



**SCOTLAND'S
REAL ALTERNATIVE**

A Local Care Service

March 2022



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FOREWORD



As we emerge from the pandemic, we do so with a renewed appreciation for the role that social care and carers play in our national life and a determination to build a care system founded on dignity, human rights and individual freedom of choice and control.

Almost all of us will have care needs or deliver care to someone else in our lifetimes. Those requiring care and support – whether due to old age, ill health, or a physical or learning disability – should never be considered a burden. As Derek Feeley’s landmark independent review rightly pointed out, care is an investment in our citizens and our economy.

With over £1 billion in extra funding coming to Scotland from the UK Government’s Health and Social Care Levy, this is a once-in-a-generation opportunity to put the system on a sustainable footing. Instead of being a near-emergency service, care and support should be available early to prevent crisis occurring in the first place. Our purpose should be to enable independent and meaningful lives for carers and recipients of care.

As a GP in and around Glasgow, I’ve seen the dedication of health and social care staff who work hard to deliver services on the frontline. But I’ve also seen a system on the edge, and the need for change.

Major reform is proposed by the SNP Government in the form of a new National Care Service. This policy paper presents some of the risks of centralisation and makes practical suggestions for how care can be improved now without years of costly, top-down reform that might not deliver. Previous experience with Police Scotland suggests it will not.

Our starting point is a commitment to local collaboration and partnerships. Services are often most effective when delivered in, or by, communities. Care in Lockerbie or Auchterarder should not be dictated on high from St Andrew’s House in Edinburgh. We know from experience with the SNP Government’s troubled GP contract that one size does not fit all, and that rural areas will suffer at the hands of SNP centralisation.

A permanent upheaval in social care suits the SNP Government, as a change in structures means progress cannot be tracked nor performance monitored. New benchmarks will be created which are incomparable to previous ones. Improvements can be claimed in the absence of evidence, and political accountability escapes. To avoid this, there should be greater availability of data across the board.

It is easy to pass laws and create new structures. It is more difficult to inspect, monitor and drive real improvement. We are sceptical that the very government which has failed to implement collaboration, prevention and individual choice in care over the last fifteen years should be handed even more control.

The suggestion seems to be that social care is too important to be the responsibility of local government. Perhaps it is too important to be seized by this SNP Government. This exercise should not take powers away from councils and undermine democratic accountability.

The Scottish Conservatives have a record to be proud of on social care. We led the campaign in Parliament for Frank’s Law to extend free personal care to under-65s. The councils which we administer across Scotland strive to deliver the highest quality of care in the tough financial environment the SNP Government have created.

Continuing this spirit of constructive contribution, we publish this policy paper to set out our position on proposed reform and make recommendations for local, high-quality care.

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**Shadow Cabinet Secretary for Health and Social Care
Scottish Conservative and Unionist Party**

KEY RECOMMENDATIONS

RECOMMENDATIONS ON THE PROPOSED NATIONAL CARE SERVICE

- **Ten tests should be met before a National Care Service is introduced. These are:**
 1. That no person will be forced to access care away from their community, family and support networks.
 2. That local democratic accountability in social care will be strengthened rather than power being taken away from local authorities.
 3. That there will be no fragmentation between health care delivered by GPs and that delivered by hospitals.
 4. That failures of reform will not worsen vulnerable people's care and support.
 5. That realistic costings are provided, alongside a comprehensive business case which sets out the purpose, objectives, and risks of reform.
 6. That evidence is provided in support of changes, including economic modelling where appropriate.
 7. That ministers make unambiguous statements on which outcomes will improve with reform, provide good baseline information and a clear plan to measure performance.
 8. That the new structure has clear governance, financial oversight and accountability and recognises and addresses the true cost of care for many Scottish families.
 9. That there is strong, consistent strategic leadership from the outset.
 10. That its remit should not extend beyond the recommendations of the Feeley Review.

