National Care Service Forum 2023 – Report

Scottish Government
Riaghaltas na h-Alba

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Introduction

The National Care Service (NCS)

The Scottish Government is working with people and organisations across the country to improve community health and social care support in Scotland.

To ensure that everyone has access to consistently high-quality social care support across Scotland, whenever they need it, the Scottish Government is designing and developing a National Care Service (NCS).

We are doing this with people who have experience of accessing and delivering community health and social care support and other relevant services.

National Care Service Annual Forum

As part of the ongoing development of the NCS, our second annual National Forum was held on Monday 30 October, 2023 at the Glasgow Science Centre.

The aim of the annual forum was to provide an opportunity for people to come together and talk about the future of community health and social care in Scotland.

This year we also wanted to update people on the progress of the NCS. This included sharing the insights gathered from the regional forums held over the summer, and gathering views on what needs to happen next.

You can find the reports from the regional events by visiting www.gov.scot/ncs.

Lessons learned from the 2022 National Forum

In order to make this year's annual forum as successful as possible, we took account of the feedback we received following the first annual forum in 2022. We:

- worked hard to make the online experience more interactive
- provided more time for the panel discussions
- ensured accommodation booked for attendees was truly accessible
- published the programme on the Scottish Government website well in advance of the event and in various formats, as well as on our social media channels, and shared it with stakeholders
- provided a mailbox and telephone helpline for any pre-event enquiries
- again covered expenses for accommodation and travel and other support as required
- again provided BSL interpretation and electronic live captions

NCS National Forum 2023

The Glasgow Science Centre was chosen as the venue for this year's forum for several reasons, including:

- the accessibility of the venue
- venue facilities, including the online aspect
- ability to host a large event
- how close it was to transport links, accommodation and parking

We offered people 3 ways to participate in the forum:

- in person at the venue, where they could listen to the speakers and take part in discussion groups
- online using Zoom, where they could listen to the speakers and take part in discussion groups
- online using YouTube, where they could listen to the speakers only

Before the forum, we sent information to everybody who had signed up. This included details of what we would cover at the forum and some background information about the NCS.

More than 250 people joined the event online and in-person, including:

- stakeholders
- people who access social care support
- the social care workforce
- carers and unpaid carers

The event was Chaired by:

- Lorraine McGrath who is Chief Executive of the Simon Community Scotland and board member of the Coalition of Care and Support Providers in Scotland (CCPS)
- Shea Moran who is Senior Representative for Aff the Streets

Programme for the day

Morning

In the morning attendees heard speeches from the Chairs and Donna Bell, who is Director for Social Care and NCS development in the Scottish Government.

This was followed by a panel question and answer session. The panel consisted of:

- Maree Todd MSP, the Minister for Social Care, Mental Wellbeing and Sport

- Shubhanna Hussain-Ahmed, who is Partnership Development Officer with the Coalition of Carers in Scotland
- Peter Hunter, who is Regional Manager for Unison
- Eddie Fraser, who is Chief Executive of East Ayrshire Council
- Louise Bussell, who is Nurse Director for NHS Highland
- Keith Lynch, who is Director of People First (Scotland)
- Karen Hedge, who is Deputy Chief Executive Officer of Scottish Care

Afternoon

In the afternoon there was a speech from Lucy Challoner, who is a newly qualified social worker and young carer.

Following this, there were roundtable discussions for people attending at the venue or on the Zoom call.

The day rounded off with a closing speech from Elena Whitham MSP, who is the Minister for Drugs and Alcohol Policy.

Outputs from the day

Speeches

You can view the speeches from the day on the Scottish Government YouTube account.

Visit www.gov.scot/ncs, where you will find a link directly to the videos.

