

## **Appendix 1 – Draft principles of Social Care Vision**

The Social Care Vision is part of the programme for change in Unscheduled Care and should follow the Scotland Approach to Change methodology. This is a ten year commitment to work collaboratively with provider partners and other stakeholders to ensure delivery of the social care vision.

### **Social Care Vision – draft principles**

Draft principles are designed to underpin the vision

1. Multi-disciplinary working by default – where someone accesses health and social care they should be able to access a wide range of support
2. Third Sector and community supports are first point of call before statutory support involved
3. Everything is done to reduce the amount of social care people need
4. Health and social care services are not the solution for everything
5. Digital solutions to the planning, management and delivery of care and support

### **Social Care Vision – Strategic Choices**

Decisions about the following strategic areas have been identified as being required to deliver the social care vision

1. Funding – Funding from acute transferred to fund greater social support and social care support provided by third sector
2. Commissioning approach – Commissioning for outcomes that allows joint working across organisations and the three sectors, and enable flexibility and rapid response required for commissioned organisations to adapt and tailor their support to people without rigid contractual arrangements standing in the way of adaptation
3. Community models of care – bringing together multi-disciplinary specialisms within the community to provide more well-rounded care across health, social care, housing, poverty, social need etc. For example, the use of community hubs, network communities, community assessment days etc
4. New front door – creating a single front door where third sector are the front door. Social work see fewer people, conduct fewer assessments and statutory social work provides a lower proportion of the care required – this requires a change in the way that social work ends up with cases and referrals
5. Multi-disciplinary approach to frailty – continuing to invest in the frailty initiatives within the community, at the acute front door and within acute settings with a clear link to them
6. Digital – digitally enabled care, including ensuring digital and internet access within communities and homes to enable this to happen and digital solutions for service planning, data sharing and service management