

# CARING FOR ALL

## A NATIONAL CARE SERVICE FOR SCOTLAND

### ACTIVIST BRIEF

## WHAT IS THE REPORT?

In 2020 Common Weal published a report into the impact of Covid in care homes. This led to the establishment of a Care Reform Group to look at all kinds of care issues and develop ideas and policy. When it was announced that the Scottish Government would create a National Care Service that became the focus of the work.

The aim was to produce a document setting out the case for a service that would have as much importance in people's lives as the NHS. This report is the culmination of 18 months of work (and a host of individual reports on specific elements of it) and sets out a detailed plan for what a National Care Service should be.

## WHAT DO I NEED TO KNOW?

This is a massive piece of work, both in length and significance. It exists in three forms. There is the full report, there is a summary report and there is a book version of the full report (which is also easier to read online). If ever there was a Common Weal report which deserves to be read in full, this is it since so much is lost in the summary. But here are the essential key points:

- Care is the glue which holds society together and the vast majority of care is informal, citizens looking after family and friends. But sometimes informal care goes wrong or isn't enough and in these circumstances people need formal care support.
- But care services are currently in a critical state and not fit for purpose – underfunded, rationed, fragmented, centralised, top-down and risk averse. Staff are undertrained and underpaid, morale is low and turnover high
- To fix this Scotland needs an all-ages, comprehensive, not-for-profit National Care Service which is free at the point of need
- While coordination, strategic planning, financing and the delivery of a range of support services (along with political accountability) must take place at the national level it must be organised and delivered at the local level through local authorities
- To make care accessible it should be delivered through Local Care Hubs where, exactly like GPs' surgeries, anyone with need can make an appointment and discuss their needs with a professional and either get services on the spot or be referred on to them where necessary

- While human rights matter in care, if rights are not matched with resources, responsibilities and relationships, they won't result in change
- Relationships are crucial because care is a relationship-based activity so care workers must be publicly trusted and respected and be allowed to support people, not be constantly enforcing rules on them. This cannot happen if staff turnover is high, they're insufficiently trained and not allowed to make day to day care decisions with those they care for
- That means staff must be trusted as professionals and the top-down, risk-averse bureaucracy of the current system must be stripped away
- There should also be a 24-hour national phone line for emergency care issues (like NHS 24) and emergency response services to people's houses (like a 'care ambulance')
- Part of a National Care Service should be dedicated to reducing the need for care by taking a 'public care' approach to encouraging a society which creates less need for care in the first place and by supporting informal carers
- Early interventions to prevent care needs getting worse are also crucial
- While fully funding a new National Care Service will be challenging, the report explains how the resources that should be available to the Scottish Government would be enough to make a substantial start
- All of this combined would create a revolutionary 'womb to tomb' service that everyone would access at some point in their lives, from parenting support at conception through to end-of-life residential care and anything in between, from addiction issues to incapacity to housing needs to psychological services

## WHAT'S THE 'LAUNCH LINE'

There is so much content in Caring for All that it is difficult to pull out a single story line. For launch we are leaning on the argument that a National Care Service is very clearly meant to sound like an equivalent to the National Health Service and so if it is not set up with the ambition that created the NHS then it is not fit for the name.

This will lean heavily on a further comparator – the NHS was set up in part to reward the people of Britain for their sacrifices during WW2 and the NCS is being set up after the sacrifices people in Scotland have made during the pandemic. The NHS did not 'shortchange' people in 1945 and so if the NCS turns out to be a rebranding exercise then it will be a betrayal of people and the sacrifices they have made.

## GIVE ME SOME NUMBERS TO USE

At the start of the main report there is a summary of lots and lots of the statistics used throughout and you can use any of these. But there are three new numbers we have produced as part of this work. This is hard because the data on care is poor, but by using indicators of care need, care-giving and of how many people receive public care services we conclude:

- At any one time, about one in five people in Scotland are in need of care or support of some sort not counting dependent children
- Of those, about 85 per cent get no care support at all
- At any time there are about two million people in Scotland who either give or receive care not counting parents and children
- But who these carers and cared-for people are changes all the time – absolutely everyone will need care at some point in their lives
- This shows just how wide the interest in a National Care Service should be.

