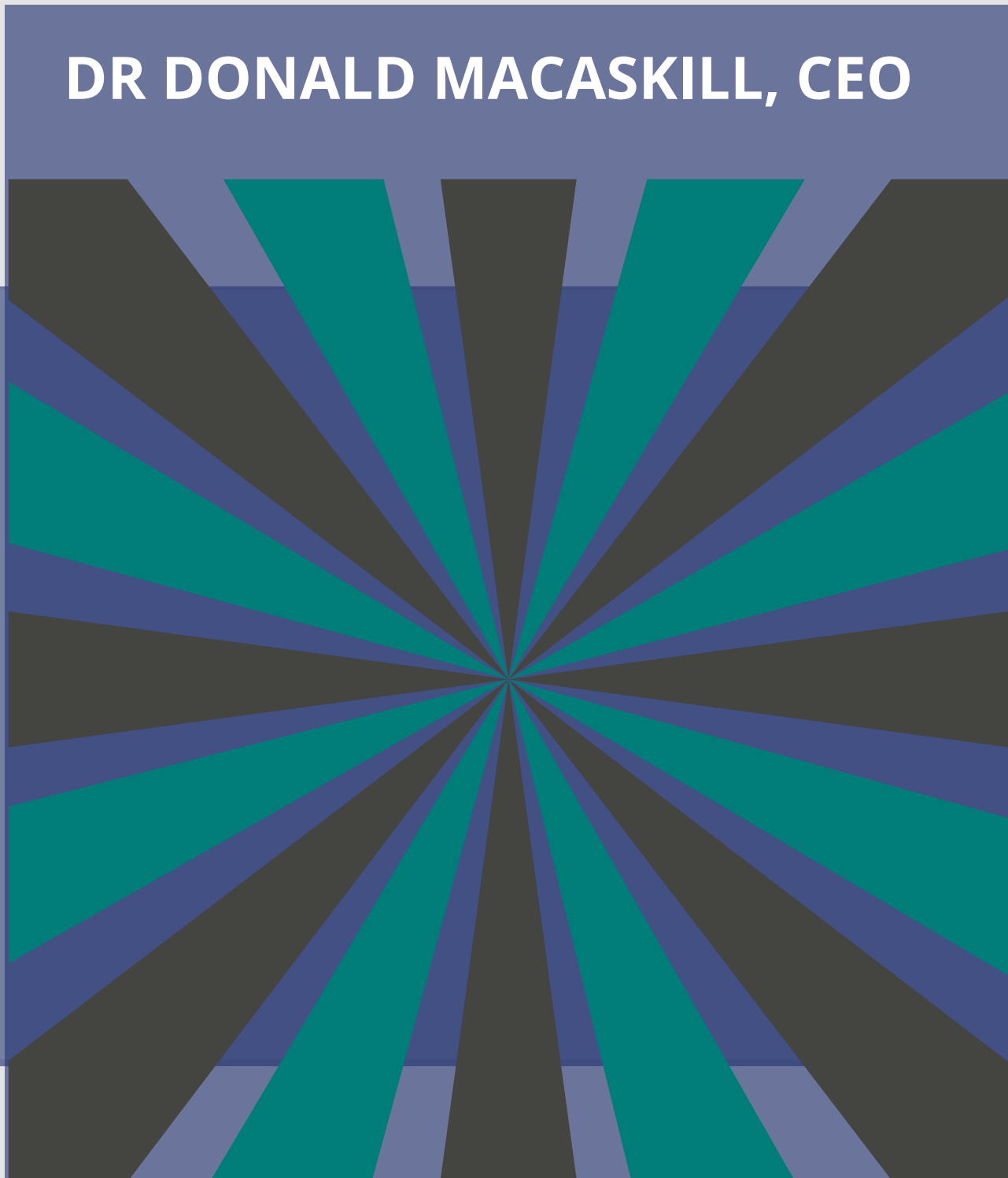




Scottish Care
Voice of the independent care sector

A CARE TWILIGHT ZONE

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INTRODUCTION

Last year Scottish Care published '*Twelve Minutes to Midnight*' which contained twelve challenges and twelve solutions. It was an attempt to address some of the really urgent issues which were then facing the care at home and housing support sector in Scotland.

We have decided to revisit some of these.

