

Health and Social Care Alliance Scotland (the ALLIANCE)

The National Care Service Consultation ALLIANCE Members Event



October 2021

The National Care Service Consultation in Scotland

Following from the publication of Derek Feeley's [Independent Review of Adult Social Care](#) report in February 2021, the Scottish Government set out a number of proposals to improve the way social care is delivered in Scotland. As a result, the Government launched the [National Care Service consultation](#) in August 2021, which is due to end on 2nd November 2021. The document outlines the Government's plans to bring social care services under a single, centralised system, covering a wide range of areas, including social work, children's services, nursing, prisons, alcohol and drugs services, and mental health.

Members of the public and key stakeholders across Scotland are currently being invited to take part in the consultation, with several events taking place to capture people's views and helping to inform consultation responses across organisations.

This report provides an overview of the discussion that took place at a members' event held by the ALLIANCE on Thursday 7th of October 2021. Over fifty ALLIANCE members took part in the event, which was chaired by Sara Redmond, Director of Development and Improvement at the ALLIANCE. Following a brief presentation by Barbara Morton, Team Leader for the National Care Service, within the Engagement and Workforce Division at Scottish Government, attendees were invited to share their views and concerns about the proposals set forth in the National Care Service consultation document. As well as offering an opportunity for the ALLIANCE to further gather views from our members to inform our consultation response, the session also provided a questions and answers forum for attendees to engage with Scottish Government.

'The National Care Service aims to achieve consistently high standards of care for people, and for that care to meet people's needs, no matter where they live. The National Care Service will be people centred, human rights based, and shift to community-based approaches. It is not about establishing services, but about changing a system, and that needs to be informed by lived experience. We need to shift the debate, fundamentally, on social care, so that it's seen as an investment in society. It's about people, not structures.'

Barbara Morton, Engagement and Workforce Division, Scottish Government

Opening remarks by Barbara Morton, Scottish Government

During her opening statement, Barbara Morton, Scottish Government representative, explained the rationale, scope, and key concepts of the National Care Service consultation. She added that she hoped the event would offer an opportunity for attendees to comment on whether the consultation met their expectations, and what, if anything, is missing in the consultation document. As well as providing some context about how the findings of the Independent Review of Adult Social Care have shaped the proposals set forth in the National Care Service consultation document, insights were shared about some of the work that Scottish Government is already doing to address issues within social care, such as ensuring fair work for the social care workforce. Indeed, two key elements that are at the centre of the National Care Service consultation are the proposals to “nurture and strengthen” the social care workforce and to improve the way unpaid carers are supported.

The Scottish Government representative explained that the broad scope of the National Care Service consultation, compared to what is covered and recommended in the Independent Review of Adult Social Care, is a response to the need to create a more holistic community health and social care system. The Scottish Government’s ambition in creating the National Care Service is to establish alignment with all areas of social care, including children’s services, prisons, alcohol and drug services, and justice social work.

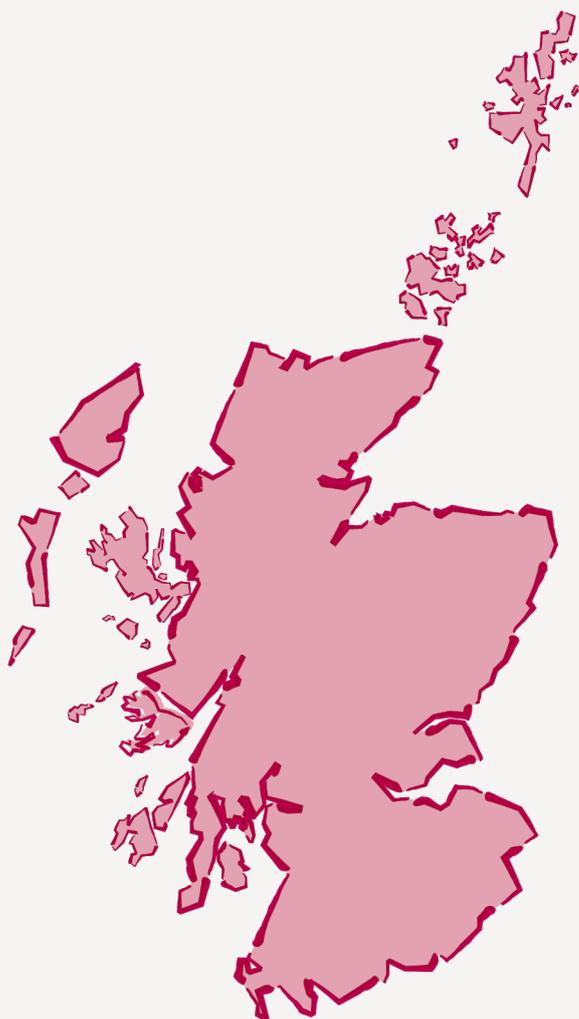
To achieve this, efforts also need to be made to understand the links between social care staff and the NHS, as well as between social care and other areas, like education, transport, environment, and housing. The Scottish Government representative outlined how this reflects the “no wrong door” approach in accessing social care that the National Care Service intends to establish, using Getting It Right for Everyone (GIRFE) as a framework that responds to people’s experiences and their requirements.



