



National Health and Social Care Workforce Planning: Discussion Document

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

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The Scottish Commission for Learning Disability welcomes the opportunity to respond to this important consultation.

The Scottish Commission for Learning Disability (SCLD) is an independent charitable organisation and strategic partner to the Scottish Government in the delivery of Scotland's learning disability strategy, The Keys to life¹. The strategy defines learning disability as a significant, lifelong, condition that started before adulthood, which affects development and means individuals need help to understand information, learn skills, and cope independently. SCLD is committed to finding new and better ways to improve the lives of people with learning disabilities and are focused on sharing innovation and good practice so that those providing services and interventions can learn from each other. SCLD also aim to be a knowledge hub and to build an evidence base, sharing how policy is being implemented and building on an understanding of what really works.

The key areas of our response to the National Health and Social Care Workforce Planning: Discussion Document centre on five main areas. These are:

- Including people with learning disabilities in the health and social care workforce,
- Valuing the social care sector,
- Improving access to services for individuals with learning disabilities through training and developing the workforce,
- Building a workforce for the future that reflects changes in models and approaches to care. Critically involving people with learning disabilities in scrutiny and monitoring of workforce planning,
- Co-operation and co-ordination across health, social care, and the third sector.

Question 1: Are these roles the right ones, or do you have an alternative model? What steps will be needed to ensure these proposals are fully effective?

SCLD agree that strategic workforce planning roles are required at a national, regional and local levels. SCLD welcome the proposal for a National Workforce Plan which supports services and in particular, services which are preventative. SCLD view the roles outlined in the discussion document as helpful. In addition, SCLD would support the inclusion of people with learning disabilities at each level of strategic workforce planning, due to their unique relationship with service provision and how support is provided.

¹ [The keys to life](#)

Including people with learning disabilities in workforce planning would reflect the changing nature of support for people with learning disabilities from traditional service models to Self-Directed Support (SDS). This involves a shift in power which should enable people to have greater choice and control over their individual budget and how resources are spent to meet their personal outcomes.

SDS aligns with The Commission on the Future Delivery of Public Services² which recommended that public services need to be reformed and “built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience...”

The involvement of people with learning disabilities would also reflect the Scottish Government’s recognition that “... management and frontline staff in public services need to be encouraged and supported to prepare for change, promote innovation, embrace new approaches, improve performance and involve communities and services users in the design of public service”³.

While supporting the above, SCLD acknowledge the potential challenges this could present to workforce planning, including staff skills and resources. However, SCLD believe there are ways in which challenges can be overcome by working together with people who have learning disabilities in workforce planning and service provision.

At a national level, SCLD believe this can be achieved through involving people with learning disabilities in scrutiny. Regionally and locally SCLD believe workforce planning can be supported through co-production and an asset based approach.

National Level Scrutiny

Scrutiny has an important role in ensuring that planning processes and service delivery improve outcomes for individuals with learning disabilities. SCLD believe that this scrutiny should involve individuals who use services. SCLD would like to see those with direct experience of using services involved in monitoring and scrutiny of the workforce at a national level. This would provide valuable insight to inform workforce planning decisions. With regard to the roles outlined in the discussion document, specifically, SCLD would support the opportunity for people with learning disabilities to be included in the establishment of a monitoring and scrutiny body (Page 21 of The National Health and Social Care Workforce Planning Discussion Document).

SCLD recognise this type of involvement is not straightforward. A 2017 SCLD report ‘Using Scrutiny to drive outcomes: Improving quality of life for people with learning disabilities in Scotland’⁴ identified the need to invest in ways to capture the views of

² Commission on the Future Delivery of Public Services

³ Co-production in Scotland – a policy overview

⁴ Using Scrutiny to drive outcomes: Improving quality of life for people with learning disabilities in Scotland

those who access services and their carers. It recommended the development of a programme of practical guidance and support to strengthen the impact of scrutiny with regard to issues which affect people with learning disabilities. This should involve councillors, health and social care partnerships, commissioners, providers, scrutiny bodies and importantly, include people with learning disabilities.

Regional and Local Co-production and Asset Based Approaches

The Commission on the Future Delivery of Public Services⁵ highlighted an important role for co-production and an asset based approach. It stated “that effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience”⁶. In order to achieve this, consideration should be given to strategic outcome 4 of The keys to life⁷ which states that people with learning disabilities should be included as active citizens. One way in which people with learning disabilities can actively participate is through gaining choice and control over how their support is delivered. This can be achieved through co-production and an asset based approaches.

