national guidance for commissioners on regulating the market when unfettered competition does not work. “And therefore if you’re going to have a managed market there needs to be some rules that everyone can understand and play by rather than everybody just doing whatever they want all over the place,” he says.

In the meantime the need for action is urgent with staffing and financial constraints causing problems across the sector. “We know that we are at capacity in a lot of our services and although we are looking at some new services and new projects, they’re quite bespoke. We’re not in a position to ramp up the other stuff because it just financially doesn’t make sense for us to do that, and we are protecting the provision we do have by finding new ways that can provide revenue for the organisation,” he says. “But there are services that we’re subsidising dramatically and without change there will come a time in the next few years where we have to turn around and go ‘that’s not viable’.”

Ben fervently hopes the sector warnings are heeded and that change does not come too little too late. “I suspect what will happen is an organisation, and a fairly big organisation, will go to the wall at some point,” he says. “And that will be a catalyst for everybody to go ‘Oh my word, what are we going to do?’”

The customer is always right

For includem's **Drew Collier,** recruitment pressures and the threat posed by monopolies sit alongside the satisfaction of delivering support to young people across Scotland

Drew Collier's working life began in the licensed trade, managing hotels, nightclubs and bars. Next, he spent 14 years with ferry operator Caledonian MacBrayne, joining as Head of Onboard Hospitality Services and progressing to Operations Director, before jumping ship to the charity includem five years ago.

"Everything I've done, all my decisions, are based on 'is it right for the customer?' Right through my career, and even now in the Third Sector, that's the attitude I try to bring – 'What's the right decision for the customer? Don't worry about the rest of it, we'll take care of that later,'" he says. "And I find that in contracts with statutory services, that's not the focus sometimes."

As Director of Development at includem, Drew's customers are now the children and young people aged from birth to 25 who need bespoke support to achieve positive change in their lives. They may be experiencing family problems, issues with school, or substance misuse, leading to distressed behaviours. Referrals come from education, social services and the criminal justice system for individual packages of care that are planned in conjunction with the children, young people and their families.

"We value the relationships our staff can build with young people and their families. Where other services fail to engage, our staff will not give up," says Drew. "It's very much based on support within the community. So we'll meet them at the school, or in their home, we'll take them for walks, or support them to attend gym, for instance, to get them to engage."

Up to 80% of those who do engage with includem achieve positive outcomes within agreed time frames, typically up to six months. Once they have moved on from receiving support, some keep in touch. "We work with a lot of young people who feed back that they're in a better place, but sometimes the benefits are not felt for years," says Drew. "That's where the time comes in to understand the real differences made, and the impact that our staff can have on that young person over a much longer period."

Founded 23 years ago, includem focuses on early intervention and prevention and now works with around 800 children and young people each year across Scotland. Its 140 staff – project workers, assistant project workers and paid sessional mentors – are all highly-qualified and specially trained in includem's evidence-based support model, which aims to help young people identify and build on personal strengths.

Recruitment happens locally and although it is becoming more difficult, so far there has not been a problem finding skilled workers to deliver the includem service. But retention is a significant

challenge as other public sector employers offer better terms and conditions than most public sector contracts allow.

“Is it contractually ethical to say to me ‘we don’t want you having zero hours contracts, but we’re only going to pay you on a zero hours contract’?” says Drew. “That’s a very basic way of saying ethical commissioning has a long way to go.”

As well as providing one-to-one support at a frequency agreed with each young person and family, which may be multiple times a day, includem offers a 24/7 telephone helpline and immediate crisis support, requiring shift working. “We perhaps ask a little bit more of our staff than other organisations, however the staff that stay with us want to do that because they see the benefit for the young people and their families,” says Drew.

There is no doubt that stresses on children, young people and their families have intensified since the cost-of-living crisis and the Covid pandemic, and includem works in the five local authority areas with the highest levels of child poverty in Scotland. “We see increasing levels of need related to deprivation and poverty,” says Drew. “We’re aware of ‘waiting lists’ for young people to receive that support. Whether that’s new, or whether we’re just more aware of it, I’m not sure.”

Right now, includem is working to full capacity. Extending its reach to address unmet need would mean negotiating contracts that recognise the true cost of providing a specialist service. “The contracts always say services should be responsive and flexible, but there’s a cost at the back of that,” says Drew. So how do we describe what that means so that it can be costed better? Our ‘flexible and responsive’ might be less than another provider’s but until you have that discussion you don’t know that.”

Ninety per cent of the charity’s £5m annual turnover comes from local authority contracts, and Drew leads a team of five people who handle tendering and contract management – engaging with commissioners, compiling submissions and proposals, gathering and sharing information on outcomes and impact.

In their experience interactions with commissioners, be they individual social workers or local contract managers, are very good. “There’s great relationships there because our staff and management want to do their best, which is appreciated,” he says. “As soon as you get into the world of procurement, that is finance. And finance at the moment are more influential within local authorities than ever. When we get to finance we walk into a brick wall sometimes.”

