



## National Care Service – Consultation response from Voluntary Action East Renfrewshire (VAER)

*“If we get social care delivery right, we can help people live the kind of life they want to live; going to college, getting a job, remaining in their own communities for longer. Peoples’ lives can be transformed”* **Kevin Stewart- Minister for Mental Wellbeing and Social Care (foreword NCS consultation document)**

### Introduction

VAER has fully embraced the opportunity to respond to this consultation, and has taken part in many consultation workshops both locally and nationally. We have therefore opted to submit our response in two parts:

- A direct response to relevant sections of the consultation paper;
- And a more general/strategic response which highlights issues/concerns raised by the Consultation, to emphasise areas that will impact on the third sector and the communities we serve.

East Renfrewshire has a vibrant, active and very vocal 3rd Sector, with hundreds of organisations supporting older adults, people with disabilities and unpaid carers to feel part of their local communities contributing both socially and economically.

The 3rd/Community sector touches lives at different ages, stages and important transitions, offering vital supports either at home, in hospitals or indeed within the wider community. The role of East Renfrewshire’s 3rd/Community sector in the social care ‘space’ is significant both economically and in terms of positive and life changing impact for people.

We want to ensure that the contribution of our sector at local and national level does not get lost in this significant reform process.

In producing this response, we have reflected on learning from our engagement with the sector in our day to day work, and through a range of events which have shaped our emergency response over the course of the last year.

We will highlight some of our concerns and hopes, the challenges which lie ahead and areas we believe need further discussion as we progress through the process of reform and service re-design.

The main focus of our response is this:

- The tone and language used to describe social care in this consultation is welcome – but with a strong focus on structures, restructuring and process, there is a real risk that we lose the essence of and vision in the Feeley Review;
- By widening the scope of the planned National Care Service, we may risk diluting the very necessary focus on adult social care which faces a significant crisis;
- The need for clearer and more urgent recovery planning for social care;
- A clearer understanding of, and a place for local third sector services which support health, wellbeing and deliver services in shaping plans at a national level and sustainable funding at a time when our services are needed by so many;
- The critical role of third sector interfaces in bringing local knowledge and on the ground experience to national planning

### About VAER

VAER is the Third Sector Interface for East Renfrewshire. Our vision is an East Renfrewshire where people can work together to shape their communities. This can only be achieved by valuing the uniqueness of every individual and their contribution; whilst creating the conditions for participation.

Here at Voluntary Action community participation is at the heart of everything we do. This includes promoting local opportunities to get involved, giving residents a voice, and creating spaces for communities to come together. Everything we do is founded on three basic principles of:

#### **Facilitation**

We build safe environments for local people, groups and organisations; creating solutions to local issues by working together.

#### **Engagement**

We encourage East Ren wide conversations, supporting local people to share their stories and experiences and influence planning, design and delivery of local services.

#### **Participation**

We support local people in finding their way to get involved in the community. This can be anything from joining a group, volunteering or taking part in local conversations.

### **General comments on the proposals and creation of National Care Service**

While we recognise that there will be differences of opinion and areas of disagreement across and between our local 3rd Sector organisations, we also know there is widespread agreement and optimism that these proposals offer a way to finally realise the intentions of Christie and implement the recommendations from The Independent Review of Adult Social Care (IRASC)

Our sector welcomes The IRASC's recognition of the vital role played by the 3<sup>rd</sup> and community sector in supporting people to live well, remaining at home for longer and to meaningfully contribute to their local communities. However, this emphasis on the role of the 3<sup>rd</sup> and community sector is less obvious within the NCS consultation document, and falls woefully short in acknowledging the challenges that voluntary and community services face in terms of sustainable funding, recognising the value of their workforce and the outcomes we achieve.

The consistent message across Scotland is that social care wasn't working pre Covid and that the pandemic has only increased the weaknesses in the existing Health & Social Care system.

Issues such as competition on the basis of cost rather than impact arising from commissioning and tendering; broader issues experienced by people interacting with the system on eligibility, gatekeeping, charging, repeating your story over and over again and the inconsistencies of delivery are consistently raised by our sector. We believe that the proposed development of national framework will go a long way to improve standards, however it is hugely important that a national framework not only retains local flexibility, but facilitates and encourages it across service design and delivery. We recognise the importance of local relationships in delivering high quality care and support; and the continuing need for local priorities to be set by local collaborative.

Integration of health and social care has been an on-going piece of work since 2014 and we believe it is important that we learn from this work, with an honest look at what went well, what didn't go well and how we can work together to achieve the changes needed. Integration had a strong focus on structure and processes from the outset, we cannot afford to make the same mistakes of being over bureaucratic and focusing on the processes and not the people at the heart of services.