Co-Production

Co-production has underpinned The Social Care (Self-directed support) (Scotland) Act 2013. Self-directed support (SDS) gives individuals choice and control over the support they receive from services or through direct payments in lieu of services⁸. It requires commissioners to increasingly develop and influence their local markets to encourage greater choice and control for people with learning disabilities from a more diverse range of providers. Additionally, it means commissioners need to develop the financial flexibility to enable resources to be re-directed from less desired services, as well as developing systems which provide clarity about purchasing options for SDS clients, eligibility criteria and individual pricing of services.

Assets Based Approach

An asset based approach means working with communities to understand their needs, maximising their talents and supporting the building of resilience. By understanding an asset based approach services can work with people who have learning disabilities to provide support that considers their needs and strengths. The 2016 SCLD report, Building Bridges to a Good Life: A review of asset based, person centred approaches and people with learning disabilities in Scotland, highlighted C-

⁵ Commission on the Future Delivery of Public Services

⁶ Commission on the Future Delivery of Public Services

⁷ The keys to life

⁸ The keys to life

Change in Aberdeenshire as an example of this. C-Change took over two community living tenement blocks. Tenants in these blocks were unhappy with the previous service and found it controlling. By adopting an asset based approach C-Change saw this environment change from one viewed by residents as controlling, to one which saw the residents supported to build relationships and get jobs⁹.

An asset based approach can be considered in regional and local planning arrangements, which engages openly with providers and people with learning disabilities, partnership work with disabled peoples' organisations (DPOs) as well as promote attitudinal change within the workforce.

SCLD believe there needs to be more active dialogue and engagement between people with learning disabilities who use services and those responsible for planning, designing and delivering these services at national, regional and local level. Engagement in strategic workforce planning through national scrutiny and the adoption of an asset based approach would help to ensure that the health and social care workforce can meet the needs of people with learning disabilities.

Question 2: How can organisational and individual collaborative working be improved, and barriers removed, so that workforce planning can be effectively coordinated to ensure people get the care they need where and when they need it?

Ensuring that workforce planning is effectively coordinated across health, social care and third sector organisations is crucial to achieving a whole system of care which provides timely and appropriate support. A whole system approach should involve support based on the needs of an area, limiting duplication and allowing for a pooling of resources.

There are challenges in establishing the collaboration to make a whole system approach a reality. The discussion document rightly recognises these as the uncertainty of tendering arrangements in fixed term contracts. These work against workforce planning and development. SCLD agree that strategic commissioning plans need to be clear about what kind of care and support is commissioned in the future. Only then can effective workforce planning take place. (National Health and Social Care Workforce Planning: Discussion Document, p16: 23).

SCLD view the following as essential building blocks towards improving collaborative working; a strategic role for the third sector, joint commissioning, sustainable funding models and shifting the culture.

⁹ Building bridges to a good life. A review of asset based, person centred approaches and people with learning disabilities in Scotland

Strategic Role for the Third Sector

Achieving collaborative working and workforce planning that ensures improved outcomes for individuals requires the third sector to be an equal strategic planning partner alongside local authorities and NHS Scotland. However, the Health and Social Care Alliance ¹⁰ has highlighted that the third sector is often viewed as a poor second compared to health boards and local authorities when it comes to knowledge and expertise. This is despite the third sector investment in improvement and innovation in service delivery, and its wealth of insight and expertise about the needs and aspirations of people who use support and services. Workforce planning and strategic commissioning processes need to reflect this expertise and recognise the sector's strength in innovation and development of new services.

Audit Scotland¹¹ has recommended that NHS Scotland and local authorities must work with the third sector to analyse and meet existing needs. SCLD believe that a more consistent approach to engaging with third sector providers as well as greater scope for strategic involvement alongside statutory partners is required, if a whole system approach is to be developed.

