

Socialist Health Association Scotland
National Care Service Consultation
Discussion Paper



Introduction

The Scottish Government has published a [consultation paper](#) on the creation of a National Care Service in Scotland. They are seeking views by 18 October 2021.

SHA Scotland has long supported creating a National Care Service (NCS) and has set out our views on social care and submitted these in [evidence](#) to the Independent Review of Adult Social Care (Feeley [report](#), Feb 2021). That evidence highlighted concerns over funding, demographic change, workforce issues and the impact of the pandemic. We supported reform that ended the marketisation of social care and introduced a National Care Service based on national frameworks with local democratic accountability. We broadly welcomed the Feeley Report while expressing concerns about over-centralisation and funding.

This discussion paper is intended to stimulate a discussion amongst SHA Scotland members on our response to the Scottish Government consultation.

Scottish Government Consultation paper

The paper seeks views on the scope of the NCS, which goes further than adult social care to include children's services, alcohol and drugs, mental health, criminal justice social work and all community health services, including general practice. Ministers will be accountable for social work and social care, leaving local government as simply another service provider. The mixed economy of care will continue with services commissioned from health boards, councils, third and private sector providers. Workforce regulation and inspection services will remain independent of the NCS.

The NCS will set the commissioning framework, including pay and conditions and outcomes. Complex and specialist services will be commissioned centrally with others commissioned locally by new Community Health and Social Care Boards (replacing the IJBs), directly funded by the Scottish Government. The CEO will report to the NCS. In addition, a National Social Work Agency will have an oversight of social work within the NCS. The NHS will continue to have a role in safety and quality of care in residential care homes.

There will be national workforce quality standards to help deliver Fair Work principles, which could include a 'Fair Work Accreditation Scheme'. In addition, the consultation seeks views on national sector-level collective bargaining arrangements as recommended by the Feeley Report. This may involve a National Job Evaluation Framework and pay structure.

Issues

The consultation paper raises a range of issues that members may wish to include in a response, including:

- How wide should the scope of the NCS be? Is it right to include such a wide range of services, or is that important to create a comprehensive and seamless service?

- The proposals involve a high degree of centralisation, giving ministers new powers that effectively remove [local democratic](#) accountability - rebranding IJB's (again) with even less local accountability.
- Removing community services from the NHS paves the way for a reorganisation of NHS Scotland into fewer acute focused health boards. Will this simply create a new organisational barrier to the shift of resources from acute to community provision, or should we consider a single NHS and social care governance framework?
- The workforce proposals are less than firm. Along with the [trade unions](#), we have long argued for national collective bargaining supported by job evaluation and comprehensive workforce planning. Only those providers who meet that standard should be considered for service commissioning.
- The proposals effectively retain the marketisation of social care with the inclusion of for-profit services. It does not address the growing [involvement](#) of private equity, hedge funds and real estate investment trusts in the care sector and the use of predatory financial techniques. Let alone look seriously at the [lessons](#) of the pandemic for the future provision of residential care.
- Are the funding arrangements adequate for the scale of the challenges facing social care now? The NHS has a £1billion recovery plan, but there is no [equivalent plan](#) for social care. The workforce and funding crisis exist now. A structural change in four to five years will not resolve those issues today.
- The UK Government is considering funding an increase in social care spending, including addressing accommodation costs, by raising national Insurance (NI). There are good reasons why this is the [wrong approach](#), but do the Scottish Government's funding plans address these issues either? £840m barely meets the current funding deficit, let alone improve services. Audit Scotland's [analysis](#) shows that spending on adult social work care needs to rise incrementally from £4.35bn in the next financial year to £7.66bn in 2034.
- Most western European countries have [implemented](#) some funding reforms in recent years, while the UK's means-tested care funding remains broadly unchanged. The pandemic has also highlighted social care challenges across [Europe](#). The proposals in the consultation simply increase the financial support.
- Do the proposals (including a right to breaks from caring) do enough for unpaid carers, many of whom have had little [respite](#) since the start of the pandemic?
- The consultation gives little consideration to the broader impact of social care. These include the links to other local government services like housing, leisure and the wider economic impact. There is also an opportunity post-pandemic to create a [caring economy](#).

Conclusion

Members are invited to contribute to the SHA Scotland response. This can be done at our next meeting on 16 September or in writing to the Secretary.

August 2021

This paper is published by SHA Scotland, a campaigning organisation that promotes health and well-being and the eradication of inequalities through the application of socialist principles to society and government. We believe that these objectives can best be achieved through collective rather than individual action. Therefore, we campaign for an integrated healthcare system that reduces inequalities in health and is accountable to the communities it serves.

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