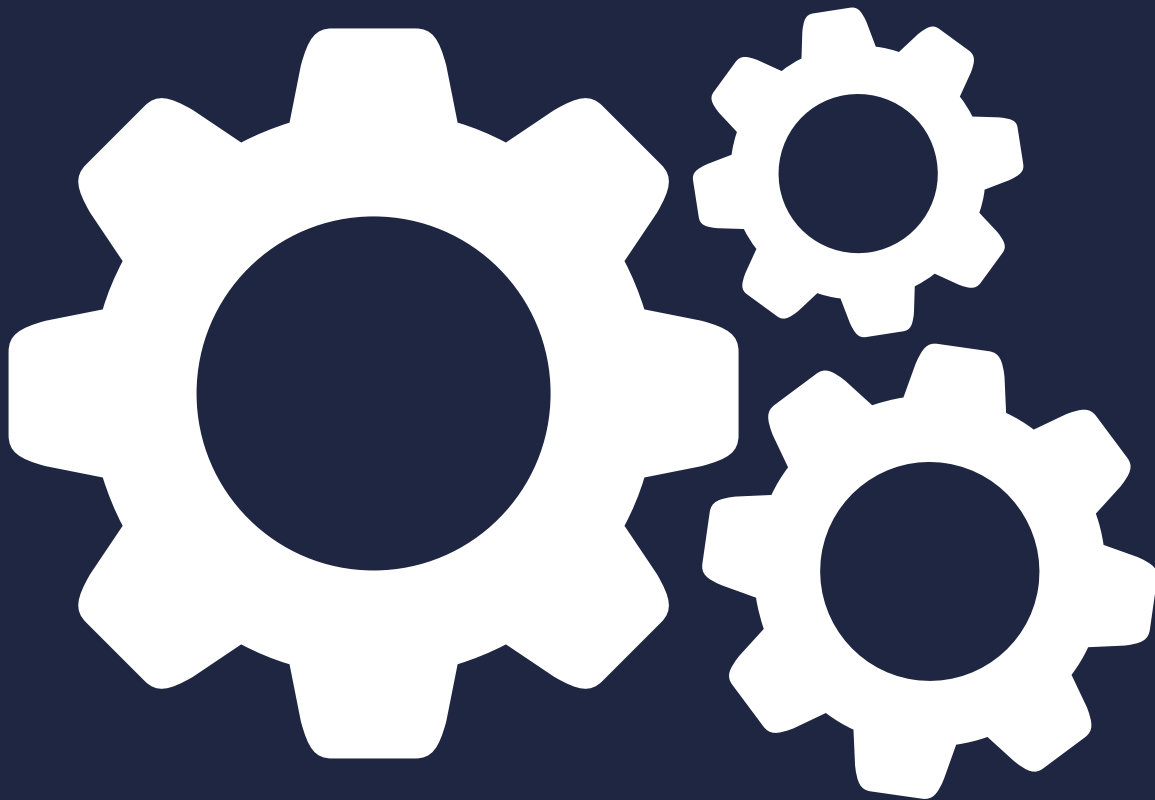


KEY LEARNINGS

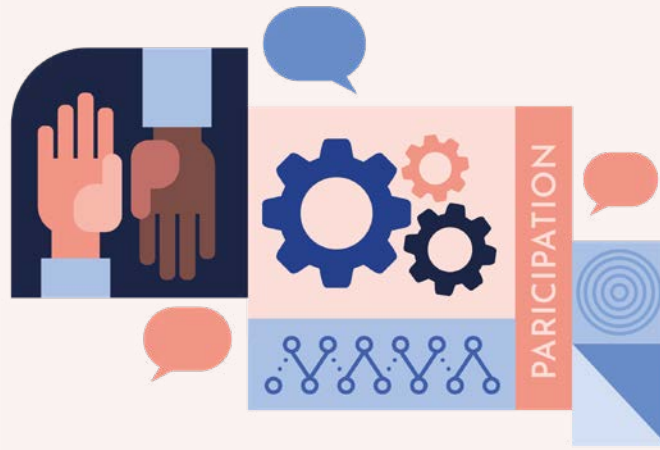
Inclusive Public Service

What can we learn in terms of practices, approaches and outcomes of those delivering person-centred public service across Scotland? What change is possible in the near future?



RSE

*Post-Covid-19
Futures Commission*
THE ROYAL SOCIETY OF EDINBURGH



Inclusive Public Service

Executive Summary – Key Learnings



Urgent change is needed to Scotland's public service to put people at the centre, giving everyone the help and support they need to live a full life.

The Covid-19 crisis highlighted Scotland's deep and long-standing inequalities, and the inability of many public services to respond effectively. Urgent change is needed.