For Drew, it is that deep disconnect between commissioning and procurement that is the critical faultline. “They don’t engage, they leave it to their commissioners to engage with us, and that’s where we feel the commissioners’ frustrations because we’re feeding everything in, they go back, and we get the impression that finance says ‘no’,” he says. “My ask of any local authority is that their finance teams, their contract teams from the highest level, should take a few days every now and again and come and have a chat with the providers that they use.

“I think we could do more, be more helpful to achieve their outcomes, if the decision-makers within the authority – not the social work decision-makers – if they engaged and rather than saying ‘no’, they understood the challenges that their decisions are making, the implication on us and the effect that has on end users ultimately.”

Drew welcomes the commitment to participation at community level, which is generating rich evidence about what works for service users. “I don’t think there’s any plans to then sit down and

say ‘this is what we’ve all found – what could the specification look like for that?’,” he says. “We’re not having those conversations with the finance decision-makers to say, ‘if you ask for that, the costs are going to be this.’”

Trust is a critical factor. “Ethical commissioning is not to do with the value of what you’re doing, but how you do it,” he says. “It’s saying ‘this is what we want to achieve and we think we’ve got this kind of money available for it, how would we do that?’ rather than ‘that’s what we want to achieve, that’s the money we’ve got, so therefore just make do’,” says Drew. “It’s going to be the body that holds the budget that ultimately has the power, and they need to recognise that in how they commission, how they deal with people, their engagement and their understanding of the impacts.”

As a relative newcomer to social care, Drew is frustrated by widespread acceptance of non-specific commissioning jargon. He believes meaningful reform as outlined in the National Care Service plans cannot happen without explicit definition of intentions such as ‘sectoral bargaining’ and ‘ethical procurement’ and even ‘integration’, which is currently interpreted very differently across Health and Social Care Partnerships.

“The risk would be we don’t do that challenge before the boards get created and the structures and the financial working of it gets created,” he says. “Let’s be clear about what we’re asking for in certain situations, let’s not assume other people know what we’re dealing with or what we want to achieve, let’s not assume you know what ‘intensive’ means. Let’s thrash all that out.

“For individual circumstances, don’t use generic terms. If we did that in terms of individual procurements, individual commissioning arrangements, I think we can make a better world. I think we can make a difference.”

He believes that taking a person-centred approach to procurement is not necessarily the bottomless money-pit some might fear. “If contracts were specified better, with fewer assumptions about the type of organisation that would do it, the type of staff, a lot more discussion about what that might mean, I think you could achieve more with the same money essentially.”

Without a deeper understanding and appreciation among procurers of the quality of local services being delivered, Drew fears that contracts for care will increasingly be awarded to large profit-making monopolies that operate UK-wide.

> ***“It’s going to be the body that holds the budget that ultimately has the power, and they need to recognise that in how they commission … and their understanding of the impacts”***

“We could end up with a very small group of organisations that are independently funded providing lots of services,” he says. “I’m fearful that a lot of charities, Third Sector organisations who are doing very good work, disappear. I think charities like ourselves, with a mid-million turnover, might be subsumed into larger organisations which drives out creativity, drives out innovation. And I think ultimately, in our instance, it will be the young people and families that suffer.”

Time to step up

Solutions to urgent challenges lie in even closer collaboration with providers as equal partners, says HSCP Chief Officer **Julie Murray**

At first glance Giffnock is an unlikely crucible of change. A leafy dormitory town to the southwest of Glasgow, it is one of Scotland's most affluent addresses and appears comfortably set in its time-served ways.

But Giffnock is also the administrative centre of East Renfrewshire Council, and base for a pioneering Health and Social Care Partnership (HSCP) that is radically reshaping the way services are delivered locally. First formed in 2006, its commitment to cross-sectoral collaboration predates the legislation that introduced HSCPs nationally, and East Renfrewshire continues to break new ground.

"The idea was that people would have a more seamless service, we would integrate team working and have real multi-disciplinary approaches," says HSCP Chief Officer Julie Murray. "You can tell the difference when you come to East Renfrewshire – people talk about 'us' and 'we' and not 'health' and 'social work'. It's taken a long time, but I think we're as close as anyone to proper integration."

Julie has been involved in the development of the partnership since the start, and now has operational responsibility for all health and social care services serving East Renfrewshire's 97,000 population. Accountable to both the Health Board and the local authority, the partnership uses its £149m annual budget to commission community-based services for children and adults and works closely with a wide range of statutory authorities as well as private and Third Sector providers.

"Ironically the pandemic really helped to build that integrated approach because we were working so closely together and I think the value of each professional contribution was seen in a much more obvious and transparent way," says Julie. "Now I think you'll find there is practically no-one who would not support a really integrated way of working in East Renfrewshire."

