

National Care Service (Scotland) Bill (Stage 2) draft amendment – request for written evidence.

Organisation details

Name of organisation

Name of organisation: Carr Gomm

Information about your organisation

Carr Gomm is a person-centred charity that supports people who for reasons of disability or vulnerability, need some help in their lives. We support over 4300 people in their homes and communities every year across Scotland and our services are delivered by trained and committed staff. Our goal is to enable people to live safely and to do the things they want to in life. This includes helping with day-to-day living, planning for the future, and in realising dreams.

Supplementary Information

National Care Service strategy

1. What is your view of the proposed National Care Service strategy (see proposed new sections 1A to 1E)?

Tend to support

The proposed Strategy described in Chapter 1, including sections 1A – 1E, would be strengthened by clearly articulating the Purpose or Vision of the National Care Service; the vision should enshrine person-centred approaches as the

fundamental methodology of social care. This is the opportunity to define social care. Both CCPS and Common Weal have made good suggestions in this regard. In our previous submissions to the Independent Review of Adult Social Care and the consultation on a National Care Service, we highlighted the fundamental importance of ensuring any new construct is rights-based, enshrines and fully realises the principles of SDS, and recognises the societal value of supporting those that are most vulnerable through skilled and professional practitioners that are appropriately recognised. The NCS Strategy should legislate to align with relevant UN Conventions, including the Convention on the Rights of Persons with Disabilities; and make appropriate reference to digital inclusion as a human right.

National Care Service Board

2. What is your view of the proposal to create a National Care Service Board, and the provisions about the role and functions of the Board (see in particular new Chapter 1B of Part 1, and new schedule 2C)?

Tend to support

As per our previous submission to the consultation on a National Care Service, citizens of Scotland should expect to be supported according to national values, standards and expectations, but with flexibility to meet those standards and expectations based on the local environment and the specifics of each individual, family or community.

National consistency does not mean 'one size fits all' and the national board must recognise the variation in approaches required for different communities – for example rural and urban – to achieve positive outcomes. Whilst there is always an opportunity to apply learning in different parts of the country, it is important that the value of existing resources and assets is recognised and sustained, rather than any dogmatic drive to duplicate for the sake of standardisation.

We must aim to provide person-centred services and supports that recognise that each person has different circumstances and so requires different resources to reach equal outcomes; we must not fall into the trap of assuming people with the same vulnerability or health condition need the same resource investment to achieve positive outcomes in their lives.

Schedule 2 of the proposed Bill describes Board composition and membership, and it is crucial that the membership values the importance of people with lived

experience of accessing community-based social care supports and third sector providers with experience of providing bespoke person-centred supports as active and equal members.

Creation of local boards and removal of other integration models

3. What is your view of the proposal to establish National Care Service local boards and to remove other integration models (see in particular Chapter 1A of Part 1, and new schedules 2A and 2B)?

Tend to support

NCS local boards should be the sole model for local delivery of community health and social care in Scotland.

Fundamentally, all local NCS Boards and providers of care and support should be accountable to the same values, expectations, standards and rules: so a citizen in receipt of a care at home service, say, should expect to receive person-centred support in-line with national values, standards and expectations, provided flexibly according to the local environment to achieve their unique personal outcomes, regardless of where they live in Scotland.

Working with the relevant regulatory bodies, local NCS Boards should hold the provider – whether public sector, private sector or third sector – to the same national values, standards and expectations. The National Board should hold all local Boards to the same national standards and expectations.

Wherever possible, responsibility and accountability for decision making should be devolved to be as close as possible to the person and their support network (including any support practitioner/service).

Monitoring and improvement and commissioning

4. What is your view of the proposed new provisions on monitoring and improvement (see new sections 12K and 12L) and on commissioning (see new section 12M)?

- Tend to support

We recognise and support clause 12L (4), in stating the importance of the National Board having regard for the work of other public bodies and ensuring that its work complements, rather than duplicates, that of others. The National Board should actively seek to remove any duplication and ensure there is absolute clarity regarding which public body has a responsibility for monitoring, evaluating and using that information clearly and transparently to support subsequent decision making. No monitoring information should be requested unless there is a clear rationale for the use of that data.

As stated in our response to Derek Feeley's Independent Review of Adult Social Care, we would encourage the Government to streamline and clarify expectations by developing a publicly available mapping demonstrating what monitoring information is being requested/ considered by which public body and for what reason.