Joint Commissioning

Joint commissioning is critical to achieving collaborative workforce planning to develop person centred and outcome focused approaches for people with learning disabilities. The Public Bodies (Joint Working) (Scotland) Act 2014 ¹² creates a legal requirement for people who use services, carers, organisations which provide services – including the third sector – and professionals to be involved in the strategic planning and commissioning process. Integrated joint board partnerships are required to put in place locality planning arrangements to deliver locally agreed strategic commissioning plans, that have the support of the professionals and other care providers who will deliver services, as well as users and carers. SCLD view joint commissioning between health and local authorities as central to achieving a collaborative workforce and would view all 10 strategic outcomes of joint commissioning in The keys to life ¹³ as central to this process.

Sustainable Funding Models

SCLD believe, long term, sustainable funding models will help to improve collaborative work. Short term funding can have a positive impact on innovation and service development and produce outcomes for people with learning disabilities.

¹⁰ Health and Social Care in Scotland: Integration or Transformation?

¹¹ Commissioning Social Care 2012

¹² Public Bodies (Joint Working) (Scotland) Act 2014

¹³ The keys to life

However, in terms of allowing third sector staff to form relationships and begin collaborative work with other services takes time. Short term funding, therefore, sometimes risks starting good work and cutting it short before the real collaboration can take place.

Responses from the Business Resilience Survey ¹⁴ stated that one of the key ways social care providers form collaborative partnerships with statutory services and other third sector organisations is through Public Social Partnerships (46%). However, there was a measure of dissatisfaction regarding Public Social Partnerships due to limited funding and therefore sustainability¹⁵.

A sustainable long-term funding and planning model for services competing for Local Authority contracts and projects which bid for external funding (I. e. The Big Lottery Fund), could overcome barriers around collaborative working. This could provide continuity of care and better services for people with learning disabilities.

Shifting Culture

Research¹⁶ has demonstrated the difference in organisational cultures between health and social care staff. This showed: different priorities, management, and approval structures. A recent workshop held by SCLD on support for parents with learning disabilities attended by staff from across health, social work and third sector highlighted the challenges staff face with regard to partnership work. For example, limited communication between services. Participants in the workshop suggested that there was the need to build trust between services and the need to evidence successful partnership work. Moreover, a need for adjustments relating to the use of jargon needs to be addressed when working in an integrated team¹⁷.

Role clarification is another critical factor in improving collaboration across health and social care. SCLD recognise that within an integrated culture there will be different roles and tasks which cannot be interchanged. However, SCLD would highlight the common principle which underpins both health and social care, of working to improve individuals' life outcomes.

¹⁴ [Business Resilience Survey 2016](#)

¹⁵ [Business Resilience Survey 2016](#)

¹⁶ [Integration of health and social care- A snapshot of current practice in Scotland](#)

¹⁷ [Integration of health and social care- A snapshot of current practice in Scotland](#)

Question 4a) How might employers and other relevant interests in the Health and Social Care sector work, jointly and individually, to identify and tackle recruitment and retention issues, ensuring priority gaps are identified and addressed: Nationally, Regionally and Locally?

SCLD view key areas for improvement on national, regional and local level as; including people with learning disabilities in the health and social care workforce, valuing the third sector and private sector social care workforce in terms of pay and working conditions, as well as stronger co-ordination across health, social care, and the third sector.

By including People with Learning Disabilities in the Workforce

The keys to life¹⁸ highlights that a minority of people with learning disabilities are in paid employment. When they are in employment they often work less than 16 hours a week. SCLD acknowledge the barriers to employment faced by people with learning disabilities which were further described in 'Creating a Fairer Scotland: Employability Support Consultation'¹⁹ response from SCLD. This highlighted the need for individuals with learning disabilities to have support not just to get a job, but also a need for continued support while in a job based on their needs and strengths.

With regard to recruitment and retention, existing research²⁰ shows that requirements for more advanced qualifications may discourage some individuals from working in social care roles. The requirement for advanced qualifications may discourage young people with learning disabilities as a result of having had low academic expectations placed on them²¹.

The issues around the ageing workforce and lack of diversity within younger staff in social care roles could potentially be addressed through improving the accessibility of these roles to young people with learning disabilities. When recruiting individuals with learning disabilities the employer can benefit from; a wider pool of talent, workforce diversity, greater reliability of staff, the ability to undertake complex tasks and higher levels of worker retention²².

