



# Scottish Government – Consultation on A National Care Service for Scotland

## Consultation Response – November 2021

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council of Deans of Health Scotland represents 12 university faculties engaged in education and research for nursing, midwifery and the allied health professions. In order to better reflect the views and concerns of the Council this contribution takes the form of a narrative response.

### Overview

The Council recognises the centrality of social care to the broader health outcomes in Scotland and welcomes the ambition of the Government to ensure that a comprehensive community health and social care service supports people of all ages. It is essential that a strategic outlook is taken with these issues in order to achieve the best long-term outcomes. In delivering the outcomes of the Independent Review of Social Care and creating the National Care Service it is vital to include the voices of a broad set of stakeholders, particularly higher education institutions (HEIs) which are supplying the next generation of the social care workforce. While understanding of the need for significant systematic change, it is crucial that the role of HEIs in the social care service is considered and solidified.

### Recommendations

- Education needs to be considered within National Care Service plans and HEIs need to be consistently engaged with, for example through representation on the Community Health and Social Care Boards.
- An understanding of the current social care workforce and an evidence based workforce plan is needed for the National Care Service to be successful.
- Government should create plan to change culture surrounding social care with explicit goals including broader recognition of the importance of social care and increasing desirability of working in social care.

## Scope of the National Care Service

In developing the scope of the National Care Service it is vital to understand the contributions made by multidisciplinary teams within the social care system while also recognising the existing issues as a result of the lack of connectivity between social care settings.

### Nursing, Midwifery and Allied Health Professions

Nursing, midwifery, and the allied health professions (NMAHPs) are traditionally associated with working within the NHS. This however excludes the thousands of NMAHPs that work in the broader community care workforce. As suggested in the consultation, there is limited understanding of the nature of the NMAHP workforce within social care due to a lack of data. This compounds with a lack of organisational unity as many of the social care providers are independently run. This has made the social care sector difficult to manage and created a lack of direct accountability, something particularly highlighted over the course of the pandemic.

If the remit of Executive Nursing Directors is expanded, then a larger reframing of the role to support multidisciplinary leadership and decision making needs to happen. The hospital-based provision of care remit for current Executive Nursing Directors provides insights into this side of healthcare but does not directly coincide with the type of care and realities of provision that are experienced in wider social care. In combating this, it is essential to engage a wide range of leaders from within the NMAHP professions that operate within community health. HEIs must form a significant part of this wider engagement as a major provider of education and development for NMAHP staff within social care. In co-ordination with the new responsibilities for the Executive Nursing Directors, this would allow for consistent, long-term access to social care workforce development.

### Recommendations

- If Executive Nursing Directors receive an expanded remit including broader social care agenda recognise outside expertise might be needed.
- Engage with community health teams and professionals.

## Community Health and Social Care Boards

### CHSCB Responsibilities

The Council welcomes the clarity that will come from Community Health and Social Care Boards (CHSCBs) working across services and the simplicity that will arise from consistency in form across Scotland. The Council is also pleased to see direct lines of responsibilities for CHSCBs being taken

on by Scottish Government Ministers. This should ensure that the needs of the National Care Service remain sufficiently supported and that the value of the sector is promoted.

### CHSCB Membership

The membership of CHSCBs appears set to follow the path of Integration Joint Boards (IJBs) in blending professional and stakeholder membership with provision for additional membership as necessary. While some edits to membership are proposed, these only go part of the way in ensuring that a range of stakeholders is explicitly involved and that local needs are considered. As a key part of the health and social care workforce pipeline, HEIs should be included in all CHSCBs. HEIs are well placed to anticipate and respond to workforce concerns, they can ensure the voice of the future workforce is represented, they deliver health and social care education across every Health Board in Scotland and work in strong partnership with service.

### Recommendations

- Transparency in the responsibility and accountability of CHSCBs.
- CHSCBs to explicitly have HEI presence as part of the stakeholder membership.

## Valuing People Who work in Social Care

### Fair Work

Social care professions are vital to ensuring the health of Scotland, yet often feel as if they are of secondary importance in comparison to the NHS and other private employers. This has left social care as a secondary choice for many newly qualified NMAHP professionals. A shift in how Scottish Government, and in turn broader society, views social care is needed. The Covid-19 pandemic has started a revaluation of how certain professions are valued. While the NHS's response to the pandemic was heroic in protecting the people of Scotland, the social care workforce was also vital in these efforts without many of the plaudits. Accordingly, Scottish Government needs to provide recognition of the value of the social care workforce. The creation of the National Care Service represents an opportune moment to do this, certainly in terms of working conditions and employment rights. This should be expanded upon by cultural changes such as a shift in the terminology surrounding social care, frequent media campaigns, and new ministerial remits. It needs to attract highly skilled multidisciplinary teams which include registered nurses and allied health professionals and there needs to be access to professional development opportunities. These types of changes will be necessary to shift the perception of social care work which will in turn spur on more students to apply for health and social care courses helping alleviate the existing workforce pressures.

### Workforce Planning

Current workforce planning for the social care sector is exceedingly difficult due in part to the lack of coordination between social care providers and sectors within social care. The creation of the National Care Service and CHSCBs will reduce the fragmentation concerns but needs an agreed upon base and strategy for workforce planning to succeed. The starting point should be to understand the nature of the existing social care workforce. Without mandatory registers or unified professional bodies, it is difficult to know the size of the social care workforce, the professional breakdown, existing skills sets, and regional inequalities. HEIs must be considered alongside any review in order to gauge how many new graduates are coming through the workforce pipeline.

HEIs should be engaged with for the development of national and regional workforce strategies that take a multi-year approach to workforce targets and planning.

### Training and Development

The existing social care workforce is the greatest asset that the National Care Service will possess upon its creation. Improving standards and provision within social care however requires a continuous upskilling of the workforce alongside the creation of new graduates and registrants. This not only improves outcomes but increases retention and creates fulfilling career development. Education is essential for the recruitment and retention of the high quality social care workforce in Scotland. Education, not training, should be stated explicitly in the National Care Service proposals.

HEIs are a major provider of additional education to the social care workforce through professional development programmes. If it is within its remit, the National Care Service must strategically plan and provide funding for professional development provision at HEIs.

More broadly speaking the education and development agenda of the National Care Service should collaborate with HEIs from an early stage. This will allow the National Care Service to better understand the provision available, the provision currently taking place, and provide time for HEIs to develop new programmes to meet the needs of the social care workforce.

### Recommendations

- Government should create plan to change culture surrounding social care with explicit goals including broader recognition of the importance of social care and increasing desirability of working in social care.
- Government should undertake a review to understand the makeup of the current social care workforce in Scotland including HEI social care workforce pipeline.
- Create a workforce planning model in collaboration with HEIs with targets for staffing and skill levels in the social care sector.

- CHSCBs should work with HEIs to develop education and development plans that meet the needs of the social care workforce.

For more information contact:

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