The Scottish Government representative stressed that another central aspect the National Care Service should address is commissioning, saying that, to transform how care is planned, commissioned, and procured, relationships and partnerships need to be prioritised, rather than competition. She emphasised that this is in line with the principles of fair work and human rights that the Scottish Government puts forward in its proposals for transformational change.

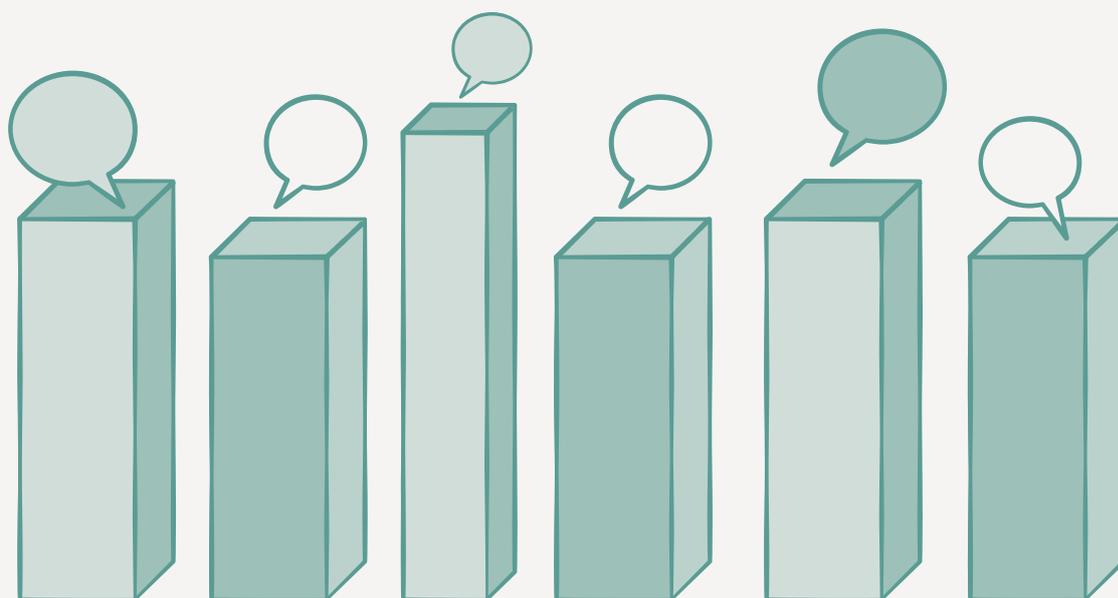
Alluding to some of the concerns several organisations have raised about the National Care Service's centralised approach, and its potential impact on how local services will be managed and delivered, the Scottish Government representative explained that proposals for community health and social care boards will be informed by local priorities. She highlighted that lived experienced representation and input from those involved in managing and delivering services would be key to any new system.

The presentation from Scottish Government ended with a reassurance to the audience that "nothing has been decided". Whilst the National Care Service consultation will end in early November 2021, ideas and opinions gathered during the consultation process will be important in determining how the National Care Service will be shaped. Further engagement activity will take place following the consultation, with continuous improvement expected to happen as the National Care Service comes into effect in the next five years.



