Consultation Response

voluntary health scotland

A National Care Service for Scotland
November 2021

Background

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. We work with our members and others to address health inequalities and to help people and communities live healthier and fairer lives. VHS organised two online engagement events with its members to better understand their views on the consultation proposals and allow the opportunity to engage with the government's consultation team.

VHS welcomes the opportunity to contribute to this process. The consultation document is wide-ranging, which represents the scale of the reform. As an intermediary body, we have provided a more general response as we feel this best reflects our involvement in this area of work. A number of our members have direct interests and areas of expertise in the proposed National Care Service (NCS) and will be submitting their own responses. However, it is worth noting many have struggled to engage with the process due to the scale of the consultation and its short timeframe. There seems to have been a failure to acknowledge that organisations are still working through a pandemic and that resources such as time and capacity are stretched. There has been a real frustration with the consultation process, and we know some of our members were unable to contribute their own response due to these constraints. Questions have been asked repeatedly about further consultation and engagement opportunities for organisations and people. We have heard assurances from government this is only the start of the conversation. Given the challenges organisations and people have experienced engaging with the consultation, there will be fears that this is just rhetoric. With the government anticipating a five-year development and implementation timescale, there must be significant and sustained opportunities for people to be involved in determining what the new system will look like and what outcomes it will deliver. The process as well as the goal must be to build a People's National Care Service. Further engagement is crucial, must be accessible and meaningful for people at all times, and must be ongoing.

Our online-events received interest from a wide range of organisations including Parkinson's UK, the Scottish Huntington's Association, Food Train, Home-Start UK, Dundee Carers Centre, Faith in Older People and TSIs. These organisations all have individual and valuable insights to contribute to the conversation. Our response focuses more generally on the key principles of the service.

The Principles

All the organisations we consulted support the principles of the proposals to place human rights at the centre of decision making; shift the emphasis towards prevention; empower people to engage positively with their own care; embed fair work and ethical commissioning; and strengthen commitments to integrating social care with community healthcare. They are united in their agreement that the third and community sectors, and the people they serve, must have a powerful role in the design, delivery and governance of the NCS.

During the pandemic's lockdowns much of the third and community sector adapted quickly to innovate and support people with a wide range of new and existing needs. In doing so they often benefited from funders and commissioners being more flexible about how grants and contracts could be used.[1] This shows where there's a will there's a way for more effective partnership working, more trust and less bureaucracy. This experience and the lessons learned need to be embedded in the new system. The third sector works creatively, innovatively and is able to move quickly, but is too often hindered by under-funding and short-term funding and by its frequent position of being an unequal partner with the public sector. It was highlighted during our engagement that the third sector is relied on for significant levels of expertise and service delivery by government, but that this reliance isn't always reflected in the way the sector is treated as a partner. Health & Social Care Partnerships rely on the third and voluntary sector for service provision and support in areas of social care, so the sector needs to be heard throughout this reform.

At our online events there was a keen willingness to engage with the process, and eagerness for more in-depth conversations on specific areas of the service. Kevin Stewart, Minister for Mental Wellbeing & Social Care, acknowledged in his consultation foreword that "social care is an investment in our communities and our economy, so that everyone can take their part in society."[2] Our members already deliver on this belief by supporting people to live their best life, through a very wide range of services and activities that support and empower people to play a full part in society. In this context social care needs to include befriending, peer support, day care, volunteering opportunities, community transport, and recreational, cultural and educational opportunities. Social care goes far beyond delivering medicine and care, it should enable the care user to participate and have a freedom to live. It should build social connection and tackle social isolation and loneliness.

Scope of the Service

The Feeley Review only considered adult social care, but the consultation proposes that other services should be considered for inclusion in the remit of the new body, including children and young people's care, community justice, alcohol and drug services, and social work, as well as community health services. This wider scope adds a level of complexity to the consultation, and members of our network are reluctant to endorse these added elements without further information and a much greater understanding as to the exact scope and implications. They told us it is too simplistic to answer the consultation with a simple Yes or No regarding the inclusion of these additional services.