Given the fact that last year the title '*Twelve Minutes to Midnight*' and the image of a ticking clock was claimed to be alarmist – this year I want to talk to you about how I believe home care has entered a '**A Twilight Zone**'.

A twilight zone is defined as:

*'a situation that is characterised by being **undefined, intermediate, or mysterious**' or as 'an urban area in a state of **dilapidation or economic decline.**'*

In too many instances that is what it feels like in delivering home care services in Scotland today – we *believe* the truth and robustness of our arguments for rebalancing care are clear and demonstrable – we believe passionately that the potential of home care to re-shape care and support in Scotland is undeniable – **BUT** we seem to talk in places where no-one is listening; we look around us and see care organisations going to the wall with disturbing regularity; where a growing number of providers are saying they simply cannot afford to work with the public sector in Scotland because of the increasing desire to pay less for more and to drive down the costs of care. Faced with that landscape evidencing a general state of **care economic and delivery decline and dilapidation** across the country, in my estimation, we are undeniably in a care twilight zone. The reasons lie in the challenges from last May.

1. SCOTTISH LIVING WAGE

Perhaps the dominant reason why the sector in Scotland is in such a perilous state is the **Scottish Living Wage**. Once again, we applaud the initiative from the Scottish Government – we celebrate the idea of valuing front line carers by paying them more of what they are worth because care *should be* valued and held in esteem ...not enough if you ask me ... but the reality is that we are in a twilight zone between good intention and continued poor implementation.

Unfortunately, since last year we seem to have entered the annual angst of trying to ensure that the monies allocated by Scottish Government actually make it to our workers. Last year it was as late as September before several Scottish Local Authorities sorted themselves out and decided to pay external providers the uplift that was needed. This is **wholly unacceptable** meaning either that front line workers were not paid their increase because providers had no assets or reserves thus making retention very challenging. Or providers used the little additional reserves they had in order to pay workers until they received their payments. This again risks the sustainability of many organisations and means in practice that resource which could have been used for innovation and development was lost.

The Scottish Living Wage **should be a gloriously successful initiative** and instead it is yet another illustration of the fatally flawed system we have in Scotland around financing home care. I am sick and tired of providers and front line workers playing 'piggy-in-the-middle' whilst local authorities and IJBs say there is insufficiency of resource on the one hand and Scottish Government argues there are enough funds on the other. I have absolutely no confidence that the totality of resource is being used to improve the quality of care or for other purposes such as filling in the holes in our roads. **The sector is less sustainable now than it was at the start of this improvement attempt.**

One thing that Scottish Care is clear upon and that is that if this initiative is to

continue it must be appropriately resourced, clearly ringfenced, properly implemented in a timely manner and externally reviewed. We simply cannot leave it to a wing and a prayer.

But beyond this, faced with renewed pressures from Brexit and vacancies in the hospitality and retail sectors, we must do more than a badly implemented and poorly resourced Scottish Living Wage initiative to secure the future of the valued home care workforce.

2. TIME & TASK COMMISSIONING

Virtually everyone in the room is agreed that we cannot continue to support **a damaging system of competitive procurement and commissioning**; that we have to move **from time and task to relationship and trust**. There is indeed today no shortage of talk and conversation. There is no shortage of initiatives, including those of the *Adult Support and Care Reform* process from Scottish Government and work on a potential *National Framework* facilitated by Scotland Excel within the commissioning landscape.

Our National Director Karen Hedge is today publishing a paper calling for a human rights-based model which seeks to transform the mess we have into something rights-based and outcomes focussed.

But for goodness sake this is like watching Nero playing a Vivaldi concerto as the flames are licking his feet! We have to **stop talking about and start implementing the change**. We have a sector which is on its knees and it is way beyond the point of putting out the begging bowl for the scraps of finance left over when other sectors and issues are funded.

If care matters, if people matter then we have to start to actually **do things differently** rather than plan, philosophise, draw up strategy and write lovely policy documents. **Good intentions will not change a corrupted system. Care in fragments deserves to become a thing of the past.** We must re-imagine the potential of a preventative, time-flexible, outcomes focussed approach to commissioning.

3. PREVENTION

Prevention is the space where we need to re-balance our care and health system.

