

Common Weal

Media Release

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A National Care Service without ambition would be a betrayal of Scotland says think tank as it launches visionary plan

The Common Weal think tank today launches a major report setting out a visionary plan for a National Care Service which matches the scale of the ambition of the Beveridge Report which led to the National Health Service. Common Weal claims that anything less than this level of ambition is not fit for the name National Care Service and would be a betrayal of Scotland and its sacrifices throughout the pandemic.

The report, *Caring For All*, is the result of 18 months of work on the part of Common Weal's Care Reform Group, a group of care experts which has been developing the plan in consultation with a wide range of partners.

The blueprint calls for a 'Womb to Tomb' service which would support people from conception (with parenting advice and support) to end of life care. It would be coordinated nationally but delivered locally via Local Care Hubs. These would be run by local authorities and would be the first port of call where anyone could get an appointment to discuss their care needs, just like the role of the GP's surgery in the National Health Service. There they could access a full range of services from the aforementioned parenting training, psychological services and personal elderly care through to addiction services, home adaptation and financial problems

A team of professionals led by social workers would assess people's needs and negotiate a package of care with them which balanced the availability of resources with the effective support they require. If services or support cannot be delivered by the Local Care Hub people would be referred on to specialist services, just like the NHS. And like the NHS there would be a 24-hour emergency phone number which could arrange emergency home calls, like an ambulance service for care.

The report makes an estimate of the scale of the unmet care need in Scotland. It estimates that about one in five people in Scotland need some kind of care or support at any given time (not including children without additional care needs) but that about 85 per cent of them receive no formal care services at all. At any given time there are something like two million people in Scotland either giving or receiving care (again, not including parents and children without additional needs).

The service would be delivered in the public sector on a not-for-profit basis and would be free at the point of need. Financing this will be challenging but Common Weal believes that the £800 million the Scottish Government has already committed it will invest in staff pay along with the more-than £1 billion pounds which should come to Scotland as a result of the Barnett Consequentials from the UK increase in National Insurance payments (introduced to pay for care in England and Wales) would provide a very substantial starting-point.

The report is a very substantial document which stretches to nearly 30,000 words and covers an enormous amount of ground. Among its key findings and proposals are:

- 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
- The scale of unmet care is not well measured but it is very large – possibly as many as one in five people need care or support of some kind of whom only around 15% receive any form of formal care provision
- So 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
- Creating a National Care Service with any less ambition than this would be a service unworthy of the name

Commenting on the report, **lead author Nick Kempe** said:

“After the pandemic brutally exposed the poor state of Scotland's care services the Scottish Government proposed set up a National Care Service to reform care. But what they're proposing is more of the same, and not much more at that. It is top-down, centralising, bureaucratic and underfunded and has been opposed by everyone from local authorities to health boards. Most people agree these plans will make both health and care services worse, not better.

The problem is that no-one has put forward any real alternatives to the current system or the substandard plans to change it. This reports puts forward a genuinely different vision for care in Scotland which is ambitious but realistic.

Care is crucial to all our lives. If we want to make Scotland a fairer, better place then we need to support informal carers, give staff and people who need care the power to make decisions together, train and pay staff properly and invest so care needs can be met properly. That's what the vision in this document does."

Common Weal's Head of Strategic Development **Robin McAlpine** said:

"The parallels between the National Health Service being set up to reward people for their sacrifices throughout the Second World War and the National Care Service being set up to reward people for their sacrifice during the pandemic are clear and explicit. That is why it would be a betrayal of the people of Scotland if that care service was set up with anything less than the kind of vision and ambition which led to the health service. Rebranding the mess which currently exists would not be fit to bear the name.

We believe this report is every bit as visionary as the Beveridge Report which gave birth to the NHS and we believe that the impact of a National Care Service set up as proposed in it would have an equally big impact on people's lives. But Scotland needs to unite around a real will to do something of that scope if this isn't to be another missed opportunity."

ENDS

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