For example, the consultation specifically proposes that children's social work and social care services should be located within the NCS. The result, the consultation says, will be a more cohesive and less complex system for supporting families. Our members say that the government's ambitions to improve services for children are sound in terms of the Promise, the United Nation's Convention on the Rights of the Child (UNCRC) and Getting It Right for Every Child (GIRFEC). But organisations such as Home-Start Scotland and Parenting

[1] https://vhscotland.org.uk/vhs-briefing-impact-of-covid-19-on-voluntary-health-organisations/
[2] https://www.gov.scot/publications/national-care-service-scotland-consultation/pages/1/

Across Scotland, have told us there is not enough information in the current proposals to decide whether this is the best way forward. There is concern that new boundaries could be created, for example, between children's services (located within the NCS) and Early Years, Early Learning and Childcare, other local authority education services, housing and environmental services. The consultation merely notes that the inclusion of children's services would require "the retention and strengthening of the existing links with Education and Early Learning and Childcare", but what would this mean in practice?

The consultation also proposes that appropriate elements of mental health services should be in scope and should be consistently delegated to the National Care Service. VHS recommends strongly that such a move must include a commitment to address the long-neglected and specific area of health and social service provision for people aged 65+ with a mental health condition other than (or in addition to) dementia. These include conditions such as schizophrenia, bipolar disease, other psychosis and depression.

Since 2019 VHS has led a programme of collaborative discussions and evidence gathering focused on the lack of parity of service between older people with serious mental health conditions and other adults with a mental health condition. We have identified and explored a wide range of issues facing such older people, including under-diagnosis, discrimination, under-provision of services, inappropriate care, and poor transitions from 'adult' services to 'older people' services. There is a lack of appropriately trained care staff in both older people's health care and social care, including care homes. For some people with serious mental health issues, at their 65th birthday their care and support falls off a cliff.[3] The human rights of these people are not being observed consistently, nor is the approach consistently person-centred, nor is it empowering. Our third and public sector partners in this exploratory work have included the Mental Welfare Commission for Scotland, Audit Scotland, Care Inspectorate, Scottish Care, Support in Mind Scotland, Bipolar Scotland, Age Scotland, NHS Health Scotland, the old age psychiatrist Adam Daly, the Open University, and Faith in Older People. We would welcome further discussion about these issues and can share our evidence reports and discussion key messages.

Empower people to engage with their care

We support the language used in the consultation paper with regards to establishing a "Getting It Right for Everyone" approach and removing barriers for people moving between different types of care and support. It would be beneficial for the integration of health and social care if the system was made easier to navigate for organisations and individuals. We also agree individuals should be supported through the social care system to improve their experience of support. A right to independent advocacy for all applicants and users of social care would reduce stress, complexity and save time in terms of reducing appeals. Currently the right to independent advocacy is limited to certain groups and conditions, the system is complex to understand and navigate, and funding is insufficient and inconsistent. We heard from a member of the SHRC Lived Experience Leadership Group that being able to access independent advocacy right from the start saves people a lot of stress. An extended right to independent advocacy would help individuals engage positively with their own care and help them navigate the new NCS.

Separate to this, appointing a "lead professional" to better co-ordinate care and support requires further conversation. This appointment makes sense, provided it actually makes the system simpler and doesn't add another level of bureaucracy to care provision, so many questions remain.

[3] https://vhscotland.org.uk/falling-off-a-cliff-at-65-february-and-march-round-tables/

Further, to truly achieve the person-centred outcomes outlined in the consultation, voices with lived experience must be heard and built into the design of the service. We have been made aware by some member organisations that certain communities, such as those with learning disabilities or autism, could not engage with the consultation document. We heard during our events that even the easy read version was “impenetrable” and difficult for people to engage with. It was highlighted that this puts organisations that want to support their service users to respond in a difficult position, as they risk cherry-picking particular areas of the consultation to make it more digestible and unintentionally but inevitably being a third party filter and interpreter for the people they are trying to give a voice to. It is therefore crucial that the next stage of the process hears these missing voices. During our engagement, concerns were raised about people and groups being put off engaging with the process by the size, complexity and limited detail at this initial stage. As previously mentioned, given the scale of the document, some organisations which were already working at capacity struggled to fully engage with the process. Parkinson’s UK told us they wanted to engage their service users and gather their views as part of a response, but this was challenging given the limited timescale of the consultation.

