



Response to Scottish Government's
consultation on a National Care
Service by Solace

Executive Summary



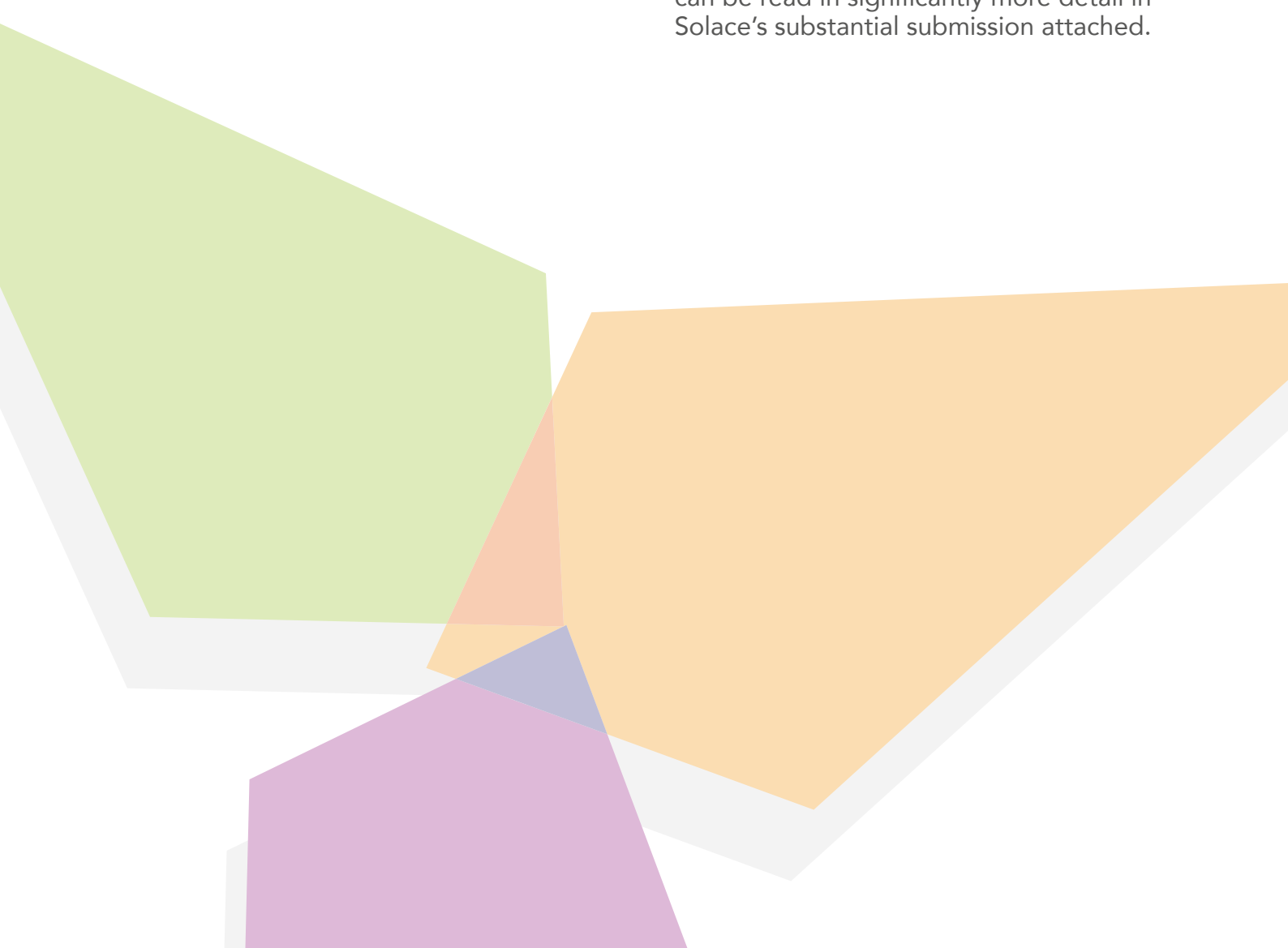
1 Introduction

Solace has prepared a substantive response to the Scottish Government's consultation on a National Care Service, which is appended to this Executive Summary. This Executive Summary is designed to be an easily consumable representation of the key messages Solace wishes to share with the Scottish Government about its proposals.

Solace's central view is that the Scottish Government should be commended for accepting the seismic, intergenerational, existential challenge of how to structure and pay for the care of a constantly growing demographic. Successive governments have declined to address the problem, which has allowed it to progressively increase in scale; Solace is committed to working with the Scottish Government on how to address it and deliver the outcomes pointed to by the Independent Review of Social Care (IRASC).

This Executive Summary will highlight the synergies between Solace's and the Scottish Government's position, before identifying those areas in which we can help the Government avoid unnecessary or unintended consequences as a result of its plans. Finally, Solace will raise some matters of concern with the content and process of the consultation, before concluding with a summary of its recommendations.

All of the material in this Executive Summary can be read in significantly more detail in Solace's substantial submission attached.