## WHAT ARGUMENTS WILL BE MADE AGAINST THE PROPOSALS?

The dominant argument against is likely to be that it is unaffordable. The way to answer this is to say that it will never be possible to afford all the care it would be possible to provide so the answer is making enough investment to make a decent start and then using that investment to get the biggest impact possible. This means:

- As well as the £800 million it has promised to spend on a desperately-needed increase in staff pay, the Scottish Government should dedicate the more-than £1 billion it should receive in Barnett Consequentials from the National Insurance rise being used to fund care in England and Wales.
- Care in Scotland is currently horrendously bureaucratic and driven by managerialism – but successful care is about relationships. Free care workers from ticking boxes and let them care. (One local authority in England replaced 27 pages of tick-box with one sentence - “Don’t break the law, don’t blow the budget, do no harm”).
- Train and pay staff so they are both good at what they do and do not leave the profession very quickly. Trained staff will help prevent care needs escalating in the first place so help reduce costs.
- Let care teams negotiate care packages with those in need of care. Not everything can be afforded but the way to deal with this isn’t to ‘ration’ care or put up paywalls (effectively what happens in Scotland just now). Let trusted locally-based professionals talk with people who need care to make sure that they get the care they need, even if that doesn’t mean everything they would like.

One other question might be about the ‘integration of care and health’ which a lot of people have heard is how care should be moved forward. The

report goes in the opposite direction because it argues that integration has treated care as a subset of health and that is a mistake. They are important and overlapping services, but they are very different - one is primarily about biology, one is primarily about relationships. Plus care and health integration just hasn’t worked and there is no evidence that this managerialist approach has done anything to improve care either.

And in case anyone claims we are rejecting Human Rights as the way to organise care, it is worth being clear that we absolutely are not – just that they are only one of the ‘Four Rs’ (rights, relationships, resources, responsibilities) and without the other three they will fail. What we do reject is that ‘human rights’ means a consumerist shopping list of precise services which people have an unquestioned right to demand irrespective of professional assessment of what they really need.

## WHAT ARE THE BENEFITS?

There are so many benefits from getting care right:

- It absolutely transforms the lives both of carers and those who are cared for
- A proper care service can prevent major care problems from arising in the first place by being there to help with minor care problems before they escalate
- Failures in care are a major driver of ‘failure demand’ (the cost to public services of having to mop up social failures). Getting care right saves public money in everything from health to crime budgets
- The health impacts of care are especially important; much of the burden on GPs surgeries and the NHS more generally are because the NHS becomes the default place to go when care problems become major
- Care is very low paid and currently a profession dominated by women and so increasing the pay for care workers does a lot to reduce in-work poverty and to close the gender pay gap in Scotland

## WHAT IS THIS VISION PUSHING AGAINST AND WHAT CHANCE DOES IT HAVE?

The Scottish Government held a review of adult care in 2020, has issued a consultation and has commissioned private consultancy corporation KPMG to write up plans. This gives a pretty clear picture of what the current thinking of government is. So how does this compare with Common Weal's plans?

- Current SG proposals centralise control of the delivery of care away from the local level, Common Weal is arguing that funding and a number of other functions should happen at the national level but that design of services and care delivery should be done through local authorities at an even *more* local level.
- Current proposals leave the way care is done in Scotland almost exactly the same as at present, Common Weal is arguing that we must do care quite differently, moving it from box-ticking managerialism to a relationship-based model
- Current proposals do not envisage more investment in care (apart from the money for pay), Common Weal believes an additional £1 billion must be invested
- Current proposals put responsibility for care into failing, unaccountable 'Integration Joint Boards', Common Weal wants to keep care in clearly-democratic control and extend this so that the people using services, their families and staff had real power to design how they work for the good of all
- Current proposals retain the profit motive in care provision in Scotland, Common Weal believes care should be not-for-profit
- Current proposals do not seek to enhance the experience of care but only make its management more centralised, Common Weal believes the experience of care must

be transformed through being delivered in Local Care Hubs, like a care equivalent of GP's surgeries

- Current proposals claim to be about promoting a 'rights approach' but this is meaningless without legal responsibilities to deliver those rights, adequate resources and a recognition that rights within relationships, including those between users of services and care staff, are very complex – so Common Weal believes a NCS is better starting from needs, not rights, and should then consider care within a framework of the four Rs, rights, responsibilities, relationships, resources

The current proposals are so unambitious and so centralising that most of the main players in the care sector are in entirely defensive mode, afraid they will lose even more funding, prestige and control. They all know that something much more far-reaching is needed but because they do not believe the current plans take this seriously they believe they have no option but to protect what they have.