As per the proposals for NCS Board composition and membership, it is crucial that the expertise of third sector providers with experience of providing person-centred supports have a constructive role in ensuring that monitoring and improvement work is proportionate and meaningful.

- Partly support and partly oppose

There is currently no consistent approach to commissioning and procurement within many Health and Social Care Partnerships, let alone between them.

Despite the clarity and helpfulness of national social care commissioning legislation and guidance, our experience is that H&SCPs remain consistently and determinedly fixated on competitive tendering with all of its inherent negative consequences for people, families, communities, workers and providers as a result of routine and cyclical competitive tendering and re-tendering. We do not observe anything in Section 12M that will change the existing approach being used, and so fear that fundamental procurement orthodoxy will continue to dominate at the expense of strategic, collaborative and thoughtful commissioning.

We strongly urge the Government to articulate the Bill to emphasise the importance of commissioning and to ensure that all of the persons listed in 12M (2) are supported to move away from procurement fundamentalism in social care. It is essential that social workers are supported to be human rights warriors, getting to the heart of what really matters for people.

We support the intent of clause 41(2) which references the proposed update to the Public Contracts (Scotland) Regulations 2015, particularly clause 76(A)-(5)(b) that an organisation is a qualifying organisation if “profits are reinvested with a view to achieving the organisation’s objective...” but suggest that this is strengthened to state that ALL profits are invested in supporting the purpose of the National Care Service.

National Chief Social Work Adviser and the National Social Work Agency

5. What is your view of the proposed new provisions to designate a National Chief Social Work Adviser and for the creation of a National Social Work Agency (see new section 26A)?

Undecided / no opinion

Amendments to the Public Bodies (Joint Working) (Scotland) Act 2014

6. What is your view of the proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014, as set out in the marked up version of the Act?

Undecided / no opinion

Areas of further work

7. What is your view of the Scottish Government’s proposed approach to addressing the areas of further work outlined in the Minister’s covering letter?

Undecided / no opinion

Draft National Care Service Charter

8. What is your view of the initial draft of the National Care Service Charter?

Tend to support

Other comments

9. Do you have any other comments on the Scottish Government's proposed draft Stage 2 amendments to the National Care Service Bill?

To be clear, a person-centred medical model and a person-centred social care model share principles in common, in that both emphasise the importance of individual rights, preferences, and values guiding professional decision making. However, as social care organisations support people to live their lives in their homes and in their communities, a person-centred social care methodology should widen out to emphasise individuals having choice and control in their lives through the development of personalised plans that reflects their interests, choices, and goals, and to encompass the broader aspects of their life, including social connections, community participation, employment, and education. Overall, there should be a stronger emphasis on the individual's wider life and relationships beyond services.

We therefore strongly call on the Scottish Government to take this opportunity to enshrine the importance of embedding a specifically social care person-centred approach in legislation, and rejecting the notion that vulnerable adults can be defined by their health (as in the medical model).

Social care is not broken, but it needs material reform and better resourcing. Members of the Scottish Parliament, COSLA and the NHS already know of the positive impact that excellent person-centred supports, provided by third sector organisations like Carr Gomm, have every day.

The National Care Service must recognise this, and seek to support and extend this excellence as recognised by the Care Inspectorate through their inspection programme: speak to us about what works and why, as well as about what does not work and why not. As providers of the services that are consistently the most positively reviewed by the Care Inspectorate, we know. Third sector voices must

be embedded in the National Care Service Board and in Local Boards, along with the voices of people with lived or living experiences.

The NCS Bill must support equal recognition and reward for all social care workers, regardless of their employer. Whilst there is a long-term commitment to achieve Fair Work, the NCS Bill should enshrine this commitment in legislation to underpin the value and worth of those that commit their careers to supporting the most vulnerable people in our society. We appreciate that Fair Work is covered under employment law but believe that the Bill can legislate for equality.

Whilst Carr Gomm has a positive impact in people's lives every day, that is despite the procurement fundamentalism that we experience: the priority must be people, not pound signs. All competitive tendering must be paused, and the National Care Service Bill must legislate for collaborative commissioning that values the skill of commissioners as well as the lives of people and families. Given that the Scottish Government's Adult Social Care Wage process assumes that non-residential providers incur average wage costs of 86.9% of their total income, equal reward and recognition for all social care workers, regardless of employer, should remove any requirement for competitive price-based tendering, and focus all attention on the impact of the service in supporting people, families, and communities to achieve positive outcomes