Discussion on National Care Service sections and proposals

Following the opening statement from the Scottish Government representative, the floor was open for attendees to ask questions and raise points for discussions, the most significant of which have been captured thematically in this report.



Rethinking care and support

During the event, important points were raised about the meaning and value of social care and support, both within the National Care Service consultation document and at a societal level. One participant voiced that there seems to be “something unexamined about the language of ‘care’ in the National Care Service consultation document” that appears “to have a paternalistic undertone, at odds with what is being proposed by the National Care Service.” The gendered nature of care work was also mentioned by participants as one of the main reasons care work continues to be undervalued – something that proponents of the care economy have urged needs to be addressed to even out inequalities in the social care sector.

Some attendees proposed thinking about support, and moving away from the deficit model often used when talking about service provision. One participant summarised their position on this topic as follows:

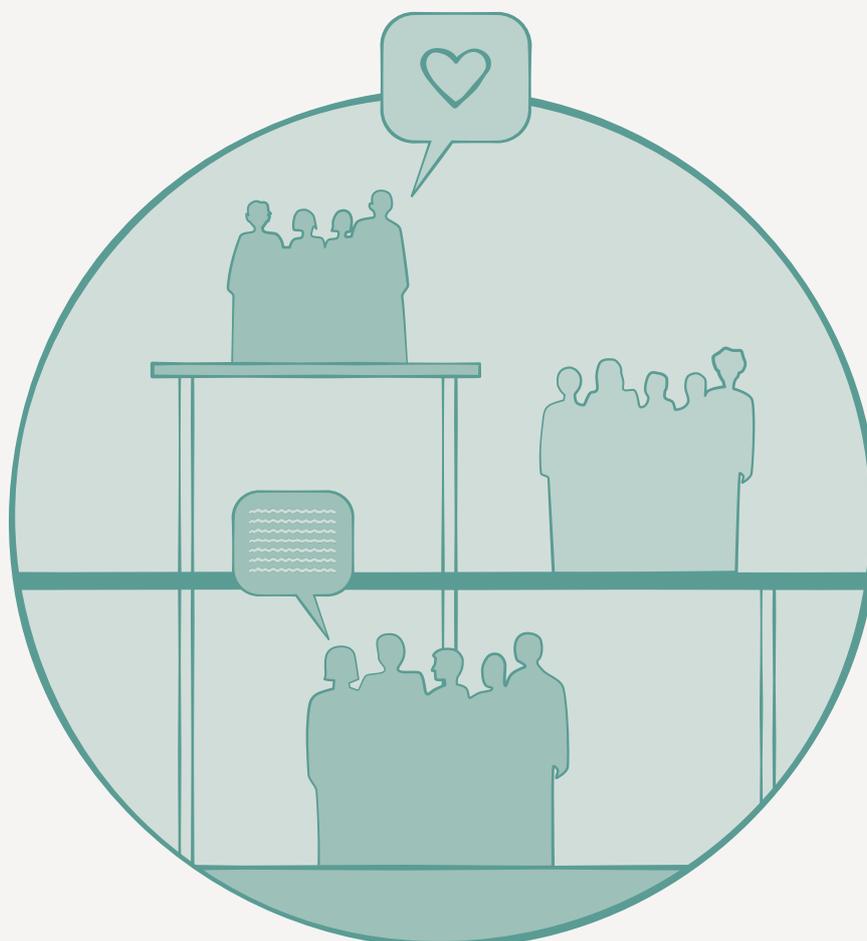
“We all need support in our lives, it’s just about what level of support we need. There are fundamentals that matter to everyone in our lives; we need to ask what will the National Care Service mean in terms of the fundamental things that all people want in their lives.”

The National Care Service consultation was widely seen by the group as an opportunity to “put the social back in social care,” as one attendee expressed. People felt that the radical reform proposed by the National Care Service offers the potential to embed more positive language to the sphere of social care and social work, following an assets based, person centred, and human rights based approach. Some shared that centring the concept of reciprocity in the discussion was fundamental to achieve this vision, in which investment is not only devolved to services and infrastructure but also to communities and the relationships that exist within them.