- **Protect local expertise and successful models of care.** There should not be one single top-down approach to care. There should be as many approaches as there are people in Scotland needing support.
- **Ensure that those with 'critical' or 'substantial' needs don't wait longer than six weeks for care.** Clear monitoring should be put in place to ensure the proposed change in criteria does not downgrade the pace of response, and instead drives improvement.
- **Reconsider proposals to transfer control of the GP contract to new Community Health and Social Care Boards.** The Royal Colleges of GPs and Nursing have raised serious concerns about the risk of fragmentation in health care.
- **Publish a clear plan of action for work that doesn't require legislation, given the delay to improvements that primary legislation and major reform will bring.**

RECOMMENDATIONS ON A LOCAL CARE SERVICE

- **Offer a 'local care guarantee'.** No individual should be forced to access care miles away from their community, family and support networks. The SNP Government's proposals present a very real risk of this practice becoming more widespread.
- **Strengthen local Integration Joint Boards and bring commissioning and procurement of social care under one roof.** We do not consider it necessary to create a new centralised public body to achieve this.
- **Move towards 'ethical commissioning' of care which takes into account factors beyond price, such as care quality, investment in staff development and fair terms & conditions for the workforce.**
- **Give further powers to the Care Inspectorate to drive up standards of local care.** A wider

scope of powers than currently exist should be considered, especially to promote sustained improvement of poor care services over time and to deal with issues which don't meet the high bar of serious risk to life, health, or wellbeing. We would also support the Care Inspectorate to recruit more 'inspection volunteers'.

RECOMMENDATIONS ON INDIVIDUAL CHOICE AND CONTROL

- **Implement Self-Directed Support (SDS) in full.** Nearly a decade since SDS was introduced, people still describe accessing support as a 'battle' and less than half of people report that all four options were discussed with them during their needs assessment.
- **Institute a clear route of complaints and redress when things go wrong.** We agree with Feeley's Independent Review that an accessible complaints system is an important source of empowerment when rights are not upheld.
- **Introduce a digital 'passport' system so people do not need to undergo reassessment if they move across local authority boundaries.** Many people with experience of care report disruption and having to fight to retain support.

RECOMMENDATIONS TO PUT CARE ON A SUSTAINABLE FOOTING

- **Set out a clear plan to shift resources to anticipatory and preventative community settings, and to invest in care capacity to reduce delayed discharge.** The UK Government's announced increase in national insurance contributions will provide an estimated additional £1.1 billion to Scotland by 2024-25. A move away from crisis intervention to prevention-based services is essential to deal with rising demand due to an ageing population.

RECOMMENDATIONS TO INVEST IN CARERS

- **Build minimum pay, terms and conditions into commissioning and procurement.** A focus on short-term costs adds to recruitment problems, disproportionate sickness absence and high vacancy rates. This in turn leads to an over-reliance on agency staff with consequent impact on quality of care.
- **Make care a rewarding career path.** Ensure commissioned care services reward length of service and positive job performance with pay progression and development of skills-base and responsibilities, so experienced care workers don't feel they are valued the same as someone on their first shift.
- **Empower the Scottish Social Services Council to provide accessible training and qualifications for carers.** The Feeley Review heard clear evidence that there is a lack of support, training and career development opportunities for care staff. This should include working with skills agencies and further education colleges to develop training and care qualifications.
- **Institute rigorous workforce planning for the future.** A robust, transparent dataset to underpin this work and can be developed without a National Care Service.
- **Amend the Carers Act to give unpaid carers automatic rights to support for breaks from caring.** Only 3% of unpaid carers receive statutory support for breaks from caring.

CONTEXT

The SNP Government have published plans to strip local authorities of their responsibility for social care, making Integration Joint Boards (reformed as Community Health and Social Care Boards) accountable to Scottish Ministers through a new National Care Service. This followed Derek Feeley's Independent Review of Adult Social Care which among other things, recommended the creation of a new national body.

Feeley's Review was commissioned in the context of problems in adult social care during the pandemic, which included a high proportion of deaths in care homes, failures of infection control, shortages of PPE, failures to carry out regular testing, harrowing visiting restrictions, and the scandal of covid-positive patients being discharged into care homes.

But most of the problems it identifies predate Covid and have persisted for decades. They include failures to integrate health and social care locally, failure to put individuals in the driving seat when it comes to accessing and designing their support and failures to recognise the value of both unpaid carers and care staff – the latter leading to recruitment and retention problems.

There have been various attempts at reform to fix these problems under the SNP, including the introduction of 'self-directed support', the part-integration of health and social care, and the Carers (Scotland) Act. All these initiatives suffer from an 'implementation gap' between the lofty rhetoric of what was promised and the reality for carers and those accessing support on the ground.

Although much coverage during the Covid outbreak focussed on care homes, most professional care is delivered in the community and most carers are unpaid.