2 Shared ambitions

The care sector has been chronically underfunded for decades, however the problem has become particularly acute since the financial crash of 2008. For all of the years since, the sector, local authorities, central government and most other people with intimate knowledge of the challenge have espoused the benefits of preventative and anticipatory support, however the failure to adequately invest in this vital area of services and to shift resources from acute primary care to community-based prevention has ensured that it has not been able to be realised.

We now have an opportunity to turn talk into action.

To that end, much of what is proposed by the Scottish Government in its ambition to create a national service could make a tangible difference. A national approach in certain areas can provide strategic focus and encourage innovation and learning, which will benefit everyone involved, and ultimately those who use the service.

We see an important role for a national approach, and believe it can add value in the following areas:

Standards

The incorporation of professional registration and professional practice standards, of a national framework for service standards, linked to a Charter setting out clearly what a service user or carer can expect from health and social care services in Scotland, and a suite of performance measures, are all worthy ideas.

Workforce planning

The case for national workforce planning has been clearly established during the pandemic response phase; a national approach moving forward would allow for a holistic consideration of labour requirements, career ladder, training, development and educational needs to ensure that the workforce has the right composition for the long term.

Ethical commissioning

There is potential for close collaboration between a National Care Service and Scotland Excel in relation to national procurement guidance and regulatory framework to ensure an agreed approach to ethical commissioning and procurement is delivered

Specialist care

The case for national level commissioning of very specialist and complex care where demand for services is inconsistent, difficult to predict and where it is impractical for individual partnerships to invest in a scale of very expensive provision the demand for which may be volatile, is clear and solid.

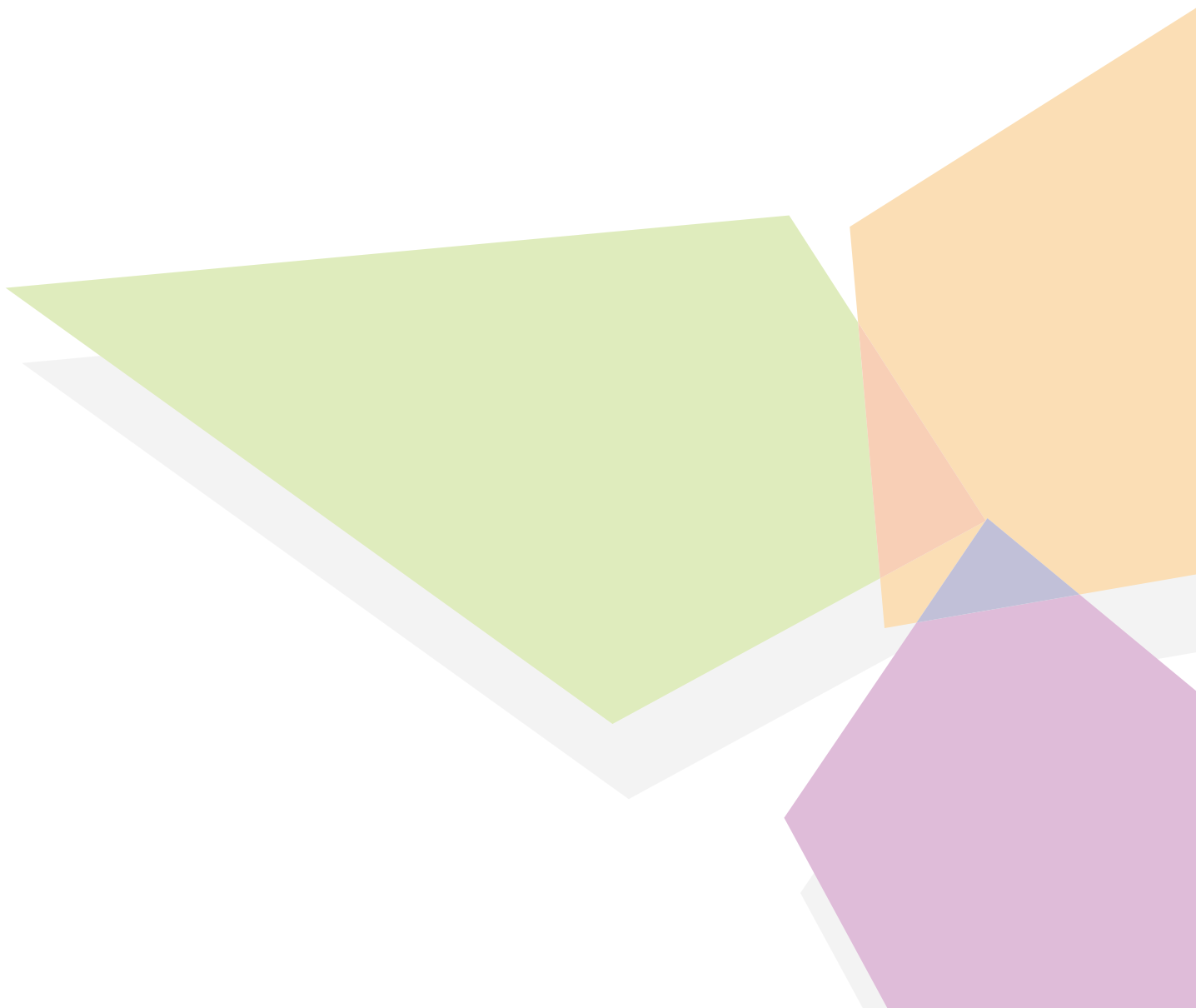
Innovation and policy development

Solace would support the coordination of improvement and innovation in health and social care being incorporated into a national service; the landscape is currently unnecessarily cluttered and inhibits progress.