While there are aspects of the National Care Service proposals that Julie supports, she fears that a narrow focus on adult social care, and more remote control, might threaten the depth of integration that East Renfrewshire HSCP is achieving. "We have integrated our children's services and work very closely with education, so there hasn't been a barrier to that," says Julie. "All social work services for children, criminal justice, is in. My concern about the National Care Service is it might disintegrate us a bit."

East Renfrewshire may be relatively well-to-do in socioeconomic terms, but that brings its own issues. "It's a population that knows their rights and always turns up for appointments, so we're always quite busy," says Julie. "The population's growing and that's a challenge for us because

funding doesn't really change. We've got a lot of children – people come to East Renfrewshire for the schools. And we also have a lot of older people – people live longer."

In common with elsewhere, pressure on services is intensifying. "I don't think admissions to hospital are increasing but the people going into hospital are frailer, they've got more complex needs, their length of stay is longer. People coming out of hospital, many more of them are needing two carers to support them, so the complexity for care-at-home, for our rehab services, for mental health – the referrals are going through the roof. And we've got less money."

A 'flat cash' settlement for this year means no HSCP budget uplift to meet the extra costs of wage rises or fuel bills, so something has to give. "We're having to introduce an eligibility criteria that we have never done before because we wanted to focus on prevention," says Julie. "But that means we're going to have to work with our Third Sector partners to use all the resources we have in a different way. We're probably going to be purchasing less because we've got less money – so how can we work in a sustainable way?"

Right now, the significant pay gap between social care staff employed by the Third and statutory sectors is hampering recruitment and limiting the ability to deliver community-based services. "I know the government wants to do it, and I know they will eventually, but this is a really difficult period because as partnerships we are skint," says Julie. "We've got huge savings to find this year and we can't do anything more about that. We are being as fair as we can, passing on as much as we can. But we're going to have to cut back on a lot of things this year."

For Julie, the solutions lie not in competition but in even closer collaboration and that means involving providers as equal partners in strategic planning. "We have been bringing people together to try and look at the demographics, what we see as the needs, sharing the information we have from our needs assessments, sharing the ideas we have in terms of where the gaps are and starting to work with providers in that way," says Julie. "Bringing people in earlier, helping us find the solutions together, having Third Sector organisations combine their resources."

Preventative service provision, such as support for unpaid carers, will have to change. "The carers' organisations, the Third Sector, community groups, can bring in funding we can't so we're trying to be a bit more systematic about that," says Julie. "We have grants that have done the same thing for years and now we're working to try to get people to focus on the things we can't do to try to cover that gap."

Walking the integration talk, Julie has recently invited the Chief Executive of the local Third Sector interface, Voluntary Action East Renfrewshire, to join the HSCP's senior management team. "That's something we've not done before. I think that has to be the solution," she says. "They're going to be providing a lot of the lower level support, so they need to be working in a parallel way with us as we look at changing our approach."

A stumbling block to collaborative commissioning is the existing systems and the prevailing purchaser-provider culture. Following feedback, the HSCP is streamlining and simplifying its contracting processes, but procurement is reserved to statutory authorities and for larger contracts there are Scotland Excel frameworks. "Some of the smaller, local providers just don't have the capacity to do that sort of thing, so we do direct awards [and grants] when we can, but we have to work very closely with our procurement colleagues to make sure they're happy," says Julie. "We have to work within the rules, but the rules are more flexible than people think. It depends on how conservative and risk averse your legal and procurement people are. I think there is work a national approach could do with legal, with procurement, with the auditors, to get them to see what's possible."

As Vice Chair of the Health and Social Care Scotland Chief Officer group, Julie has a national overview, and she sees the need for greater consistency when it comes to HSCP practice across the country. “There are lots of areas that are becoming much more progressive and much stronger partnerships with the Third Sector, but it’s not universal,” says Julie. “There have been issues in other parts of the country where there has been an insistence ‘we’ve got to go through this procurement process to ensure best value for the council’. Value is not just measured in cash terms, so there’s a bit of work could be done around that nationally. A consistent approach would make things an awful lot easier.”

One of six HSCPs within Greater Glasgow and Clyde Health Board, East Renfrewshire works alongside its neighbours to deliver specialist services regionally. Julie manages inpatient learning disability services as well as the autism team and East Renfrewshire hosts the Scottish Centre for the Communication Impaired, which is a national service.

> ***“The advantage of East Renfrewshire is it’s not just health and social care because we’ve worked so hard with education and the Third Sector … you can build relationships”***

That became most apparent during Covid, when East Renfrewshire worked with community groups to develop hubs known as Talking Points, where health and care information is shared and people can be signposted to local resources. “The community groups are saying to us ‘you don’t have to fix everything, leave some of it to us’, and I think ‘great’ because there’s a temptation to think it’s up to us to do everything. Some things naturally happen. We can maybe support it, give a bit of advice, but the solutions are there.”

Julie believes that without significant new investment – and soon – low-level care will inevitably fall to communities and volunteers. “If you’ve got family around, and friends, and your natural networks, we would want you to try and use them,” she says. “During the pandemic we had to do that and some communities embraced it more than others. People have high expectations about what will be delivered by statutory services and there’s a national conversation about that needs to happen.”