There is consensus that further funding is required to put social care on a sustainable footing, though it must be deployed wisely. Scotland's ageing population means that pensioners may comprise nearly a fifth of the population within the decade.¹ Though of course not everyone who needs care is elderly, around two thirds are, and the demographics will undoubtedly put an unsustainable strain on services unless cash is shifted towards prevention and early intervention.

Over the following pages, we present recommendations to learn the lessons of Covid, to avoid the risks of a 'National Care Service', to deliver high-quality local care and to invest in Scotland's carers.



LEARNING THE LESSONS OF COVID

The pandemic was a collective national trauma, experienced in every corner of Scotland and measured in countless individual experiences. That trauma was particularly acute in care settings, with nearly a third of all Covid deaths occurring in care homes. Community-based support was severely cut back or scrapped altogether. Carers and the cared for alike suffered a terrible toll on their mental wellbeing.

Of course, this was also a story of incredible resilience and dedication on the part of carers, of speedy adaptation and delivery by providers and frontline public services, and a renewed public appreciation of the vital role performed by the sector.

Many of the problems in adult social care are deep rooted and existed long before the virus came to our shores, and we examine those issues in subsequent pages. But the pandemic exposed many of these failures for all to see, as well as precipitating new ones.

There were shortcomings in infection control. PPE was scarce or not available, especially in the early weeks of the outbreak. Testing of care home staff and residents was slow to begin and then not delivered at the scale required. Families experienced the extraordinary anguish of being unable to see or speak to their loved ones for extended periods, in some cases as conditions like dementia worsened. To public outcry, it was discovered that Covid-positive hospital patients were knowingly discharged into care homes.

It is possible that failures could have been anticipated and political accountability should follow. The best way to establish this and learn the lessons for future waves and pandemics is by independent inquiry. After much delay, and ignoring a vote of Parliament to hold an urgent inquiry on their handling of care homes during the pandemicⁱⁱ, the SNP Government have finally established terms of reference and appointed a chair for an overall public inquiry on Covid.

As we have stated before, interim reporting and prompt resolution of the inquiry are essential. We cannot wait until the end of the inquiry's term of reference in December 2022 to receive any findings or recommendations.

RECOMMENDATIONS ON LEARNING THE LESSONS OF COVID

- **Publish an interim report of the Scottish Covid public inquiry as soon as possible, including examination of policy and decisions related to care and care homes.** We need to understand what went wrong during the pandemic and if these problems have been resolved if we are to properly prepare for a future wave or another pandemic. An interim report should be published well in advance of the end of the inquiry's terms of reference in December 2022.

RISKS OF A ‘NATIONAL CARE SERVICE’

SNP Government ministers have rightly described the creation of a National Care Service as the biggest public sector reform in decades.ⁱⁱⁱ It would be a mammoth undertaking involving complex structures, a wide range of providers, a large workforce and a myriad of IT systems. As such we need to make sure problems and risks do not outweigh the supposed benefits.

The current SNP Government do not have a happy history when it comes to public sector centralisation. Their botched merger of local police constabularies resulted in years of scandal, financial chaos and leadership crises. Their mergers of Scotland’s colleges resulted in swingeing cuts, and the Scottish Fire and Rescue Service was starved of capital funds and still faces an eye-watering maintenance backlog.

To illustrate the sheer scale of this proposal, Police Scotland’s annual budget is around £1.2 billion^{iv}, whereas the total spend on social care (including adult, children’s and criminal justice services) is £5.2 billion^v – over four times greater.

The SNP Government are yet to reveal any costings for their proposed reform. COSLA have predicted the cost could run to an additional £1.5 billion.^{vi}

In proposing a National Care Service, the SNP Government have acknowledged the failures of their previous creation – Integration Joint Boards – to join up health and social care consistently. This is just one example of the ‘implementation gap’ which is all too common across adult social care – with attempts to support unpaid carers and to give individuals more choice and control over their care also suffering the same problem.