To improve workforce diversity, SCLD promote a national commitment to involving people with learning disabilities in the health and social care workforce. SCLD would look to the NHS to lead in this area. Currently, a barrier to employment of people with learning disabilities is inflexible job descriptions in the NHS. Rigid employment

¹⁸ [The keys to life](#)

¹⁹ [Creating a Fairer Scotland: Employability Consultation](#)

²⁰ [Recruitment and Retention in the social service workforce in Scotland](#)

²¹ [Mapping the Employability Landscape for People with Learning Disabilities in Scotland](#)

²² [Mapping the Employability Landscape for People with Learning Disabilities in Scotland](#)

criteria can disadvantage a range of people who may not meet one of the elements, but may be able to excel in the role with support. SCLD believe there is real value in offering a service which is both diverse and representative of the people it supports. This ensures that there is inbuilt understanding and empathy which comes from lived experience of receiving social care services. This could be achieved through the development of less rigid employment criteria.

The inclusion of people with learning disabilities in the workforce will require national commitment, regional agreements and implementation of supported employment at local authority and health board level. One type of model which could be adopted on a local level is Project SEARCH. In some parts of Scotland, Project SEARCH supports individuals with learning disabilities into real and sustainable paid employment. This has a proven track record with 70% of participants moving into employment in Project SEARCH Programmes in North Lanarkshire and South Lanarkshire between 2010/11 and 2012/13 ²³.

By valuing the Social Care Sector

Social services in Scotland are vast and complex. The 2015-2020 Social Services Strategy stated that social services in Scotland employed over 189,670 people, with 1 in 13 people in Scotland working in social services²⁴. Within social services, social care plays an ever increasing role, employing a large workforce within a range of public, private and third sector organisations.

The image of social care work has been identified as negative and also misleading, in interviews conducted with social care staff²⁵. The report featuring these interviews demonstrated that many support workers' initial impressions of their roles had been one of personal care and that this would be a negative part of their role. However, respondents stated this was not the case. There were also concerns about the negative media portrayal of social care work.

Recruitment and retention have been a challenge for the social care workforce. In addition to the factors outlined above, workload, pay, and terms and conditions of employment, (which has often been driven by competitive tendering) have had a detrimental impact.

Attributing greater value to the private and third sector social care workforce can be achieved by examining and improving these areas of difficulties for the existing workforce. In particular, the issues of pay and terms and conditions.

²³ [Mapping the Employability Landscape for People with Learning Disabilities in Scotland](#)

²⁴ [Social Services in Scotland: a shared vision and strategy 2015- 2020](#)

²⁵ [Voices from the Front Line: Exploring Recruitment & Retention of Social Care Support Workers](#)

Pay

Evidence ²⁶ has shown that for some social care staff, low pay can present a challenge. Some staff feel their pay is not in line with what their job involves and that it does not meet what others in similar roles receive.

SCLD support a national adoption of the Living Wage for those in care roles. SCLD believe this would encourage new recruits into these roles and improve retention. However, SCLD recognise the challenge employers in the sector face with regard to funding arrangements allocated by local authorities and integrated joint boards. SCLD also welcome the Scottish Government funding local authorities to ensure providers meet the Living Wage standard. Some concerns remain to be addressed meeting the level required for National Insurance or pension contributions and funding for sleepover arrangements. Keeping these challenges in mind, SCLD would support local agreements between local authorities, integrated joint boards and care providers which support care providers becoming accredited living wage employers, and work to address remuneration issues.

Terms and Conditions

Terms and conditions have been shown to be an issue for individual staff working in the social care sector. The main challenges appear to be around travel time and costs, anti-social working hours and a lack of a flexible work pattern²⁷.

SCLD would support a national equalising of terms and conditions for care staff. For example, ensuring that all care staff are paid for time spent traveling between jobs and paying the rates of mileage for the travel.

SCLD also support a national, regional and local move towards more security in the care sector. Care staff do not always enjoy conditions of service that promote a valued and stable workforce. This risks continuity of care which is vital for people with learning disabilities. These concerns apply to some employment practices regarding contracted and non-contracted hours.

On a local planning level, employers should provide care staff with opportunities for training. Suitable induction training and ongoing training should be made available to all social care staff. There should also be opportunities for career progression towards management level positions. Regular and consistent supervision should be provided to care staff due to the impact this type of role can have on an individual's

²⁶ Voices from the Front Line: Exploring Recruitment & Retention of Social Care Support Workers

²⁷ Recruitment and Retention in the social service workforce in Scotland

emotional and mental wellbeing. The need for supervision is also true for those working in health.

