

**Socialist Health Association Scotland**  
**National Care Service Consultation**  
**SHA Scotland Response**



## **Introduction**

The Socialist Health Association was founded in 1930 to campaign for a National Health Service. We are a membership 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. We campaign for an integrated healthcare system that reduces inequalities in health and is accountable to the communities it serves.

The Scottish Government has published a [consultation paper](#) on the creation of a National Care Service in Scotland. This is the SHA Scotland response following consultation with our members.

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.

## **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 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 of concern

While SHA Scotland remains committed to the principle of establishing a National Care Service, the consultation paper raises a range of issues that we believe could undermine the new organisation, including:

- It will take a significant amount of time to implement organisational change of this magnitude. In the meantime, the system is in crisis now. In particular, we have a demoralised, tired, and financially stretched frontline staff who immediately need a break, decent pay and a vote of confidence.
- We believe the scope of the NCS is too broad. The range of services removed from local democratic accountability will damage integration with other local services, particularly housing and education. For example, separating children's services from education makes no sense. Social Work is also a local service with essential links to community activity that will be undermined by the dead hand of ministerial intervention. It will also create new barriers to the aim of shifting resources from acute to community services as health boards focus on acute services.
- 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. This approach is contrary to the four pillars set out by the Christie Commission and the recent legislation on the European Charter of Local Self Government. The lessons from previous centralisations (e.g. Police Scotland) have clearly been ignored, building instead on an NHS model that itself has a democratic deficit. SHA Scotland believes that services should be designed and delivered as locally as possible, subject only to national frameworks. We have also argued that local government has a vital role in improving health outcomes, which will be undermined by these proposals ([SHA Scotland: Reducing Health Inequalities Locally, 2017](#)).
- The workforce proposals are less than firm. Along with [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 current Fair Work initiative suffers from a lack of enforcement, as set out in the recent Jimmy Reid Foundation [paper](#). The Scottish Government has all the levers required to achieve better outcomes in the social care sector.
- 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. Support for the principle of a National care Service was built on the need to remove profit from care. The consultation simply ducks this issue.
- We do not believe the funding arrangements are 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. In fact, there are no costings in the consultation on the development of the NCS or how it is to be funded. The workforce and funding crisis exist now. A structural change in four to five years will not resolve those issues today.

- The UK Government plans to fund an increase in social care spending, including addressing accommodation costs, by raising national Insurance (NI). We believe this is the wrong approach, placing the burden on working people. However, the Scottish Government's funding plans also fail to address these issues. £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.
- We do not believe that 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. Post-pandemic, there is also an opportunity to create a [caring economy](#) by linking the NCS to a wider economic strategy. This was promised in the Gender Pay Gap Plan back in 2018, but not for the first time; bold statements are not followed through with action.

## Conclusion

SHA Scotland supports the establishment of a National Care Service. However, the proposals in this consultation fall far short of what is required to reform social care delivery in Scotland. Social care should be a local service, subject to local democratic accountability, with the National Care Service setting a national framework, rather than ministers micro-managing services from Edinburgh.

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