As I wrote last week, it is the care economics of insanity not to recognise that we need to prevent people from accessing the **expensive and unhealthy acute system** in the first place rather than to seek to respond to their needs once they have been in it. Let us stop people from going to hospital after their latest bout of mental distress and illness; let us prevent unplanned admissions as a result of an unnecessary fall or incident; let us ensure that malnutrition and poor diet, unaddressed lifestyle factors and loneliness are not the **vehicles for the inevitable journey into the acute system.**

There is a **real opportunity** for us to be brave and dynamic, innovative and creative in working together at local level; commissioners, planners and providers, in developing **models of preventative care** which are up to the mark. Our obsessive **functionalist approach to social care** is not only degrading and demeaning of worker and recipient alike, it is a **public health hazard** and threat.

When will we be brave enough as a whole integrated system of social care and health to **prime pump prevention which starts in the home** in order to stop the hugely costly and expensive use of the acute NHS?

4. SELF-DIRECTED SUPPORT

SDS needs to work better for older people.

Prevention and commissioning come together when we reflect on the massively untapped potential of **Self-directed support**. It irritates me beyond frustration that the aspirations of one of the most innovative democratising social care policies in Europe are lying **gathering dust on the shelves of statute**. Six years on we are still experiencing the birth pangs of a policy

that should be robustly asserting its change on a failed system. For far, far, far too many older Scots the principles of **choice, control, participation and dignity** are still being daily ignored or only partially offered. We are still hearing stories from across Scotland, often on the grounds of fiscal austerity, that older people are not getting the same access to choice. I have heard first hand that in this city – **SDS is not for older people!** This is not the fault of SDS, this is the fault of a social care system not enacting the legislation properly, a lack of resource to implement the change we all want to see and a lack of robust governance to hold public authorities and their officers to check.

Scottish Care is absolutely committed to ensuring our citizens are able to exercise choice and control, have a clearly identified personal budget and that there is **a diversity of the market to enable real choice to happen**. We will resist any attempts, including political ones, to water down or neutralise this potentially life-changing legislation and delivery model. We will continue to be strong advocates of self-directed support and its potential to put the citizen in control of their own care. **SDS is about human rights and the failure to properly enable its implementation is a human rights failure.**

5. RECRUITMENT OF STAFF

For most of you in the room the overwhelming issue you face is the dearth of people wanting to join your organisation and work in the sector. There is a **national recruitment crisis in home care**, and we are all working – increasingly collaboratively to address this. We await with anticipation the Scottish Government funded recruitment initiative thankfully addressed to a mature and returning workforce. But all of us have to realise that the elephant in the room of recruitment remains the **inadequacy of remuneration and reward** in a sector which is increasingly regulated, and which requires a level of registration and qualification from a workforce unable and in many instances increasingly unwilling to make it.

Faced with the double whammy of an unknown Brexit and the cloud-cuckoo land ideas of proposed immigration plans we need to increasingly recruit from within Scotland. But you tell me how you convince someone to come to a rewarding life-fulfilling job for £9.00 an hour, for which you will be as tightly regulated as any other professional in Scotland – and need a qualification which in all likelihood will only partially relate to the job you do?

We have well and truly **drained the pool of those who see care as a vocation** they are willing to do regardless of the fiscal cost to themselves. Mortgages, loans and life needs to be paid for and at the moment the system – and that is the whole of the Scottish population – is demanding that that payment is made by the care worker and not the tax payer.

I was privileged to be part of the Fair Work Convention's *Social Care Working Group* and applaud its many recommendations. But ... but...we cannot get a fair system of care, we cannot create models of voice and worker representation, if we are building all this on the shifting sands of a **corrupt purchasing system which seeks to deliver care on the cheap. Fair work demands fair contracts, fair commissioning and a fair system.** To deny the truth of this is to live in a twilight zone.

6. QUALIFICATIONS AND THE OLDER WORKFORCE

Registration opened for front line care staff over two years ago. Scottish Care shares the desire to have a well-trained, valued and recognised care workforce. But there are real fears out there, and our latest report published a couple of months ago, *'Qualifying Care,'* sharpens our concern that despite the supports, we are in danger of losing some of our most experienced and talented older staff because they will not want to go through the rigours of our current qualification system.