But the correct solution for effective service delivery is rarely to rip everything up and start again. Costly new legislation and centralised structures will leech funding from frontline services. This has the potential to be compounded by a loss of local decision making and accountability, financial instability, and upheaval that will negatively impact the most

vulnerable in our society.^{vii}

There is also a very real risk that centralisation could lead to an increase in ‘out-of-area care’, an awful situation where an individual is removed involuntarily from their community, family and support networks due to a lack of local provision. This is already a problem that COSLA and the SNP Government have jointly committed to address, with nearly 800 people out-of-area within Scotland or sent to England & Wales as of 2017.^{viii} In spite of this, the SNP Government propose that a new centralised body should directly manage the care of some people with complex needs, and have carte blanche to lead on any aspects ‘best managed on a once for Scotland basis’.^{ix}



The Royal College of GPs have also sounded the alarm about a possible fragmentation of primary and secondary healthcare as a result of proposed changes to health and social care boards, warning that this presents risks to patient safety.^x These concerns were echoed by the Royal College of Nursing, who have said that the government’s proposals may ‘exacerbate issues which already exist at the interface of...community based and hospital-based services.’^{xi} These concerns should be addressed as a matter of urgency.

There are legitimate concerns that best practice and collaboration between local government services will be extinguished as social care is folded into a national bureaucracy. The SNP Government’s plan claims in the same sentence

that they will ‘eliminate variation’ while also permitting local flexibility of delivery. This is of course impossible and does little to ease concerns of practitioners who are embedded in our communities.

The SNP Government also propose a departure from the current categorisations of ‘critical’, ‘substantial’, ‘moderate’ or ‘low’ for care needs. While a shift to prevention and individual requirements rather than crisis-intervention is welcome, there will always be people with urgent need to whom the system must respond quickly. Research published by Age Scotland in 2019 showed that more than 4 in 10 older people assessed with ‘critical’ or ‘substantial’ needs waited longer than the mandated 6 weeks for care to be arranged.^{xii} Any new system must measure performance in this area and drive improvement.

In addition, the government’s plan to incorporate parts of the criminal justice system into the new National Care Service is perverse. While different services can and should collaborate on the ground, there should be a clear delineation between convicted criminals and law-abiding members of the public. The Scottish public will recoil at the suggestion that the ever-more serious criminals being handed weak community orders under the SNP should require ‘care’ on par with their elderly relatives. It is another slap in the face to victims who themselves struggle to access basic information and support.

Likewise, specialist services for those with drug and alcohol problems should be maintained. Local decision-making should continue to dictate what is delegated to Integration Joint Boards, rather than a top-down approach.

This is also the case with children’s social care services, where there has been criticism of the lack of detail behind the SNP Government’s proposals. The children’s sector has stated that there is not the evidence base to make an informed decision about the inclusion of children’s services in the National Care Service, with, children’s services not being included in the Feeley Review. There are also concerns that the integration into a National Care Service could split children’s care services from children’s services in education.^{xiii}

We also recognise that families and friends play a vitally important role in the health and well-being of care home residents. Anne’s Law would ensure that family and close friends have the same access rights to residents as staff. All of Scotland’s major parties are committed to delivering this and this consensus should ensure that it is introduced at the earliest opportunity. Anne’s Law should not be delayed for the introduction of a National Care Service.

RECOMMENDATIONS ON THE PROPOSED NATIONAL CARE SERVICE

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 2. That local democratic accountability in social care will be strengthened rather than power being taken away from local authorities.
 3. That there will be no fragmentation between health care delivered by GPs and that delivered by hospitals.
 4. That failures of reform will not worsen vulnerable people’s care and support.
 5. That realistic costings are provided, alongside a comprehensive business case which sets out the purpose, objectives, and risks of reform.
 6. That evidence is provided in support of changes, including economic modelling where appropriate.
 7. That ministers make unambiguous statements on which outcomes will improve with reform, provide good baseline information and a clear plan to measure performance.
 8. That the new structure has clear governance, financial oversight and accountability and recognises and addresses the true cost of care for many Scottish families.