With no sign of imminent relief and deep cuts to make, HSCPs and Integration Joint Boards across Scotland are having to make hard decisions. “All our reserves are running out. We have to do something different because actually I’m a bit worried that we are not going to be sustainable as a partnership unless something happens financially,” says Julie. “It’s a time for something radical – there’s lots of opportunity, but it needs a bit of brave decision-making.”

Breaking point

For Glasgow Council for the Voluntary Sector CEO **Ian Bruce**, a major culture shift is needed in early intervention and financing to ensure good quality of life for people who need social care

Those who have been around long enough can be forgiven flashes of déjà vu when it comes to considering what needs to change for the Third Sector. It is now 12 years since the Christie Review on the future delivery of public services in Scotland made its recommendations for preparing to meet predicted demand, yet the issues remain largely the same.

The review, chaired by Trades Union Congress leader Campbell Christie, called for reform to empower individuals and communities by involving them in the design of services they use, actively prioritising spending on prevention.

“Christie saw it: ‘this is the trajectory of need if we don’t change, this is the trajectory of resource, and here is the growing gap’. And that is exactly what’s come to pass,” says Ian Bruce, Chief Executive of Glasgow Council for the Voluntary Sector (GCVS). “We see, for example, the IJB passing a budget that everyone knows is inadequate to do the job they have to do.”

As part of the Third Sector Interface (TSI) network in Scotland, GCVS is the umbrella body for nearly 4,000 not-for-profit organisations operating in Glasgow – mostly community groups, voluntary organisations and social enterprises – and it facilitates representation at Integration Joint Board (IJB) meetings.

As well as building sectoral skills and capacity, supporting service providers to be sustainable and negotiate the complex commissioning and procurement landscape in which they operate, TSIs are adopting an increasingly strategic role.

“If public policy is about early intervention, prevention, community capacity, asset-based approaches, design, collaboration, then that’s what TSIs need to be about,” says Ian. “We need to be in that territory because good public service reform will work best when we get people across sectors collaborating and doing things differently not just when single organisations do it better. You can work with a bit of public sector and some organisations, and you can do something really astoundingly different. But the system doesn’t change, the system doesn’t shift.”

Having spent his career working in housing and intermediary bodies, Ian believes the National Care Service plans to address that have missed the point. “The question the NCS answered was about parity of outcome, consistency and preventing the very bad examples, which is admirable,” he says. “But all they were going to do was improve the wrong system.

“I would suggest the changing legislation and ever-changing Scottish Government top-down policy is part of the reason we are in the mess we are in. I think there’s something much more interesting about saying: ‘How do we improve health and wellbeing in this community, how do

we provide activities and support that increases people's health in this community? How do we connect people in this community and bring them together?'"

Rather than being driven by political imperatives, Ian believes service planning should focus on meeting the needs of individuals and their communities first, with services being commissioned accordingly. "We know that people don't neatly fall into the categories that we talk about when we talk about health and social care provision – learning disability provision, addictions provision, social care provision, mental health provision and so forth," says Ian, who has concerns about people whose needs span service boundaries.

Instead of localities with relatively large populations – in Glasgow's case more than 200,000 per locality – Ian advocates far smaller constituencies, and the integral involvement of local people within them when it comes to identifying their priorities for promoting their community's health and wellbeing.

"[It's] about how we work across the system: people that use services, people that deliver them, people that commission them, working collaboratively to actually design the service that is needed," says Ian. "That would be the kind of shift that I'd like to see – lots more testing, trying things, understanding what works and then a commissioning approach which goes to 'who's best placed to do this?' rather than 'how can we do it as cheaply as possible?'".

> ***"If we don't go upstream and stop people falling in the river, we will forever be doing the expensive thing of pulling them out"***

Measurement of value would have to change. "There's something here about accountability to communities that's really pretty critical, that makes monitoring, accountability, audit, a different kind of kettle of fish altogether," he says. "What you want is something that's much more about measuring the extent to which a public service is embedded in, and responsive to, what the community is saying."

Working up-close with people to understand what would make a difference to their lives can deliver financial benefits too, says Ian. He cites a piece of engagement work undertaken by Glasgow Health and Social Care Partnership's family social work team to explore what matters to those who access its services. As a result, services were redesigned with more emphasis on early intervention and support, and the number of children taken into care in the city has fallen by half.

"If we don't go upstream and stop people falling in the river, or go upstream and teach people how to swim, we will forever be doing the expensive thing of pulling them out."

Because the work of many community-level Third Sector organisations is asset-based, it is hard to measure impact on the wider system when it comes to avoidance of onward referral. GCVS is currently researching ways to assess that in order to inform greater investment in prevention.

"Over the last couple of years, and now in particular, I am seeing public bodies much more clearly going: 'What might we not do?'," says Ian. "The problem is, they're doing it from a perspective of 'what might we not do just to make the budget balance again?'. What they're not quite at the point of is: 'What might we not do so we can free up the resource to do that thing?'."