Participants provided a range of examples to show how this change would positively impact how social care is framed within the language of the National Care Service, but also how this could cascade and lead to a shift in how social care is viewed in society at large. One attendee shared a powerful intervention about the role of food in promoting holistic notions of care and wellbeing:

“If we are talking about prevention, then food is an absolute fundamental need. If we don’t eat well, we aren’t well nourished, but if we don’t have a wider connection to society, such as a lunch club when feeling socially isolated, then how can we have a healthy population? And if the workforce doesn’t have time to even sit and have a meal with each other, how can we have high quality care?”

The Scottish Government representative taking part in the session welcomed these reflections, saying she understood the role that thinking about the distinction between care and support could play in developing a National Care Service that will support people to thrive and flourish, and the importance of considering the gendered dimension of care.



Workforce

Participants raised several concerns about the impact that the proposals outlined in the National Care Service may have on the social care workforce. There was a strong sense from the audience that the National Care Service and therefore Scottish Government needs to afford as much status and value to social care as is currently afforded to health care. The following four areas were identified as some of the most pressing priorities for social care professionals:

- Feeling valued and rewarded
- Learning and development
- Career progression
- Investment in specialist services

In line with these areas, members of the audience expressed an urgent need for the National Care Service to recognise the vital contribution that social care makes in supporting people's wellbeing, on par with that of the health care sector. Several attendees highlighted that many social workers and social care workers undergo years of specialist training, but often do not feel as valued or rewarded as their counterparts working in health care who have comparable levels of training and experience.

As one person stated, "Specialism in social work is not recognised in terms of people's salary." Some participants noted that low wages, paired to a rise in the cost of living, have had a knock-on effect on recruitment and staff retention levels in the social care sector, with implications for career progression and investment in social care workers' training and development. Throughout the discussion, the audience emphasised that the National Care Service needs to delve deeper on what plans will be put in place to address these issues, in order not to lose the good practice that already exists within the sector.

Attendees also commented that there needs to be more clarity about how the National Care Service proposes to invest in the different specialisms that social care work can entail, to positively impact career pathways in social care. One participant working to support people with lived experience of homelessness and addiction spoke of the severe impact that a decline in wages and skills within the sector has had, both for staff and people who access services. Explaining that many new entrants to the social care workforce are not provided with suitable training and are unprepared to support people with complex needs, the participant pointed to the recent drug-related deaths figures in Scotland as a direct result of a lack of investment in, and valuing of, the specialist skills and knowledge that social care work entails.