Shift towards prevention and early intervention

The Independent Review of Adult Social Care called for a shift away from crisis being the entry point to the system of social care support to a system that values prevention and early intervention.[4] Health inequalities are influenced by social, economic and environmental circumstance, and taking a public health approach helps in fully understanding the benefits of prevention and early intervention. Prevention and early intervention should be seen as a beneficial investment for the wider system. It enhances the principle of Getting it Right for Everyone and can help avoid crisis intervention. Community, third and voluntary organisations have the skills and expertise to deliver prevention and early intervention, they generally have high levels of trust amongst the people they support, and they have first-hand knowledge of the communities they serve. However, for prevention to be a reality it requires not only recognition of the value of this kind of work but investment and a recognition that outcomes and data to demonstrate success in prevention may be non-standard and qualitative rather than quantitative. Prevention is frequently victim to a lack of priority and funding.

These themes will be familiar to many, a shift towards prevention was one of the four pillars of the Christie Commission along with:

- greater integration of public services at a local level driven by better partnership, collaboration and effective local delivery
- greater investment in the people who deliver services through enhanced workforce development and effective leadership
- a sharp focus on improving performance, through greater transparency, innovation and use of digital technology.[5]

The third and voluntary sector welcomed this report ten years ago but has been disappointed by the slowness of progress since. For prevention and early intervention to be more than just rhetoric it needs to be coupled with a solid and sustained commitment to investment and implementation.

[4] https://www.gov.scot/publications/independent-review-adult-social-care-scotland/pages/4/
[5] https://www.gov.scot/publications/commission-future-delivery-public-services/

Strengthening commitments towards integration

Strengthening integration would be a welcome achievement of the NCS. It is our view that removing barriers for people moving between services can only be beneficial.
However, there are questions about how the proposed Community Health & Social Care Boards (CHSCBs) will fit into the integration system. Reforming IJBs to become CHSCBs must not add an additional level of bureaucracy to the system. Additionally, the third and voluntary sector already adapted to one major restructuring, during the integration of health and social care. Reforms must be coupled with capacity building to enable the sector to adapt. The third and voluntary sector must be an equal partner in the design and delivery of services and we strongly advocate that it has voting rights as an equal partner at the CHSCB decision-making tables. The third sector's experience on IJBs is that its position as a non-voting member has not universally been conducive to effective and meaningful partnership working. For successful co-production on CHSCBs there needs to be full recognition of the extent of social care provided by the sector and its expertise, experience and knowledge as a partner.

Fair Work and Ethical Commissioning

The consultation says the current flexibility in the procurement of social care services has in practice led to inconsistencies across local authorities in their commissioning and procurement approaches, with a range of negative consequences for people requiring social care. At one of VHS's consultation events, the comment was made that, "commissioning of services to the third sector is dreadful: short term without any real collaboration. National Frameworks don't always fit the smaller third sector organisations and exclude our ways of working, our agility to respond quickly and where it is needed".

Reform will be heartily welcomed by our sector, not least because the current system means a focus on competition, price, costs and activities/outputs rather than on collaboration, person centred care and positive outcomes for care users. As former NHS Scotland CEO Paul Gray pointed out recently, as demand for health and social care will continue to grow, in the face of significant resource and budget challenges, this will drive increasingly perverse incentives to the disservice of people who actually need care and support. As he says, "This will also operate to the further detriment of third sector and private sector providers, who are already under-represented in decision making; treating the third sector as a disposable contractor whilst calling them partners is the worst of all possible worlds".[6]

Meantime, our members have many questions concerning the precise implications of what is proposed as regards commissioning and procurement. Scotland's 40,000 third sector organisations are for the most part small and operate within a single local authority, but we know that those that are national or regional are equally unsure about what the new proposals would mean for them and the people they support. Areas they need to know more about include the proposed minimum requirements for commissioning social care and support, and the standards setting rules on a core set of criteria that includes staff pay and conditions, outcomes for people using services and financial transparency on the part of care givers. Will the proposed system be easier and more flexible for providers, including small providers, to be involved in commissioning so as to bring the full richness of their expertise, knowledge and trusted relationships with people fully into the system?