9. That there is strong, consistent strategic leadership from the outset.
 10. That its remit should not extend beyond the recommendations of the Feeley Review.
- **Protect local expertise and successful models of care.** There should not be one single top-down approach to care. There should be as many approaches as there are people in Scotland needing support.
 - **Release detailed costings of plans for a National Care Service, to aid public debate.** A true account of centralisation costs would allow a better appraisal of options.
 - **Ensure that those with ‘critical’ or ‘substantial’ needs don’t wait longer than six weeks for care.** Clear monitoring should be put in place to ensure the proposed change in criteria does not downgrade support for those with the most urgent needs, and instead drives improvement in the pace of response.
 - **Learn the lessons of accountability and oversight failures in Police Scotland.** One of the claimed benefits of the new service is to ‘bring national oversight and accountability’, but the experience with Police Scotland has been of weakened scrutiny.
 - **Avoid merging adult social care with separate, specialist services like justice social work.** Local decision making should continue to dictate what is delegated to Integration Joint Boards, rather than a top-down approach.
 - **Reconsider proposals to transfer control of the GP contract to new Community Health and Social Care Boards (currently Integration Joint Boards).** The Royal Colleges of GPs and Nursing have raised serious concerns about the risk of fragmentation in health care.
 - **Publish a clear plan of action for work that doesn’t require legislation.** Given the delay to improvements that primary legislation and major reform will bring, the SNP Government should identify what improvements and funding can be taken forward now without legislation, to address services under immense pressure.

OUR ALTERNATIVE: A LOCAL CARE SERVICE

Although we are sceptical of the proposed National Care Service, the Scottish Conservatives recognise that the status quo cannot continue. The Feeley Review described a system that is difficult to access, with services unavailable or unaffordable when eventually reached. Care users and their loved ones described a lack of information and support right from the start, while carers have faced increasing workloads and burnout – exacerbated by the pandemic.

We agree with the Feeley Review’s main thesis that social care services must move away from creating a high bar to accessing support, instead shifting towards anticipatory and preventative care that saves cost and realises human potential in the long run. We agree that dignity, human rights and individual choice should be entrenched in the system. We disagree with the SNP Government that a National Care Service is the only way to achieve this and as we have discussed in the previous chapter, a new national body may actively harm those goals.

Our preference is for a renewed focus on a high quality, local care service. A strong case can be made that existing reforms, or rather the intention of existing reforms, have simply not been followed through. Despite legislation proclaiming it, we do not have joined up health and social care, or a system where individuals direct the shape of their own care. This is typical of the current SNP Government, which regards passing an Act of Parliament and implementing an Act of Parliament to be one and the same.

Since free personal care for under-65s – Frank’s Law – was legislated for in 2019, there have been reports that implementation has been sluggish; South Ayrshire council even scrapped funding for the reform in its first year. Even now, there is limited data on whether it has been taken up by those entitled to it. As a bare minimum, we should make sure everyone who has a right to a level of care receives it.

One of the chief criticisms of the current system is that commissioning and procurement of care

is too often disjointed, with the former performed by Integration Joint Boards (IJBs) and the latter by local authorities. It would make sense for both functions to sit with a strengthened IJB to avoid siloed approaches.

For too long when buying care services, we have focussed on short-term cost. This has in part been due to the tough financial environment for local government created by the SNP Government.^{xiv} But it has led to care providers struggling to make ends meet or even withdrawing from the market in some instances, with consequent effects on standards of care, and staff pay, conditions, recruitment, and retention. We make recommendations in relation to the workforce in the next chapter.



Therefore we support calls for new standards to be set for commissioning care services, often called ‘ethical commissioning’, which look beyond costs to quality of care and treatment of the workforce. A robust commissioning model, accompanied by good quality workforce planning and demand data from the SNP Government, should eliminate the need for non-committal ‘framework agreements’. These lead to insecure work with shifts cancelled or added at short notice, contributing to care being seen as an unattractive career.

The Care Inspectorate have a vital role to play in supporting care providers to deliver higher standards of care and responding to breaches of standards. Their powers should be strengthened

so they have a wider range of tools at their disposal, can act rapidly where required, and don't only intervene when services are at breaking point. Consideration should be given to the increase in funding required for these powers to be effectively discharged.

As recommended by the Feeley Review, thought should be given to how inspections can be more focussed on individual's experience of care. We suggest more recruitment of 'inspection volunteers' with lived experience of care.

We believe all this can be delivered without the upheaval of wholesale reform. In contrast to the SNP Government's plans - which risk creeping centralisation of care - we would offer a **local care guarantee** to ensure care and support is delivered as close as possible to those who need it, especially in rural or island communities.

It is precisely because we champion localism that we do not lay down a prescriptive model here, but simply recommend the essential components of high-quality local care.

CHAMPIONING INDIVIDUAL CHOICE AND CONTROL

Many of the terrible experiences charted in Scotland's social care system stem from a lack of personal agency and diversity of choice. The SNP Government, local authorities, health boards, integration boards and providers should place individual choice and control at the heart of everything they do in relation to social care. Often this means supporting people to live independently and in their own homes as far as possible.