So unless there is public pressure for change, this will become a minimalist rebrand of what is already there. That's why it will take people like you to make this happen.

## SO WHAT CAN I DO?

This brief (along with the content of the reports) should have given you a range of arguments and explanations you can use. Use them creatively in any way you can and share them with others who feel strongly about this issue. And because everyone needs care and because care is so extraordinarily emotional and often draining, people feel strongly about care – and politicians know it. So...

- Share any of the material from this brief and the reports (especially the numbers) via social media
- There will also be a lot of other materials available on a campaign page on

the Common Weal website – [www.commonweal.scot/care-campaign](http://www.commonweal.scot/care-campaign). There you will find short videos, longer videos, various versions of the report, briefings and a whole range of other materials on care we have produced. You can share these with people.

- Write to your MSP and demand a National Care Service with ambition. It doesn't need to be long and you can find emails or postal addresses for your MSP at [www.parliament.scot/msps](http://www.parliament.scot/msps)
- Write to your councillor or the candidates in your upcoming election and do the same. You should be able to find email or postal addresses on your local authority website.
- When you write to politicians, don't be afraid of emotion. Use your own stories of care – a baby that wouldn't stop crying and you didn't know what to do, a toddler with temper tantrums and nowhere for you to turn, a family member with addiction problems and no support, an elderly relative who needed lots of support... Be demanding, but be positive
- You know lots and lots of people who have caring responsibilities and many of those people will also feel very strongly about this. So tell them about the report and the proposals and point them towards the campaign page on our website as above.
- But even more – get *them* to write to their elected politicians. Tell *them* that this proposal could transform their life but only if they can do something small to make it happen. Make sure they know that sending their politicians an email is not hard and tell them to share their stories just like you're going to.
- You can also invite members of the Care Reform Group to give a presentation to and answer questions at any relevant event or meeting you are involved in organising.

## GIVE ME SOME MORE LINES TO USE

- Caring without relationships isn't caring at all
- How are you? Take care? See, care is so important it's how we say hello and goodbye
- Care is local – you can't hand a hankie to someone on a Zoom call and you can't hug a phone
- A wee problem today, a big problem tomorrow. That's why we care
- We cared for each other during the pandemic. It is time for government to care for us all.
- Ticking a box won't solve anything – set people free to care
- We all deserve care so we all deserve a National Care Service
- Care isn't something you do to someone, it's something you do with someone
- The NHS did not shortchange our sacrifice in 1945 so a NCS must not shortchange our sacrifice now

## HOW CAN I DISCUSS THIS AND GET ANSWERS TO QUESTIONS

If you need to know more, want some advice or want to connect with others who are involved in this campaign, don't hesitate – there are a load of ways you can get support:

- Join the Common Weal Campaign Centre. This is a place where people who are interested in social change get together online, share thoughts and ideas, support each other and give advice and help. There

will soon also be a lot of training materials there to help you campaign better - go to [common-weal-campaign-centre.mn.co/](http://common-weal-campaign-centre.mn.co/)

- Common Weal will be doing more, including at least one online session with the Care Reform Group who will be there to answer your questions. Sign up to the Common Weal mailing list or join the Campaign Centre to find out the details
- You can invite members of the Care Reform Group to come and talk to your own meetings or even set up a local meeting (especially if they are online). Email [hello@common.scot](mailto:hello@common.scot) and just let us know what you need
- You can also use that email address if all of this still leaves you with questions

## DOES COMMON WEAL HAVE ANYTHING ELSE PLANNED?

The Care Reform Group has a number of other papers on specific aspects of care in the pipeline – including a more detailed paper on why care should be the responsibility of local authorities and how local authorities need to be reformed to deliver this.