Introducing legislation, policy and a new agency will not be enough to embed Getting it Right for Everyone into commissioning and procurement and make it a reality. The lessons from GIRFEC over the past twelve years of its implementation are that the role of culture in

[6] https://reformscotland.com/2021/10/a-critical-moment-for-health-and-care-paul-gray/

transformational change cannot be under-estimated and that there are no short cuts to creating, embedding and sustaining new and shared cultures across the system, its agencies and their workforces.

During our engagement it was highlighted that the voluntary sector picks up a huge amount of the service for individuals due to the fragmented nature of social care. Questions were asked about what the impact of “national” actually means and how it is going to enable a less complicated more integrated approach to service provision, without losing local autonomy. Further conversation is required on what a national framework might mean for service provision, but at this stage we have heard pleas for an uncluttered system without multiple layers of decision making.

Third sector organisations welcome the prospect of ethical commissioning, with a person-centred care first/human rights approach at its core, and ensuring that strategies focus on high quality care and the full involvement of people with lived experiences throughout. Currently there is an inequality of care standards for people, services are fragmented and underfunded depending where they live. Huntington's Association has developed a National and Local Framework for Huntington’s Disease to ensure that families affected by the disease receive the same standard of care across Scotland no matter where they live. Scottish Huntington’s Association and other VHS members want to know how such ethical frameworks could be developed and enacted in partnership with social care users and families in future, helping people make decisions about their own care.

Electronic Social Care and Health Record

We have singled out the electronic social care and health record as a specific area of the consultation to feedback on. It is our understanding that all primary and community health care and social care services will be required to provide data to the NCS. A number of organisations told us one of the key barriers for third sector organisations providing services in the community is two-way data sharing. As an example, Chest, Heart & Stroke Scotland highlighted that some health and social care services struggle to refer patients to the third sector, due to challenges in data sharing. There was hope the digital care and health record could address some of these issues. The consultation acknowledges that this could enable improved data for providers in the third sector, which would be welcome.

We support the principle of people’s data and information moving with them and reducing the administrative burden of managing data. However, for this to be person-centred, consent and trust must be put at the forefront of this work to ensure public buy-in. Moreover, any additional data collection requirements must be coupled with the necessary resources for the third and voluntary sector to ensure resources are not diverted from service delivery.

Conclusion

It is proposed that reforms will be on the statute book by summer 2023, with the new national body coming into operation in 2026. This is an ambitious timetable for such large-scale reform, but meantime people in need of social care right now are being failed by the existing system and cannot afford to wait so long for fundamental failings to be resolved. Further progress on integration needs to happen in parallel to the development of the NCS. We also need to recognise that structural change will only get you so far, the principles outlined in these proposals will require cultural change, which takes time.

Services must be less complicated and more integrated, without losing local autonomy. Commissioning but not consulting the third and voluntary sector must be avoided, and it is vital that the sector is an equal partner in the co-design and delivery of the proposals. The sector is full of “health creators” who are creative, adaptable and determined, which was evidenced during the pandemic. Meaningful engagement with the third sector, voluntary organisations and people with lived experience should have been built in from the start of the process. Voices have been missed from this initial consultation and it is imperative that they are heard in the next stage. This requires parity, respect and may involve rebuilding confidence in the engagement process for meaningful co-production.

For further information please contact Kimberley Somerside, Policy Engagement Officer: Kimberley.somerside@vhscotland.org.uk