In common with Campbell Christie, Ian believes really tough choices will have to be made to prioritise the prevention that could improve the health of the nation. "It doesn't matter how much money we throw at the problem, we will eventually run out if we don't do things differently," he

says. “I think there probably needs to be a really robust conversation across society around what we expect from services, around what is needed, and what communities and citizens want to, and are able to, do for themselves.”

In contrast to competitive tendering, Ian has seen what happens when providers work together to meet need. In his previous role, as Chief Executive of Inverclyde TSI, he witnessed public social partnerships of provider organisations coming together to design services collectively. “I’ve seen organisations going ‘actually, this isn’t for us, that organisation is better placed’. How wonderfully powerful is that compared to taking six Third Sector providers and making them fight it out? How beautiful is that in terms of the relationships that you sustain, the strength that you build? They’re coming to it from a place of good, strong working relationships and understanding with another half-dozen organisations that, instead of feeling smarted that they got rejected, are going ‘look how wonderful that project we created together looks like’. It’s a cultural shift.”

For Ian that shift is also required in risk-averse procurement, where contracts are routinely put out to tender when grants or direct awards could be made instead. “The assumption of competition over not going to competition, they have a huge amount of leeway in this and yet it very rarely gets used,” says Ian. “There’s this obsession with protecting the public pound – it doesn’t matter how much money they waste going through the process, doesn’t matter how ineffective the final thing is, as long as you’ve market tested it you must have protected the public pound.

“I don’t think it’s quite that simple when you’re commissioning voluntary organizations who are not making profits. So why are we so scared that it might cost £10 more?”

For Ian, the time for action is way overdue. “When it’s easier to spend money on the wrong thing than the right thing, then the system is broken,” he says. “There are already people who are waiting to be assessed for social care or other support who will then be assessed and told they are eligible for support, but that they will also need to wait to get that. And when they get it, it is increasingly likely to be inadequate to enable them to have a good quality of life.

“It’s not that the system will break in three years’ time. To the people who need it, the system is already broken.”

The vision thing

Shifting focus from cost to quality is critical to achieving the national ambition for ethical procurement and commissioning in social care, believes **Dr Ron Culley**

Having led the Western Isles Health and Social Care Partnership and served as Chief Officer of health and social care within the Convention of Scottish Local Authorities, Dr Ron Culley could be described as something of a poacher-turned-pheasant when it comes to service planning.

Now Chief Executive at Quarriers, one of Scotland's leading social care charities and a national provider of services for people of all ages, he has a panoramic perspective of the commissioning and procurement landscape. And he believes it is time to ditch the old combative mentality.

"In a sense that's one of the reasons that we are where we are. People divide themselves into camps and those camps pull in different directions but in actual fact, if you take a step back, broadly everybody's in this for the same reason," he says. "What people want to see is improvements in the lives of people who draw on services because of their support needs. And the way that the public sector operates in Scotland does create tension because it pulls people in different directions, principally in relation to how money plays through."

Dr Culley is in no doubt that shifting the focus from cost to quality is critical to achieving the national ambition for ethical procurement and commissioning in social care. But it has to be meaningful. "I think it's important we don't talk euphemistically about ethical commissioning because there's a tendency, particularly in the world of politics, that if you put a trendy adjective in front of a word then all of a sudden everybody's signed up," he says. "And at the end of the day, who's going to disagree with ethical commissioning?"

The critical question is, what does 'ethical' mean in this context? For Dr Culley, making it real can only start with equitable investment in the social care workforce. Public sector workers – those employed by the NHS and local authorities – have recently been awarded enhanced pay deals, but no similar uplift has been passed on to the Third Sector, which is finding it increasingly difficult to recruit and retain staff. Until the care pay gap is closed, Dr Culley believes ethical ambitions will be meaningless.

"What the Scottish Government is actually saying is 'we think you're valuable, but not quite as valuable as the public sector'," he says. "The Scottish Government mandates how much a Band 3 NHS worker is paid and the Scottish Government mandates how much a social care worker is paid, and there's about £5,000 of a difference when any technical advisor will tell you that the responsibilities and the skillset of those posts are broadly the same."

Instead of legislation to create new bodies, Dr Culley favours reform of the existing system. "If you look at all of the communities with a stake in the future of the social care sector in Scotland I think that you would get a large degree of consistency in the view that what is currently being proposed

isn't right, but that neither is the status quo," he says. "So there has to be a third way which isn't just same old, same old."

Acknowledging the complexity of the work of Health and Social Care Partnerships (HSCPs) and Integration Joint Boards (IJBs), and the necessity to balance the books, Dr Culley favours deeper partnership working between health and care services. And the test of success will be the experience of service users.