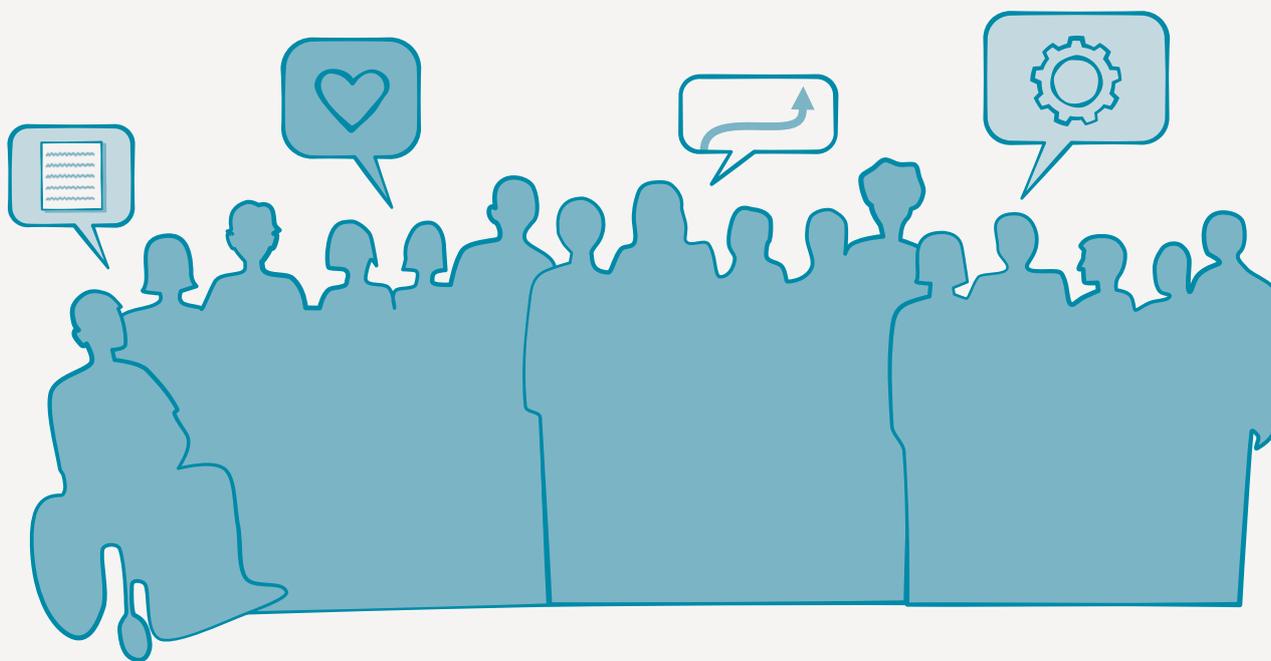


In addition to suggesting that the National Care Service should look more closely at training staff to support people with complex requirements, participants also pointed more generally to a need to invest in the wide range of skills that social care work encompasses. One participant provided an example of personal assistants who may be very capable in carrying out certain tasks (e.g. personal care), but who are less skilled in other areas, like cooking meals. Some in the audience also mentioned central commissioning of training and accreditation as mechanisms that could be put in place to address these gaps.

The representative from Scottish Government had the opportunity to respond to the concerns voiced by the audience, and welcomed some of the suggestions put forward to address issues around career pathways and professional development. In particular, she mentioned a commitment from Scottish Government to develop a national ethical commissioning model to better support training and development for specialist work in social care, to support complex cases.

‘Social care should be celebrated for its sophistication and all the parts of people’s lives that it touches. It is something that we all will touch on at some point in our lives, something that seems to find everyone.’

Sara Redmond, Director of Development and Improvement, the ALLIANCE



Leadership

Related to workforce, leadership within the social care sector also emerged as a prominent theme during the consultation event. Participants voiced a need for change to take place at a leadership level. They stressed that for this to happen social care expertise and mechanisms should be prioritised, rather than replicating the systems that are in place within the NHS. This change was about questioning the hierarchical structure and power dynamics that are more common in a medical setting, and about giving the same value to social care that is afforded to health care.

Further, merging health and social care organisational structures was perceived as a risk by some, with concerns raised about the potential loss of existing good practice in the social care sector that could happen with the introduction of the National Care Service. As one participant said, “We need to exercise caution around using health structures to address social care issues – there is much within social care in terms of approaches and how we work that we need to be careful not to lose.” Others emphasised that, with the implementation of the National Care Service, capacity building at a community level needs to go hand in hand with any considerations about reforming leadership in health and social care. This echoes some of the findings from the ALLIANCE’s [Implementing the Framework for Community Health and Integrated Services](#) report, in which diversity at leadership level was also identified as a key enabler of successful health and social care integration.

‘I have never line managed, coached, or consulted anyone in social care who has said ‘I wanted to come into this profession to lead, or to manage people’. People say, ‘I wanted to make a difference’. How do we support these people to feel valued, be promoted, and then learn in a way that makes sense to them, to help them lead?’

Participant at ALLIANCE consultation event for the National Care Service



Accessibility of the consultation

The inaccessibility of the National Care Service consultation document and process was also raised by several in the audience as an issue, who identified a number of barriers that may prevent meaningful and wide-ranging participation from really taking place during the consultation. One participant said that the way the questions are structured and the language used made it difficult for non-expert audiences to meaningfully engage with the document, “which means we have to interpret and select from the consultation in order to try and engage people, which risks organisational interest and bias. We risk missing the most critical voice – that of people who will be using those services being designed.” It was also highlighted that it is crucial to provide a way for people to respond to the consultation in a variety of ways, other than via [Citizen Space](#).