We are a rich country, but we spend too much public money on propping up old systems designed for a different time. Post-Covid-19 we need to build relationships and communities by putting care and connection first and focusing on what people have and what they can do.

We need to ask: 'What matters to you?' instead of: 'What's the matter with you?' with a stronger emphasis on co-creation as the core underpinning of effective public policy and public services.

Our community films show some of the ways that people across Scotland have been supporting each other with generosity, energy and imagination. We can learn from these examples, building capacity and resilience and opening up public services to include everyone.

We have to start locally, come up with ideas and try them out, adapting those interventions and practices that have demonstrated their capacity to deliver positive outcomes.

The Commission is calling for the Scottish Government to lead the change, working through a new public service transformation partnership with local government, public, private and third sectors and supported by seed corn funding to make a decisive shift to person-led care. This should actively promote the principles and experience of social prescribing from around Scotland and beyond, offer connections and development opportunities for people who want to work collaboratively, and act as a testbed for new ways of working.

This report represents the views of the Royal Society of Edinburgh's Post-Covid-19 Futures Commission, which was set up by the RSE to contribute to Scotland's recovery and renewal. The views are not necessarily those of the RSE but are the learnings and recommendations emerging from an 18 month programme of activities and research which were designed to take into account expert opinion and lived experience. Along with a number of bodies mentioned in the report, the RSE will explore these findings over the coming months.

Key Learnings

Urgent change is needed to Scotland's public service to put people at the centre, giving everyone the help and support they need to live a full life.

The Covid-19 crisis highlighted Scotland's deep and long-standing inequalities, and the inability of many public services to respond effectively. Urgent change is needed.

We are a rich country, but we spend too much public money on propping up old systems designed for a different time. Post-Covid-19 we need to build relationships and communities by putting care and connection first and focusing on what people have and what they can do. Engagement with citizens underpinned by a focus on 'what matters to you?' and a stronger emphasis on co-creation is core to effective public policy and services and building resilience to future challenges.

Our community films show some of the ways that people across Scotland have been supporting each other with generosity, energy and imagination. We can learn from these examples, building capacity and resilience and opening up public services to include everyone. We have to start locally, come up with ideas and try them out, adapting those interventions and practices that have demonstrated their capacity to deliver positive outcomes.

The Scottish Government should set up a public service transformation partnership to actively promote the experience of social prescribing from around Scotland and beyond, offer connections and development opportunities for people who want to work collaboratively, and act as a testbed for new ways of working.

1. What are the challenges?

To move from the old to the new, there are seven system-wide challenges that must be tackled now:

Cuts to local budgets

Catastrophic for person-centred care; we need root and branch reform for cross-sector, smarter inclusive service.

Population change

Our society is ageing; we need to reform social care and recognise that older people also contribute. We need to attract more people to live and work in Scotland.

Workforce planning

Covid-19 showed the cost of precarious employment and a lack of succession planning. We need system-wide planning to expand the Health & Social Care sector workforce, starting with fair reward and career development opportunities.

Tackling inequalities

Covid-19 crisis exacerbated inequalities that already existed for certain individuals and groups. Marginalised groups continue to be forgotten. People's individual experiences need to be at the centre when designing support.



Rigid structures and systems

Covid-19 crisis highlighted the flexibility of the third sector compared to the statutory sector. We need a shared, long-term, vision for preventative, community-based support.

Sustainability

Commitments (net-zero, climate change, UN Sustainable Dev Goals) are not being achieved, and continuing to do the same things in the same way is unsustainable. Strong financial and wellbeing are imperative for new preventative and community-based approaches.

Digital transformation

Covid-19 crisis triggered an overnight shift to digital but also exposed digital inequality. Infrastructure is critical, along with rapid learning, upskilling, e-delivery and new uses of technology.

2. What can we learn from examples that have already addressed these challenges?

We have seen excellent examples through our own partnerships, [Social Prescribing Research](#) and collaborative [Community Films](#) of the importance of public services that are directed by users themselves. They all share some key must-haves at organisational and individual levels that are essential for system-wide change.