The challenges of pay and employment terms and conditions are of critical importance in providing a skilled and confident workforce in a competitive market. SCLD believe that recruitment and retention issues can be addressed through less competitive tendering systems, the ongoing support of a National Living Wage, the equalising of employment terms and conditions across care providers, and the provision of appropriate support and training. Enhancing this with a commitment to including people with learning disabilities in the health and social care employment could help to promote a more stable workforce as well as a resilient service.

Question 5: Based on what has said above, would it be helpful at a national level to have an overarching process (or principles, or framework) for workforce planning across Health and Social Care sectors?

SCLD support a National Workforce Plan which takes a whole system approach to workforce planning. SCLD agree that although the NHS guidance provides a standard system, this needs to be refreshed to meet the needs of social care workforce planning (National Health and Social Care Workforce Planning: Discussion Document). In refreshing this guidance SCLD feel that the following points should be considered when those in workforce planning are thinking about: What is to be delivered?, What do you have to deliver it?, What you need to deliver it? And if there is a gap, how you will close it?

- What is to be delivered?

SCLD would ask those involved in planning the workforce to include people with learning disabilities in scrutiny and an asset based approach (Response to Question 1).

- What do you have to deliver it?

SCLD would ask that in this process due regard is given to providing people with learning disabilities real opportunities to join the workforce. Examples of this would include Project SEARCH, provision of access courses, access to supported modern apprenticeships, and supportive employment services. In addition, SCLD ask that the value of the third sector is considered (Response to Question 2 and 4a).

- What do you need to deliver it?

SCLD would ask that consideration be given not just in the balance of care between health and social care but also to think about models of care (Response to Question 1).

- If there is a gap, how will you close it?

SCLD feel there needs to be creative solutions developed with people with learning disabilities. This can include changing models of care (Response to Question 1) and developing the workforce for the future (Response to Question 6a).

Central to the above will be working to build the capacity of people with learning disabilities in the design, development, and delivery of future services.

6A: How can a more coordinated and collaborative approach be taken to assessing student intake requirements across all relevant professionals, and what other issues should be addressed to remove barriers to successful workforce planning?

There are a range of factors which should be considered when thinking about a coordinated and collaborative approach to assessing the student intake across the relevant professions in health and social care necessary to build a workforce fit for the future. Critical to meeting the needs and aspirations of people with learning disabilities is careful consideration of need and demand, student intake and learning and development.

Need and Demand

There should be thorough work on needs assessment which considers not only the current and future demand for services, but also new developing approaches to care which have been highlighted in earlier responses. It should also incorporate developments in legislation; for example Part 12 of The Children and Young Peoples Act (Scotland) 2014 which places a responsibility on Local Authorities to provide Supported Parenting and Family Group Decision-Making Services. Policy and guidance will also require being taken into account. For example, the updated National Care Standards²⁸.

²⁸ National Care Standards: Review Update 6th February 2017

Critically, there needs to be recognition that people with learning disabilities may need support for their whole life and at periods of transition and life cycle changes. A coordinated and collaborative approach to accessing student intake will, therefore, require a detailed understanding of the scope and nature of future services. This means that all those involved in providing health and social care need to re-assess where and how they see these services being provided in the future.

Student Intake

Selection of students across the health and social care sector requires a commitment to genuine diversity. The sector will benefit from the skills and experience of people from a wide range of backgrounds who share a common desire to improve the lives of others. Recruitment methods should reflect this by widening access, making reasonable adjustments and providing flexible learning approaches.

Learning and Development

SCLD value the importance of providing learning and development of the workforce with regard to improving knowledge and awareness of the barriers that can impact people with learning disabilities, and ways in which individuals can be supported to overcome these barriers. To achieve this SCLD support NHS boards, local authorities, relevant statutory bodies and the third sector to explore the best ways to ensure the following:

- Sharing best practice across health and social care professionals which helps to address the needs of people with learning disabilities;
- That NHS induction training includes legislation relevant to supporting people with learning disabilities in universal healthcare settings,
- That staff in health and social care who are likely to work with people with learning disabilities are given relevant learning disability training, with regard to a range of communication tools.

This will provide a useful baseline for continuing learning and development which could be built upon to develop the future workforce.