"A few months back I spoke to a family member of one of the people that we support who was dissatisfied about how integrated and holistic the care was that her family member had received over the winter period," he says. "Some of that was Quarriers' contribution but some of it was about her experience in terms of hospital environment, decision-making around discharge, opportunities that had been missed, connections with the community health and care teams. So what you have is an ecosystem and what we have to do in Scotland is find the right way to manage that ecosystem."

When IJBs were started in 2014, as well as shifting resources towards early intervention and prevention, they were meant to promote partnership working across all the bodies providing health and social care in their localities. Third Sector Interfaces were established to represent the plethora of organisations that are neither private sector nor public sector, yet which deliver the majority of care in communities. However there are gaps, says Dr Culley.

"I think the problem with the Third Sector Interface is that what they often represent is really vital traditional work that's done by smaller organisations within the Third Sector at community level, and that's great because it's important that voice is heard. But they don't really represent the voice of the main Third Sector providers," says Dr Culley. "We've not really found an effective way to make sure that the strategic insight that comes with running these big operations can be heard at the local joint board when it comes to crucial decisions."

He believes new networks are needed to inform the new ethical process at all levels. "Just now there isn't enough of a shared understanding of what we're trying to achieve in the space of commissioning and procurement. And I would even go so far as to say that we don't always have cohesion within Health and Social Care Partnerships around about what commissioning and procurement teams are trying to achieve as against some of the operational teams and what they're trying to achieve. So there has to be much more of an integrated and strategic approach here."

Developing a true partnership culture means flattening hierarchies and different ways of working. "One of the facets of commissioning and procurement over the last few decades that has been a feature of practice is very divergent power relationships. Power sits with the commissioner and that power is exercised through the commissioning process by inviting providers to compete with each other, and that erodes the power base of the provider and allows commissioners to drive forward agendas, some of which are progressive but some of which are not."

Putting true partnership at the heart of the process poses challenges all round, says Dr Culley. "I think there has to be a level of introspection within the Third Sector as well because the reality is for two or three decades we have been in competition at the local level. What does it mean, for example, for Quarriers to pass over a business opportunity in favour of one of our other partner organisations in the Third Sector. What would my board say to me about that? What about the financial targets that we have to make as an organisation? How can I consider that at the same time as prioritising this partnership agenda? These are the hard questions that we need to get into."

When it comes to reform of commissioning practice, Dr Culley says there are positive examples. “There are signs that we really need to build on different types of commissioning practice where, rather than the old school ‘let’s put a tender out’ and drive competition towards the best price, what you’re actually doing is focusing on quality of provision and working from the ideas of those charged with delivering the care in order to define the final product. A lot of that thinking is being done. But we now need to run with it much more conscientiously.”

He believes a national framework would help. “And that’s a collaborative piece of work between everybody that’s got a stake in this. Now I think that we can do a good job with that. But that requires imagination. It requires the space for people to be able to make those contributions and share ideas with each other.

“So if we were to create leadership capacity around about the reform of commissioning, I think it’s a good starting place. You would bring leaders from the Third Sector, the private sector, the chief officer group, and some technical experts in commissioning together to say, ‘what does the future look like? And how do we get there?’

> ***“Because everybody’s running so hard on the hamster wheel just to keep going, we don’t have the opportunity for thought leadership”***

“My frustration is that because everybody’s running so hard on the hamster wheel just to keep going and make sure that you get through it, we don’t have the kind of space and time and the opportunity for thought leadership to be able to actually get into these issues.”

The review of the National Care Service Bill offers an opportunity to do things differently, says Dr Culley, who advises Scotland’s First Minister to tackle social care investment as a priority – with improving the pay of social care staff at the top of the list to address an acute recruitment and retention crisis.

“And that’s not just because it’s the right thing to do, it’s truthfully enlightened self-interest. The reason for that is very soon providers of social care will be in a position where they may have to start right-sizing their organisation. What I mean by that is because the Third Sector prides itself on delivering high quality and safe services they will never want to compromise on that. But if you’re carrying that level of vacancy within your organisation the obvious thing to do to protect the quality and safety of your services is to reduce your service footprint.

“Unmet need would be a catastrophe for, first of all, the people whose lives are affected by that – but more than that, the cohesion of the ecosystem that I described earlier on because all it does is place demands in other parts of the system.

“So it’s absolutely in the interest of the Scottish Government to address this before it manifests as a problem that’s much more difficult to handle.”

Prioritise co-production to build trust

Challenging prevailing orthodoxy on competitive price-led procurement and commissioning is now essential, says Scottish Autism's **Louise Moth**

As Contracts and Commissioning Manager for Scottish Autism, Louise Moth lives and breathes procurement. And her experience of it is widely varied.

"Some local authorities seem to be able to move quite quickly and others will say it that needs to go to this board, and then to this panel. And then, of course, it needs to go to the Integration Joint Board, and they will only make a decision three times a year so you're just going to have to wait," she says. "That's not ideal."

Working with commissioners at all levels across Scotland, Louise observes a disconnect between national policy and how it is applied – for instance, each council area is required to have its own autism strategy. "My experience is that's not actually happened, and that even where the strategy is in place it's not being actioned," she says.

