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Description automatically generated**Health and Social Care Alliance Scotland (the ALLIANCE)**

**ALLIANCE response to the National Care Service Target Operating Model (KPMG)**

17 May 2022

**Introduction**

This briefing has been produced in response to the call for comment on the pre-read documentation on the Target Operating Model (TOM) of social care in Scotland. The TOM documentation was produced by KPMG as part of their commissioned work for Scottish Government, forming part of the business case for the National Care Service (NCS).

The ALLIANCE responded to the earlier NCS Current Operating Model documentation (29 April 2022), drawing on input from our membership.[[1]](#endnote-2) We recommend that this response should be considered alongside that earlier response, as there is significant overlap between the key concerns and questions.

**Problem statement and enablers**

In response to the first key question for participants, **“What issues or problems would you challenge or change?”,** we suggest the following:

1. **Human rights cannot be prioritised without education and investment.** The TOM should include an explicit commitment to building capacity amongst both the social care workforce and the public about their human rights (from front-line staff to commissioners). This capacity building should include (but not be restricted to) the right to health, the right to independent living, and the right to autonomy through the European Convention on Human Rights (ECHR), which emphasises the importance of autonomy. It should also include the right to supported decision making under the UNCRPD, as well as investment in developing practice for this to happen.
2. **The TOM should acknowledge unmet need within discussions around eligibility criteria** – that is, people who do not meet eligibility criteria or have access to support. For a National Care Service to work for everyone, there must be a plan to accommodate current unmet need. At present, there is no way to track data about who is assessed but turned down for SDS and social care under the current eligibility criteria.
3. Improvements to data systems are much needed. **Any new system must explicitly prioritise interconnectivity between health and social care, and third sector and statutory services.** We suggest that currently there are many difficulties with having information shared with the third sector by statutory services.
4. **There is no mention in the TOR of the gender pay gap, the need for action on fair work, or the valuing of care.** These topics should all be considered key in planning for the NCS. The Fair Work Convention reports that fair work is not being consistently delivered in Scotland’s social care sector and that this is often driven by funding and commissioning systems.[[2]](#endnote-3) There are ongoing concerns about the differential pay and conditions for third and independent sector workers compared to those employed by local authorities. Research for the Scottish Government and COSLA notes that “the main reason why people leave the workforce is for better terms and conditions, particularly pay levels and another driver is to do a less demanding job for similar or better rates of pay.”[[3]](#endnote-4)

The Fair Work Convention have highlighted that failure to address these issues will have broader consequences, for example low pay will significantly contribute to inequality in women’s working conditions and Scotland’s gender pay gap. During our Independent Review of Adult Social Care engagement activity, ALLIANCE members recognised that people receiving care and workers providing care have rights, and those rights do not have to be in conflict. Ensuring paid carers receive a good wage for every hour worked remains the right thing to do. To achieve the best quality care, we must prioritise paying social care staff better and must avoid rolling back to the institutionalised settings of the past to meet the financial challenges of today – and this action must be a key part of any work to develop the NCS.

1. The ALLIANCE welcomes the space given in the TOR to “brokerage, advice, support and other ways of empowering the individual or family”. However, we would highlight that our respondents and members particularly referenced the positive impact of **independent** advice and support organisations and **independent** advocacy.

**It is important that the TOM reflects the difference between advice and advocacy (which can be provided internally by local authority and HSCPs staff), and independent advice and advocacy.** The latter is particularly important when people are challenging decisions about their care and support. Access to independent advocacy is also a key part of the effective implementation of human rights based approaches to social care, enabling supported decision making and giving people independent right of redress and empowerment.

1. We welcome the proposals for “a single electronic health and care record, that provides a single place for recording their interactions with the health and social care system”. We suggest that the proposed **new data records must also follow human rights principles in digital health and social care, ensuring that people remain data controllers, with appropriate training and access**.[[4]](#endnote-5)
2. **We suggest that the TOR should make explicit commitments to the establishment of strong, transparent, and robust accountability processes.** Meaningful redress is more than just making “access” easier – there must be transparency and accountability at all levels.

**Characteristics of the new system**

In response to the second key question for participants, **“Are there any missing characteristics you think would be key to delivering the benefits?”,** we suggest the following:

1. **Ethical commissioning standards should include equality objectives designed to realise the rights of social care workers, people accessing (or trying to access) care, and unpaid carers.**This should include gender competent minimum standards of employment, and a central aim of tackling the gendered undervaluation of the workforce.
2. We welcome the commitment to improving collaboration and commissioning processes. However, the language used in this section of the TOR indicates an oppositional mindset and approach. **Instead, we suggest reframing this discussion of responsibility and risk to acknowledge providers as integral partners in the system of social care.** The new system should also maintain strong connections with relevant partners outwith the formal system of social care.
3. Much of the workforce who contributes to health and wellbeing are not directly funded by statutory investment. The third sector workforce provide critical support for self management and community engagement with health and social care. As such, **any statements about workforce should be explicit about who is and is not included in planning and proposals.**
4. While there was no mention of intersectional analysis and data collection in the earlier COM documentation, we welcome the proposal in the TOM to use “data generated for insight, continuous improvement and research.” There is a pressing need to consider the experiences of seldom heard from groups, in order to ensure that the proposed new social care system meets the needs of everyone. **We suggest that this statement should be expanded to include a commitment to publicly available, intersectional analysis – fulfilling, in part, earlier comments on ensuring a transparent system.**
5. **Finally, one significant omission from the TOR is mention of investment in infrastructure.** While the earlier COM documentation states that pay and finance are outwith the scope of the project, it is essential that any policy connects with the wider system, including – but not restricted to social security, education, and social care. These areas must be considered alongside each other to ensure effective policy design and implementation that will improve people’s lives. We would therefore suggest that a theme is added which reflects the lack of integration between different State systems, as a Target Operating Model would be a social care system which enables integration and seamless transitions to others.

**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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1. **References**

   The ALLIANCE, “ALLIANCE response to the National Care Service Current Operating Model (KPMG)”, available at: <https://www.alliance-scotland.org.uk/blog/resources/alliance-response-to-the-national-care-service-current-operating-model-kpmg/>. [↑](#endnote-ref-2)
2. Fair Work Convention, *Fair Work in Scotland’s Social Care Sector* (2019). Available at: <https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland%E2%80%99s-Social-Care-Sector-2019.pdf>. [↑](#endnote-ref-3)
3. Scottish Government, *The Implications of National and Local Labour Markets for the Social Care Workforce: Final Report* (March 2020). Available at: <https://www.gov.scot/publications/implications-national-local-labour-markets-social-care-workforce-report-scottish-government-cosla/>. [↑](#endnote-ref-4)
4. The ALLIANCE, Scottish Care, and VOX, *Human Rights Principles in Digital Health and Social Care* (2021), pp. 2-3. Available at: <https://www.alliance-scotland.org.uk/digital/wp-content/uploads/2021/04/The-Next-Iteration-of-the-Human-Rights-Principles-for-Digital-Health-and-Social-Care_August2021.pdf>.

   **End of document.** [↑](#endnote-ref-5)