Must-haves for organisations

- Close engagement with communities; co-production and co-ownership of process and 'product'
- Integrated approach that fully recognises non-medical interventions
- Recognition of community-based assets
- Daily commitment to rights of communities
- Focus on building communities
- Community-based solutions and connections
- Builds on pilots and demonstrator models that showcase inclusive public service
- Access and inclusion must be considered
- Civil society and public sector working together
- Collaborating to support mix of approaches
- Recognises link between physical and mental health
- Evaluates models before rolling-out further
- Involves community-based organisations that address isolation and loneliness
- Flexible, agile, nimble
- Scaleable approaches
- Staff are trusted and empowered, supported and trained



THE TROJAN WOMEN PROJECT



ENABLE Group

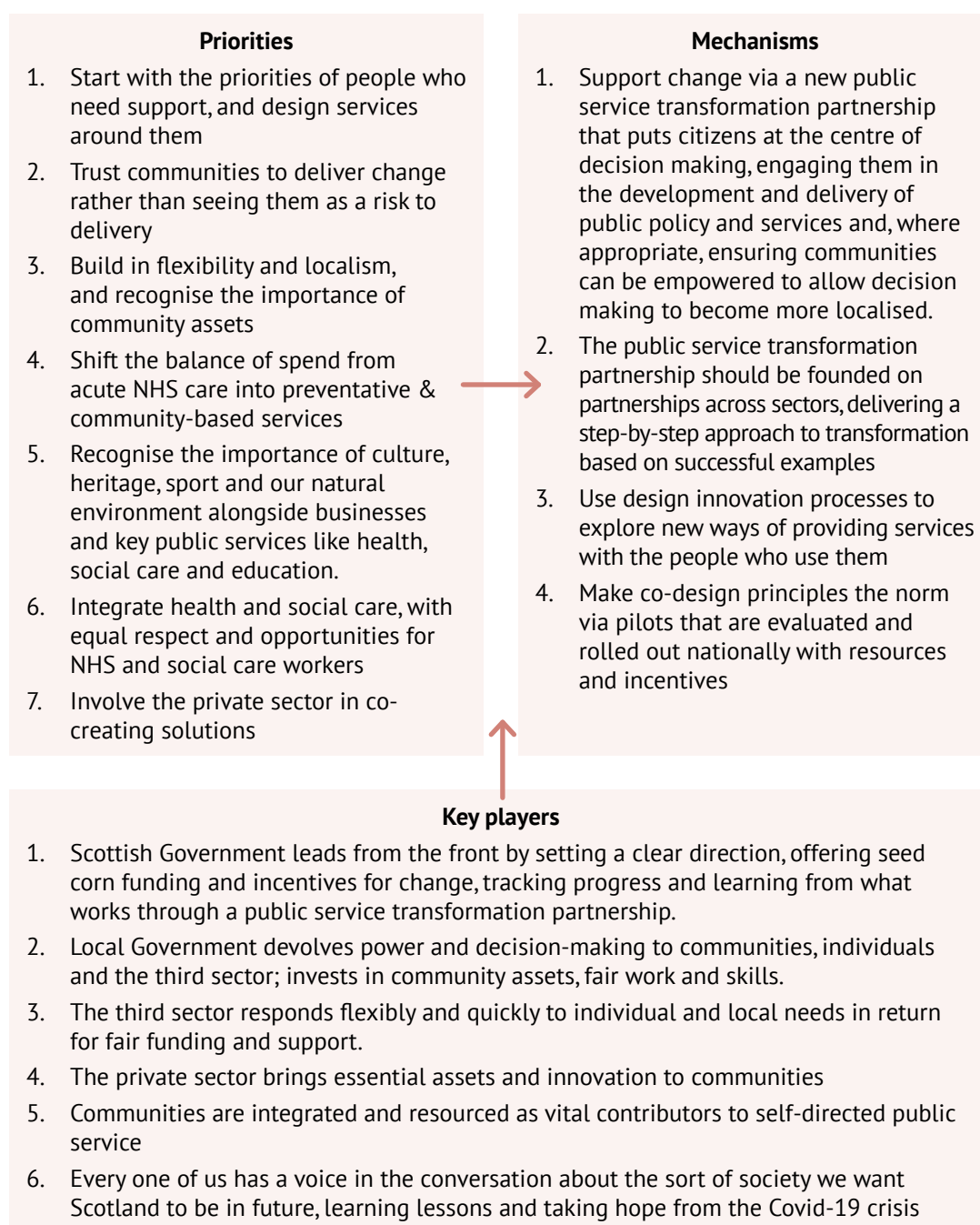


Must-haves for individuals

- Plan services around the individual; do not bend individuals to fit the service.
- People must be at the heart of their own solution
- View the whole person, not only their separate symptoms
- Holistic and collaborative approach
- De-medicalise "the patient"
- Give dignity and respect to the individual
- Relationships and connections at the core
- Includes all people
- Empowers people to make their own health decisions
- Creates shared, common, jargon-free language that empowers everyone involved

3. What are the key priorities and mechanisms and who will deliver them?

Individuals, communities, partnerships and organisations are already delivering inclusive public service in Scotland. We must make sure that their ways of working are supported and become an essential part of the “new norm”. To support this process, we propose Priorities, Mechanisms and Players that must be mobilised for genuine and game-changing shifts to happen.



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