"But all the strategies that I have seen talk about the importance of early intervention. They talk about the importance of low level and preventative support being available to the wider community, which all sounds great. And then, when you actually come to the nitty gritty of it, what they're advertising for is the critical and substantial need.

"So unless people are in crisis, or almost in crisis, then nothing is being commissioned specifically for them, and it's very reactive."

Established in Edinburgh in 1968, Scottish Autism specialises in enabling autistic people to lead fulfilling lives. A national charity, it delivers a wide range of services including education, day and vocational opportunities, supported living, outreach, respite and transition support. There is a growing demand for help, but increasingly stretched provision for it.

Louise's fear is that without a new ethical approach to procurement and commissioning, firefighting will be the only option. In lieu of a new National Care Service, she proposes implementing existing legislation and consciously shifting the decision-making culture, which can all start now.

"I think it's as likely to be possible to be done in this current situation as create a new system because they created Integration Joint Boards to change the culture," she says. "But it's all the same people, and I think when you create a care board you're just going to end up with the same people with a different job title – so why would the culture change?"

For Louise, transformation would mean involving people who use services and frontline workers in equal proportions to statutory representatives when spending decisions are being considered.

“Policies are made with the best of intentions but with no understanding of how they are experienced on the ground,” she says. “My experience has been that the real decision-makers are the social workers, and I think that’s a good thing where there are enough social workers and they feel empowered to make decisions, even if those decision aren’t popular or in line with the local authority’s priorities.”

> *“Unless people are in crisis, or almost in crisis, then nothing is being commissioned specifically for them, and it’s very reactive”*

Instead of competitive tendering, Louise favours approved providers lists. “At the moment different local authorities have multiple frameworks, multiple sub-frameworks and different contractual agreements with organisations and we as providers have to jump through a lot of hoops to get onto those frameworks,” she says. “But it’s also a huge amount of work for the local authority. I think we [should] go back to basics of [asking] ‘is provider ‘A’ a fit provider to provide services?’ And that should be based on evidence, not 25,000 words of blurb.”

Evidence of suitability might include registration status (with equivalence for non-registered services), financial transparency and stability, living wage accreditation, along with information on specialisms. “And for local authorities to keep that information up to date for their own areas so that social workers can then refer to it to say, ‘right, I’ve got Bob who needs support. Who are the options?’” says Louise.

Critically, she believes that space has to be created for honest conversations between purchasers and providers, because trusting relationships are vital. And there is good practice to draw on. “We’ve had great relationships with Glasgow City Council, and it has created brand new services that have been fully funded,” says Louise. “But there are other local authorities who either don’t have people in those particular roles, don’t have the time, or don’t have the space.

“There’s still a definite power dynamic. Local authorities hold the budgets and because of that they hold the power and it so often feels that providers are going with the begging bowl.”

Whether it is the result of increasing prevalence or greater awareness, record numbers of people of all ages are being diagnosed with autism across Scotland and there is no doubt the need for support will grow. Scottish Autism’s telephone helpline is now taking 5,000 calls a year, many from adults looking for help soon after autism diagnosis.

“I think at that point they’re seen by local authorities and social work teams as: ‘You’re grown up, you’ve been coping fine, so you don’t need any kind of support’,” says Louise. “But the reason that they’ve gone through the process of getting a diagnosis is because they haven’t been getting on fine.”

In response to demand, Scottish Autism developed Affinity, a national project which won government grant funding to offer autistic adults skilled counselling and coaching to help them manage their challenges. A resounding success with service users who gave it a 98% satisfaction rating, Affinity had to close when its grant funding came to an end and local authorities did not take up the slack.

“There’s this myth that things will become self-sustaining,” says Louise. “I’m not sure how they’re meant to become self-sustaining when they’re free to access and you need qualified, professionally trained, experienced staff to lead them.”

For Louise, at the heart of the social care crisis is recruitment and retention of staff, which means addressing low pay and therefore the budgets offered to care providers. National agreement on pricing has been proposed to avoid a race-to-the-bottom on cost – but it has to be realistic.

"There are some local authorities that have already instituted a fixed fee rate for what they define the service as. Most of them, though, are defining it well below what I would consider to be market value," says Louise. "There's also other local authorities that will allow you to join a framework and you set your own rate, and depending on how low that rate is depends how highly you get ranked, and how often you get selected to provide a service. There have been several occasions that Scottish Autism has chosen not to join a framework, because we actually couldn't afford to provide services at that level. We'd go bankrupt."

Instead of chasing unaffordable contracts, Scottish Autism now often decides not to bid for new services because of a struggle to staff them. "We just basically can't do it," says Louise. "I think local authorities are aware of it but don't know how to fix it either."