Further, concerns were raised not just about the difficulties disabled people and people living with long term conditions have experienced in accessing and responding to the consultation, but also the barriers faced by those who provide support, particularly unpaid carers. Similarly, members of the audience representing the third sector shared that filling out this consultation document has put additional pressure on an already limited capacity, with some participants saying they are concerned significant effort is going into “saying things that have already been said many times before” in other consultations.

The Scottish Government representative who attended the event welcomed this feedback about the accessibility of the document, saying that Scottish Government is committed to challenging itself in asking if they have really heard from the voices of lived experience during and after the consultation. She explained that work is already underway to engage with lived experience panels, and that her team is already thinking carefully about what steps need to be taken to continue to engage meaningfully with people beyond the 2nd of November 2021. The representative also mentioned that Scottish Government has begun collaborating with a range of different organisations to carry out consultation events during and after the consultation process. In addition to receiving responses via Citizen Space, evidence is also being accepted via e-mail using the following address: NCSconsultation@gov.scot



Everyone's experience is unique

Another key point which emerged throughout the discussion was about the uniqueness and diversity of experiences that people who access social care services (and the people who support them) have. Concerns were raised about the potential impacts of a centralised approach, both in terms of how criteria and assessments will be managed under the National Care Service and the extent to which local circumstances will be taken into proper consideration when planning, commissioning, and procuring care. One participant explained that this understanding of everyone's experience as unique can sometimes be missing in policy, saying that "the people who draft policy and legislation have a completely different way of thinking and seeing the world" compared to those who access services and those who provide care and support.

Other participants noted that by not investing in specialist training for the social care workforce, the particular and/or complex set of circumstances that every person accessing services will bring with them may not be adequately taken into consideration.

The representative from Scottish Government responded to these concerns, saying that she wanted to leave attendees with an understanding that the Government is committed to "not only listening to the 'usual voices'" and that they are trying to both open new and existing channels to as many people as possible, in order to adequately capture this diversity of experiences and requirements. Sara Redmond welcomed this commitment, saying that, "it is important that we don't lose the nuance of people's lives when we think of providing social care."

Investing in the Third Sector

Many in the audience voiced that recognising the value of, and investing in, the third sector should also be central to the National Care Service. Many highlighted the urgent need to promote a more collaborative approach in the sector, moving away from the competitive model that has resulted in the "loss of many good services across the years." A key issue raised in the discussion was the constraint posed by the short-term contracts and funding cycles that many working in the third sector are faced with. People highlighted that this often does not allow organisations to properly fill the gaps in demand for social care. Others pointed to the pressure that frequently searching for and applying for funding and grants puts on third sector organisations, again divesting valuable resources away from providing services.

The Scottish Government representative said that she could not give a definitive answer regarding implications for third sector funding with the introduction of the National Care Service, but that Scottish Government is increasingly aware of the need to make multi-year funding available to organisations. She said that she would take comments made about capacity in the third sector back to her team. Furthermore, recognising that proposals need to be backed up by funding, there has been a commitment from Government to make a 25% increase in investment for social care. Once the National Care Service comes into effect a finance memorandum will be issued to ensure transparency around the National Care Service.

Other areas of focus

Additional themes which emerged during the event, that participants described as needing particular attention in the National Care Service consultation were mental health, integration, focusing on gender when thinking about social care and work, and thinking about the principles of a care economy. As one participant said, the National Care Service needs to be mindful of the gendered aspect of the social care workforce (and unpaid carers), which is also “vital in terms of valuing the care economy, and more broadly to address occupational segregation and the gender pay gap.”

Others welcomed the National Care Service’s potential to “even things out geographically.” Speaking specifically of mental health services, an attendee said, “there are huge differences in the mental health services that people can access depending on where they live, and I am passionate about that changing.”

The event ended with some final reflections by Sara Redmond and concluding remarks by the Scottish Government representative, thanking participants. Attendees were encouraged to capture all points discussed in their own responses to the National Care Service consultation.

‘I’m hearing lots of good ideas and a will to make significant changes from Scottish Government. Much of the individual components being suggested in the National Care Service are not new, and bringing them under one roof is positive. But both training and pay for staff along with core funding for service providers are integral to any hope of success.’

Participant at ALLIANCE consultation event for the National Care Service



About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims. We seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.



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people at the centre



Future of Social Care

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