Data collection

The difficulty in sharing data and accessing information by practitioners in health and social care is deeply frustrating and, building on the work of the Digital Office, coordinating this development work centrally makes good sense.

Working with local authorities, health boards, Health and Social Care Partnerships, commissioned providers, professional bodies, service users, carers organisations and other stakeholders, the Scottish Government can do enormous good by focusing specifically on these areas as it created its National Care Service. The consultation points to a fundamentally different financial context for social care – the majority of the negative outcomes and frustrations highlighted by the IRASC relate to measures introduced to ration care within an increasingly inadequate budget and the promised investment is a significant game changer for local government. Put simply, give local government the tools and let us do the job!



3 Areas of risk

Solace would, however, note that there are other areas in which attempting to replace locally delivered services with a central, nationally delivered service, whilst laudable in its aim, could have very significant and negative unintended consequences for service users.

We can all agree with the Scottish Government that there are failures in the health and social care system, and the consultation paper identifies those; however, a centralised national service is not a necessary nor proportionate solution to all of those failures. Indeed, many of the improvements required could be (and in some cases already are being) delivered more quickly, more effectively, and ultimately at lower cost through the proper resourcing and effective utilisation of existing structures.

It is in these areas where we feel compelled to highlight the potential of unintended consequences. Creating a National Care Service to cover the areas we have outlined above in section 2 will be beneficial, but allowing it to cover the areas we expand upon below is potentially a harmful course of action which could undermine progress and in fact add complexity rather than bring transparency and simplification.

With that in mind, we would suggest that removing the statutory responsibility from local control, closest to the people who need it, and placing it into central national control, would be a grave error. In our response we identify a number of areas of key risks, in particular in vital areas of adult, child and other public protection where an array of multi-disciplinary work is currently undertaken at a local level. Progress has been made in recent years in children's services, for example, and a recent report by Children in Scotland called for a period of stability, rather than structural change, in this sector.

More generally, we believe all parties involved would agree that the operational and governance arrangements around Health and Social Care Partnerships have come a long way in a relatively short time. These arrangements are still evolving as all partners work to strengthen local relationships, and we would argue that significant, and speedier, improvement would result if those increasingly effective local partnerships were at the heart of any significant investment that was to be made in the sector.

4 Matters of concern

In this short section, we wish to highlight some areas of concern with the initial consultation, over which we would seek engagement with the Government in order to rectify together. We would summarise them as follows:

- a. No involvement of local government in the development of the proposals
- b. Unnecessarily short period of consultation given the scale of the implications
- c. Consultation being carried out at a time of unprecedented pressure on services
- d. Presentation of one model of a national service as the only solution to the problems we face
- e. Use of the pandemic as a justification for a largely unrelated but fundamental change
- f. Numerous areas of ambiguity and lack of detail including on the new service models, the volume of demand/entitlement, the budgetary implications, the workforce, the scope, the support services and the current assets

5 Recommendations

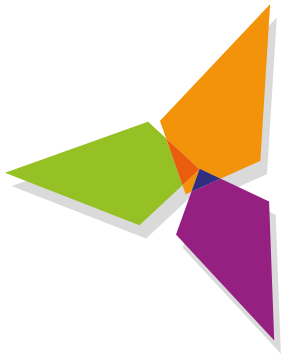
As we have highlighted throughout this Executive Summary, as well as in our substantive response, Solace sees a mixture of significant benefits and unintended negative consequences in the government's proposal for a National Care Service.

We want to work with you to get the balance right.

- g. To that end, we are suggesting the following joint activity, which we believe will put the Scottish Government, Solace, COSLA and all other collaborative organisations, in the best position, with the best knowledge, to make the best decisions. We want to work together on:
 - h. Design, development and costing of new care models
 - i. Affordability analysis of each option
 - j. Taxation strategyWe view any proposal to take decisions on a transfer of legal accountabilities or structural reform, before the completion of the detailed work on items a-c above would be premature and present unacceptable risk.

- k. Options appraisal of the various accountability and governance models
- l. Assessment of where the case for a national approach is strongest.
- m. Equalities, environmental, social and island impact assessments
Social care worker remuneration
As with items a-c, items d-g will require fuller consultation once the detail is available
- n. Preparation of enabling legislation
- o. Preparation of a master implementation plan

Creating a National Care Service is perhaps the biggest policy implementation this, or any, Scottish Government has ever undertaken. It is worth taking the time to get it right. Together.



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