The starting point for change is meaningful co-production, and supporting people to contribute. "It sounds so basic, but people having time set aside in their diaries, that there's going to be a regular meeting that's not the local authority coming with their agenda of 'I'm going to transmit this information to all the providers'," she says. "I attend many provider forums, and we all sit there mute. I think we have to take responsibility for that ourselves and go 'we need to speak up', and we need to, either individually or collectively, say, 'what's important to us that we need to discuss here?'. Rather than saying, 'what's wrong?', [saying] 'what are the solutions, what do we want to happen?' If it was easy we'd have done it by now."

> *"There's still a definite power dynamic. Local authorities hold the budgets and because of that they hold the power and it so often feels that providers are going with the begging bowl"*

"It's not easy. It's incredibly complex and we're not going to get it until we have those honest discussions and make some really quite hard choices because I recognise that there's not an unlimited pot of money, and I also recognise more importantly there's not an unlimited pot of staff."

For Louise, challenging the old procurement and commissioning orthodoxy is critical. "We need to work within reality but without feeling so hidebound by 'competitive tendering is the law, we have to do competitive tendering'," she says. "I feel like that just can't be right. That's absolute rubbish. And even if it is true, it doesn't have to be competition on price."

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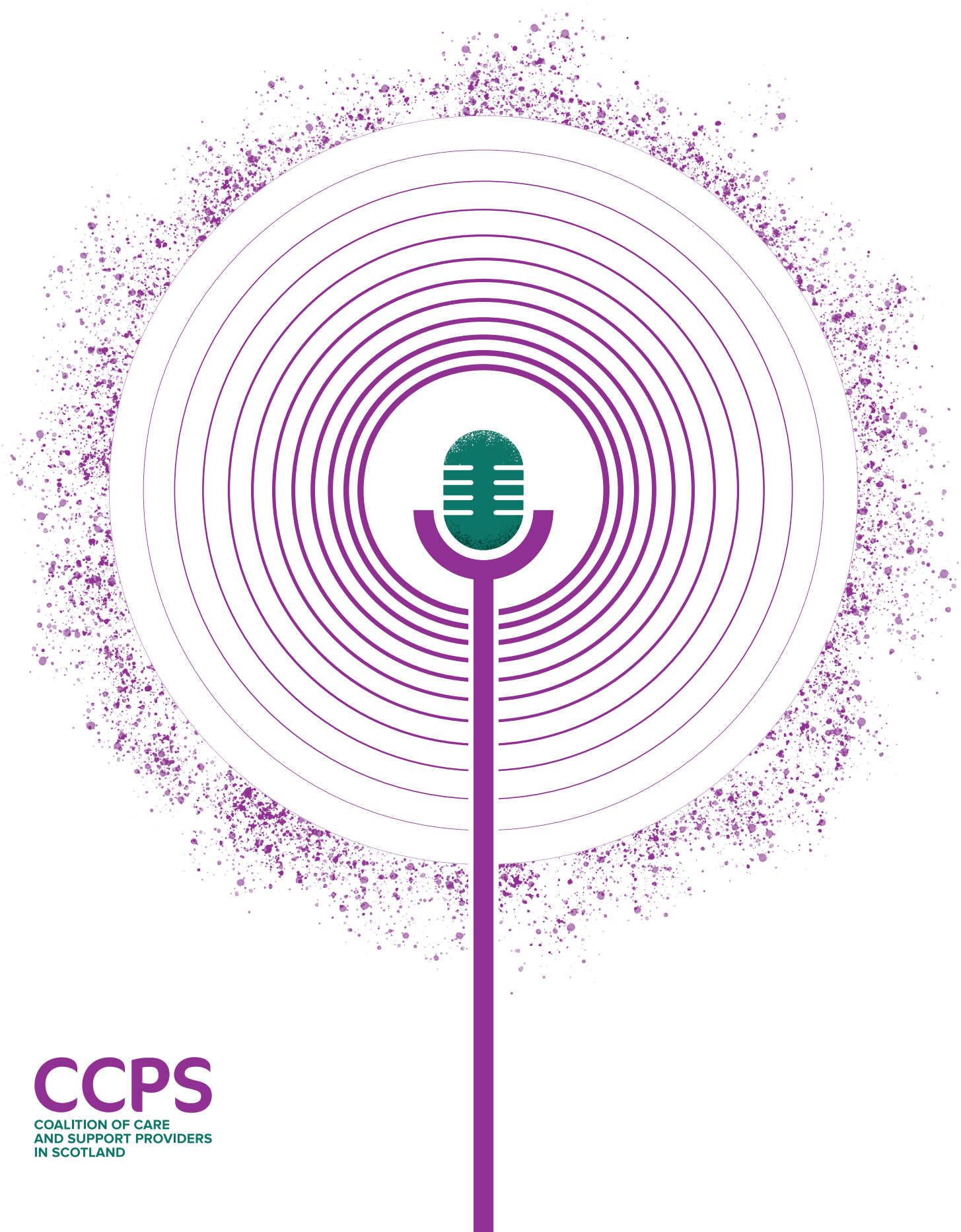

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