It has been nearly a decade since the Social Care (Self-directed Support) (Scotland) Act 2013 was introduced, which was supposed to revolutionise our approach to care - with the individual deciding if they want a direct payment, to direct the support themselves, for the local authority to arrange care, or a mixture of those three. But people still describe accessing support as a 'battle'^{xv} and less than half of people report that all four SDS options were discussed with them during their needs assessment.^{xvi} While there has been some understandable tolerance of flexibility in adhering to these legal requirements during

the pandemic, there should now be a renewed push to embed Self-Directed Support into local practice, with the necessary funding provided by the SNP Government.

It is also essential that individuals have a right of redress when standards are not met and things go wrong. It should be as easy as possible for people to raise a complaint and our preference would be for a single portal as first point of entry. Data should be collected on complaints and fed into improvement processes.

One of the most common complaints identified by users of care is that they have to fight to retain support or undergo a separate needs assessment when moving across local authority boundaries. We propose a simple digital 'care passport' which is recognised by local authorities across Scotland. In time, a unified system to record health and care needs would also improve support for individuals as their care requirements develop and prevent them having to repeatedly explain their situation to different services. Robust financial scrutiny should be built into digital, data and IT improvements from the beginning, to avoid a repeat of the IT failures experienced with CAP payments and Police Scotland DDICT unification.

PUTTING CARE ON A SUSTAINABLE FOOTING

Many of the elements of excellent local care discussed in this paper are predicated on fair funding after years of cuts to local government by the SNP Government. The UK Government's announced increase in national insurance contributions will provide an estimated additional £1.1 billion to Scotland by 2024-25.^{xvii} This is a rare opportunity to overcome resources being tied up with short-term crisis needs and put the adult social care system on a sustainable path.

It is also an opportunity to invest and create capacity in the system, reducing the money currently squandered on delayed discharge while people wait for care packages. Prior to the pandemic, delayed discharges accounted for over half a million bed days a year, nearly one in ten beds across NHS Scotland, costing £134 million.^{xviii}

RECOMMENDATIONS ON A LOCAL CARE SERVICE

- **Offer a ‘local care guarantee’.** No individual should be forced to access care miles away from their community, family and support networks. The SNP Government’s proposals present a very real risk of this practice becoming more widespread, particularly the plan for the National Care Service to deliver care directly for those with complex needs.
- **Ensure everyone entitled to free personal care receives it.** Concerns have been raised that the implementation of free personal care for under-65s (Frank’s Law) has been sluggish, and that awareness and therefore uptake has been low.
- **Increase the sums paid for self-funders to access free personal and nursing care to the levels included in the National Care Home Contract.** The Feeley Review quite correctly identified this as a clear inequity.



- **Improve the transition from children’s to adult social care.** The Feeley Review heard that the changeover can be ‘daunting’ due to poor communication and must improve.^{xix} Reduced complexity and better access does not require a new national public body to deliver.
- **Strengthen local Integration Joint Boards and bring commissioning and procurement of social care under one roof.** We do not consider it necessary to create a new centralised public body to achieve this.
- **Move towards ‘ethical commissioning’ of care which takes into account factors beyond price, such as care quality, investment in staff development and fair terms & conditions for the workforce.** This should be accompanied

by a shift away from generic ‘framework agreements’ with care providers which contribute to short-term thinking, lead to high staff turnover and push risk onto providers.

- **Give further powers to the Care Inspectorate to drive up standards of local care.** A wider scope of powers than currently exist should be considered, especially to promote sustained improvement of poor care services over time and to deal with issues which don’t meet the high bar of serious risk to life, health, or wellbeing.
- **Support the Care Inspectorate to recruit more ‘inspection volunteers’.** These are carers or people with experience of care services who assist with inspections. They bring a unique perspective and help to focus discussions on lived experience. There are accounts of people being more willing to open up to volunteers than inspectors themselves, so more volunteers could ensure the views of those being cared for are more widely heard, and that problems are spotted and rectified.