It is our concern that this current consultation has the potential to travel in the same direction. We cannot recreate the same costly bureaucracies which act as a gatekeeper, keeping people away from the support they need and failing to implement any learning from our journey so far.

More broadly, wider cultural change is required as is a significant shift of power to communities and to people who need and use social care. We welcome the focus on human rights and believe the language used by the Scottish Government in this consultation advocates for this shift in power. However, it is not clear

from the consultation document how these proposals will get us closer to a more effective, equal and compassionate social care system.

We believe, that for any further reform to truly achieve change we need to understand and openly acknowledge the difficulties faced by those delivering services, commissioning services and most importantly those accessing services. This consultation document and the spirit of The IRASC offer a positive start to this discussion.

### **Recovery and Reform- delicate balancing during transition**

This discussion around reform is set against a very challenging backdrop of the pandemic and the unmistakably devastating consequences of lockdowns, halting of services and unbelievably exhausting emergency response delivered across all of health and social care. These consequences will continue to be felt by our staff, volunteers, vulnerable people, unpaid carers and communities for years to come. The work to reform social care must be built on a deeper understanding of this current context and how we work together to not only recover but come back stronger, fairer and led by the people who access these services.

The work of reform cannot wait for our services to be fully operational, nor can it go ahead in a separate discussion space. Recovery planning and reform work streams must sit in the same space, sharing the same data and learning from the past. We need to hear more from the Scottish Government about how they intend to marry recovery and reform together, with a clear and visible focus on how recovery of social care will embrace the intentions of The IRASC.

The experience and expertise of the third sector in localities alongside the voice of people who need/use health and care should be at the heart of all COVID recovery groups and any work linked to this consultation.

### **Community Health and Social Care Board (CHSCB)**

Overall, we welcome the proposal to reform the current structures of Integrated Joint Boards (IJBs) to a more widely representative membership within the new Community Health and Social Care Boards. Offering the opportunity to widen the membership to reflect the wide range of stakeholders with an interest in how Health and Social care is delivered within local areas, and we especially welcome the increased involvement of people with lived experience.

We are broadly supportive that the proposed changes are not a blank canvas approach to reform and will maintain the current representation of NHS representatives, local elected members and the current HSCP chief executive teams we are supportive of the suggested additions of local people, people with lived experience and local 3rd sector representatives. However, we do have some concerns that the consultation is unclear on where the responsibility within the CHSCBs will lie. We welcome the widening of membership and voting rights within the CHSCBs but would ask that this also comes with an increased focus on training, support and secretariat for those non-staff members.

Potentially, the level of responsibility and time being asked of community members would not only make the role difficult to recruit for but is also putting a huge amount of responsibility on the shoulders of people with limited experience of the work of IJBs/CHSCBs. We believe this needs further and more focused discussion.

### **Valuing staff, volunteers and delivery partners**

Again, we are broadly in agreement with the proposals for the NCS to develop, administer and monitor the implementation of a national workforce quality standards framework. We believe this will provide a more equitable and sustainable approach to work force development that will be consistent across all local authority areas. This is an area of significant challenge within the current system.

The proposed changes we hope will ensure all social care and social work staff should have the opportunity to be upskilled and trained and appropriately paid for their role and that there should be consistency on wellbeing and fair work principles across all sectors.

We support greater investment in the sector, improving conditions for the workforce and improvements to training and professional development. We support the emphasis in the proposals on prevention, person-centred and human rights based approaches and wider recognition of the needs of unpaid carers. However,

we believe there needs to be more focused discussions around workforce development and how this will be widened out beyond NHS, Social work/care services to include 3<sup>rd</sup> sector and community providers.

### **Further discussions and conclusion**

The consultation to develop a National Care Service provides us with a unique window of opportunity to not only re-design our health and Social care system but to do this in real time in collaboration with local people, public and 3<sup>rd</sup> sector providers during a time of re-set and remobilisation. However, we must be brave, honest and forward looking.

We believe that this consultation is a positive starting position, and will generate more questions than answers. It is vital that as we move forward with the consultation there is a clear and concise timeline of further consultations in the design process of the National Health and Social Care Service.

For example, further discussion is needed on the following areas:

- The move from IJBs to CHSCBs- and implications on voting, budgets and staffing levels
- Ethical Commissioning and how this consultation will link in with the review of commissioning and procurement already under way
- Workforce development and how this will impact on all staff across all sectors
- Transition from current to new model and how this can be done within an environment of remobilisation and recovery.

We are broadly supportive of the recommendations contained within the Consultation document and are keen to play an active role in the re-design of our health and Social care system.

*“Coming together is a beginning; keeping together is progress; working together is success.” – Henry Ford*