I am pleased that we will shortly be sitting down with colleagues from the SSSC to address some of these issues. But I still believe we have considerable work to do to **re-shape our current qualification system to make it more flexible**, focussed around the needs of the learner and the skills needs identified by the sector. We have to find a better way than what we have at the moment to hold on to fantastic older carers who are the lifeblood of our care system even if they don't have the piece of paper to prove it. We cannot allow ourselves to slip into the twilight zone which says on the one hand we have a regulated, registered and qualified workforce and in order to achieve that we have lost some of the best, skilled and experienced members of our workforce. There has to be compromise.

7. INTEGRATION

Scottish Care is very grateful to be included in the Leadership work established by the Cabinet Secretary. We value her recognition of the role and importance of the Independent Care sector as a critical voice in the success and progress of integration. Let everyone be clear- as an organisation we are 100% committed to ensuring integration is a success - because that is what our citizens need and want – even if they do not care about the mechanics and process.

But we want to underline again that there is so much more than we can do together. Our reshaped *Partners for Integration* work is going from strength to strength and it is absolutely no surprise to me that the areas making the most success of integration are those open to engagement with and involvement of the independent care sector. I really hope that 2019-20 will see this flourish. It is clear from that when we work together, we achieve the joined up and positive outcomes which our citizens desire. What will help to consolidate that is a place at the table of every IJB and HSCP rather than the sector being **treated like Victorian children – seen and not heard**, there and referred to, - rather we need the presence of the mature voice of a sector delivering the majority of adult care in Scotland.

8. TECHNOLOGY USED TO LIMIT RATHER THAN TO LIBERATE

I am more and more convinced from both conversations with economists, designers, providers and front line staff that there is untapped potential in technology to transform and deliver a more person-led, preventative approach to home care and housing support. Scottish Care has long argued that this technological contribution has to be undertaken for the right motives – to enhance person-led care and support, and in the right way – embodying human rights at the heart of care.

We are working ever closer with a whole range of partners and will be holding our second *Tech Care* event in August at which we hope to launch a *Human Rights Charter* and *Framework for Technology in Social Care* evidencing the best of what Scotland has to offer.

But yet again we feel as if we are in a twilight zone – slowly forcing the voice of social care and the independent care sector onto a field blinded by the myth that the NHS is key in this territory. **Prevention happens outside the acute setting not within.**

Technological development has to include the independent care sector or it will fail. Yet again we are calling for targeted resource to enable the social care provider sector to innovate and re-design systems which are people centric and rights based.

9. SOCIAL CARE IS UNDERFUNDED

We have to change the narrative within our fiscal and economic system in Scotland. And this is not just because every year at Budget time we are arguing for more resource for social care, whether the SLW or for integration to work. It is bigger than that.

Last year we called for the creation of a cross-party and independent **Commission on the Future Funding of Social Care in Scotland**. We acknowledge the reform work that is ongoing but our call for an urgent exploration of the financing of social care and health in Scotland has gone unheard.

We believe that we have to have a serious debate about how we are to fund social care into our futures, and I wonder if the silence to date is not indicative of a political desire to hide heads in the sand the closer we come to elections?

We remain deeply concerned that there is a lack of political energy beyond political party interest and ambition to gather around the table and properly explore how we will fund social care in the short and medium term.

The creation of a **human-rights based budgeting process** for the Scottish economy has to be the overarching aim of re-shaping public finances and not just around social care. But these conversations must start urgently and they must start from the premise and awareness – lost to so many of the political and chattering classes – that social care is not a drain, not a deficit, not a cost – but that **social care is an enabler, an innovator, a facilitator of economic growth, potential and possibility**.

If we don't start talking about how we are going to finance the future, then **we really are in the heart of a care twilight zone**.

CONCLUSION

Some of you might remember the highly successful TV show 'The Twilight Zone' from the early 1960s. It was a mix between X Files and horror adventurism. It is being re-booted and re-done and will be launching in its new format later this year. Its new producer director said of the old show that it was so loved:

"Because it's a show that has always helped us look at ourselves, hold a mirror up to society."

Care at home and housing support, the art of care, the skill of enabling another person to live life to the fullest; the amazing mix of humanity and sensitivity, of care and compassion that our front line workers deliver – they are all mirrors which help us to grow into the society we would want to be.

I hope the challenges we now face – will all act as mirrors to enable us to work for the change in care which Scotland so urgently needs. We cannot remain in a Twilight Zone of Care.



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