RECOMMENDATIONS ON INDIVIDUAL CHOICE AND CONTROL

- **Implement Self-Directed Support in full.** There is widespread evidence that Self-Directed Support (SDS) has not been fully implemented. Nearly a decade since SDS was introduced, people still describe accessing support as a ‘battle’ and less than half of people report that all 4 SDS options were discussed with them during their needs assessment.
- **Institute a clear route of complaints and redress when things go wrong.** We agree with Feeley’s Independent Review that legal recourse is not an option for most people and believe an accessible complaints system is an important source of empowerment when rights are not upheld.
- **Introduce a digital ‘passport’ system so people do not need to undergo reassessment if they move across local authority boundaries.** Many people with experience of care report disruption and having to fight to retain support.

RECOMMENDATIONS TO PUT CARE ON A SUSTAINABLE FOOTING

- **Set out a clear plan to shift resources to anticipatory and preventative community settings.** The UK Government's announced increase in national insurance contributions will provide an estimated additional £1.1 billion to Scotland by 2024-25. A move away from crisis intervention to prevention-based services is essential to deal with rising demand due to an ageing population.
- **Set out a clear plan to invest in care capacity to reduce delayed discharge.** A lack of care capacity costs the NHS hundreds of millions a year.

INVESTING IN CARERS

There are around 210,000 care staff in Scotland, approximately 8% of all Scottish employment.

^{xx} But we shouldn't forget that most carers in Scotland are unpaid. The SNP Government estimated there were between 700,000 and 800,000 unpaid carers before the pandemic, and recent polling suggests this could have since grown to over a million.^{xxi} As the Feeley Review pointed out, 60% of us will be carers at some point in our lives, for family members, friends or neighbours who may need a little extra support.

Scotland's carers deserve our heartfelt thanks and appreciation, not just for their immense contribution during the pandemic, but for the shift they put in day-in, day-out to help our fellow citizens live meaningful, independent lives regardless of the physical or mental challenges they face.

But words are cheap, and actions matter more. Campaigners have quite rightly highlighted the hypocrisy of government ministers clapping for carers during the pandemic but failing to take action to improve the system or their conditions.

Almost a quarter of care staff leave within the first three months. Over a third of services reported vacant positions in December 2020, three times higher than the average across Scotland. 20% of carers are on temporary contracts.^{xxii}

As previously indicated, we support a change in approach to commissioning and procurement so that it recognises the vital role that staff play in delivering high quality care.

We should make care the rewarding, dignified career path that many in the profession know it can be – a job to be proud of. This means that care providers should offer pay progression to those who have been in the job longer, and this should be built into commissioning standards. It should be unacceptable that someone on their very first shift can earn the same as someone with years of experience.

It also means we should invest in the workforce, empowering the Scottish Social Services Council (SSSC) to do more than be a passive register – and provide quality training and qualifications

which do not take several years to complete. Consideration should also be given to how training opportunities can be extended to unpaid carers.

In line with recognition that social care is not health care, is underpinned by different values and requires different skills, care should be taken when designing training not to 'medicalise' the profession.

Proper workforce planning is essential to manage demand, and this requires better and more transparent data which can be accessed by local authorities and Integration Joint Boards. An SNP Government plan in 2019 identified a need for 8,800 more care home staff, 1,500 more allied health professionals and over 14,400 more Home Care & Housing Support staff over the next 10 years.^{xxiii} They have since published a new strategy with COSLA which provides medium-term updates for some of these professions.^{xxiv} Being mindful of the assumptions changed by the pandemic, the Government should set out its projections and recruitment targets in more detail so progress can be measured.



Many care staff are experiencing stress and other mental health issues, whether related to the Covid outbreak or not. The Scottish Workforce Specialist Service (SWSS) is a free, confidential service for NHS Scotland and social care staff, launched in 2021. It provides advice, assessment, treatment and case management services for professionals who are dealing with mental health issues. Where necessary, they will arrange onward referral to specialist services. It is essential because

staff may otherwise suffer in silence due to confidentiality concerns. We called for the service to be fully implemented in our 2021 manifesto, and we emphasise here the need for social care staff to be made aware of it and for it to be resourced to deal with demand.

UNPAID CARERS

85% of unpaid carers are women,^{xxv} who can face a financial penalty from only being able to take on part-time work. We must ensure carers are supported to remain in work wherever possible, including by providing dedicated employability services to support those who have had to give up work to return when they are able.

In the Scottish Conservative 2021 manifesto we pledged to make Carer's Allowance more generous by introducing a taper rate, so that carers do not lose 100 per cent of their allowance if they earn £1 above the earnings limit. We also said we would extend payments to up to six months after bereavement and allow carers in full time education to continue to receive Carers Allowance.^{xxvi}



Since then, the SNP Government have published proposals to replace Carer's Allowance with Scottish Carer's Assistance.^{xxvii} We welcome the proposed increase to the earnings threshold. We will scrutinise their preference for a 'run on' period rather than a taper carefully, to ensure that carers do not lose out. We welcome the SNP Government's adoption of our policies to extend payments to full-time students and to extend bereavement payments, though we will push ministers to extend the latter to 24 rather than the proposed 12 weeks.

Under the Carers (Scotland) Act 2016, unpaid carers should have the right to a personalised plan from their local authority, and support in line with local eligibility. They should also be involved in designing their own support in the same way that care users are.

In yet another example of the implementation gap, the Carers Act has not had the impact it intended. A 2019 survey by the Coalition of Carers found that only 16% of carers knew of the Carers Act and what rights it provides; 33% had heard of it but did not know what it was about; and 51% had never heard of it.^{xxviii}

Supported breaks from caring (sometimes called respite) are essential to allow unpaid carers to recharge and prevent their responsibilities becoming too much. They are also a small price to pay in return for the enormous benefit that unpaid carers provide to society. But only 3% of unpaid carers receive statutory support for breaks from caring.^{xxix} The Feeley Review found that more consistent approach was required and an amendment to the Carers Act should deliver automatic rights to respite for unpaid carers. The SNP Government should deliver this as soon as possible.

RECOMMENDATIONS TO INVEST IN CARERS

- **Build minimum pay, terms and conditions into commissioning and procurement, as the Feeley Review recommended.** An overt focus on short-term costs adds to recruitment problems, disproportionate sickness absence and high vacancy rates. This in turn leads to an over-reliance on agency staff with consequent impact on quality of care.
- **Make care a rewarding career path.** Ensure commissioned care services reward length of service and positive job performance with pay progression and development of skills-base and responsibilities, so experienced care workers don't feel they are valued the same as someone on their first shift.
- **Empower the Scottish Social Services Council to provide accessible training and qualifications for carers.** The Feeley Review heard clear evidence that there is a lack of

support, training and career development opportunities for care staff. This should include working with skills agencies and further education colleges to develop training and care qualifications.

- **Institute rigorous workforce planning for the future.** A robust, transparent dataset to underpin this work can be developed without a National Care Service.
- **Ensure the Workforce Specialist Service is well resourced and publicised to social care staff who require mental health support.** The service is in its infancy in Scotland but care staff must have confidence that they will get advice and treatment when they need it.
- **Extend the generosity of Scottish Carer's Assistance (Carer's Allowance) after the death of a cared-for person.** SNP Government plans propose to pay the benefit for 12 weeks after bereavement. This should be increased to 24 weeks. Additionally, proposals for a 'run on' period after a carer's earnings exceed the limit should be scrutinised closely to ensure a taper rate would not be preferable.
- **Amend the Carers Act to give unpaid carers automatic rights to support for breaks from caring.** Only around 3% of unpaid carers receive statutory support for breaks from caring.

CONCLUSION

While much in Scotland's care system can and must improve, it is far from obvious that a National Care Service is the answer. We have highlighted considerable risks in this policy paper, often drawn from previous experience with public sector centralisation, which must now be addressed fully by the SNP Government.

We have underlined, in common with many stakeholders who responded to the SNP Government's consultation, that the work to improve our care services can go ahead without structural upheaval. Indeed, this urgent work must begin now rather than wait years for primary legislation and the creation of a new public body.

This work is essential to invest in our carers, to put finances on a sustainable footing, to drive up quality, and to empower every person who for whatever reason accesses adult social care.

The significant amount of extra cash coming to Holyrood, raised from the UK Government Health and Social Care Levy, is an opportunity to transform care - it must be grasped.

In the coming weeks and months we will scrutinise the SNP Government's plans carefully and continue to highlight the risks of abandoning local care – to the public purse, to democratic accountability, to experience and expertise, to local accessibility, to individual choice, and to quality.

Regardless of the structure which is settled on, the substance of the service our care system delivers, and the experience of those who access and deliver it, will always be more important. With this in mind, we invite the SNP Government to consider our proposals in good faith.

By the end of this Parliament, it will not be enough for the SNP to say they have spent a lot of money on a new public body. They will have to show meaningful improvement. The Scottish public will take note if they don't.

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