Panel question and answer session

During the question and answer session, our panel took questions from people who were attending the forum in person and online. Here are some of the main opinions people expressed:

- lived experience involvement must be meaningful and not tokenistic
- people's lived experience must be prioritised – any failure of the NCS will impact the people who use care the most
- the NCS is the long-term plan – we still need to address the short term issues
- person-led is really important, the individual must choose and control their care
- the NCS needs to create flexible career pathways for the workforce
- there were concerns about availability of staffing to support the future plans of the NCS
- local flexibility is important while also improving standards at a national level
- some people questioned if the Verity House Agreement may change the scope of the NCS
- access to social care should be about needs and not budgets

- it is unclear how drug and alcohol services will fit into the NCS
- if self-directed support had been implemented properly, we would not need a National Care Service
- people with responsibility for the care system are not being held to account to do their job properly

Roundtable discussions

We invited people to choose a discussion topic that they would like to take part in from 5 different topics. We emailed the topics out in advance to allow people to think about which one most interested them.

The topics reflected areas people told us we should work on further during our regional summer events earlier in 2023.

These were the topics discussed:

- social care support should follow people and their friends and family through changes
- prevention is important too
- needing care support should not feel unusual or stigmatising
- shared decision making is needed at all levels
- we must be careful not to exclude anyone as we develop the National Care Service

Stakeholder representatives and Scottish Government staff facilitated the discussion groups and took notes of peoples' views and insights.

Facilitators came from these organisations:

- NHS Greater Glasgow and Clyde
- Alzheimer Scotland
- Hansel.org.uk
- COSLA
- Allied Health Professions
- NHS Education for Scotland
- Change Mental Health
- Coalition of Carers Scotland
- Health and Social Care Alliance
- Just Right Scotland
- CEMVO Scotland
- Care Inspectorate
- Children in Scotland

Findings by topic

'We must be careful not to exclude anyone as we develop the National Care Service (NCS)'

Discussions around this topic highlighted groups who have not had as much opportunity as others to get involved in designing the NCS. There was also discussion around how these groups could be better involved.
These groups included:

- personal assistants (PAs)
- volunteers
- people with dementia
- Gypsy/Travellers and migrants

Many people raised issues around PAs being involved in NCS design and the barriers they may face.

This could be due to:

- PAs being registered as individuals and not organisations
- PAs not being unionised and not having a collective voice

The level of representation for frontline carers and unpaid carers was also discussed.

People felt that volunteers were underrepresented in the co-design of the NCS. Volunteers can often play an important role across a range of services and help reduce loneliness and isolation. They can also bring innovative ideas to service delivery.

We also heard that some people with dementia feel excluded from the design of the NCS. The same is true for some unpaid carers who live with people who have dementia.

Other groups that people felt are not involved enough in NCS design include the Gypsy/Traveller community and migrant communities. People felt these groups needed proactive engagement to raise awareness of services and opportunities to influence their development.

This engagement could involve:

- advocacy
- communications strategies
- face-to-face engagement

Many people highlighted the important role advocates can play in helping people to have a voice. The possibility of additional training and support to enable advocacy to reach further into communities was also discussed.

There was discussion around the need to have communications strategies in place that provide both accessible communications and a choice of engagement channels.

People also told us that more could be done to raise general awareness through more public media campaigning. We also heard that accessible formats such as easy read are important but should be of a high standard.

There was discussion on face-to-face engagement. People felt it is important for many groups as a way to engage in co-design activities, as well as to reach communities that might not realise the NCS could affect them.

Organisations that are already embedded into communities are an important link with people who might benefit from engaging in an environment that suits them.

The link between trust in public institutions and relevant and accessible co-design opportunities was also raised. Effective co-design was seen as a mechanism to help rebuild trust in places where it was possibly diminished.

'Care and support should follow people and their friends and family through changes'

Many of the groups discussing this topic focussed on the importance of sharing information between professionals, and people accessing and providing social care support. There was also discussion around the best way to do this.

Discussions covered areas of this including:

- guidance around GDPR
- the benefits of a care record
- communications
- collaboration
- transitions

Some discussions explored how to improve confidence and understanding of what information can be shared. Possible solutions included clear guidance and training for health and social care workforce around GDPR legislation.

Many people talked about the benefits of a centralised system of information sharing. This included the possibility that this could be achieved by an integrated health and social care 'record'.

Several groups discussed the communication needs people accessing social care support might have when they are undergoing changes in social care support.

Some groups explored how processes might be improved. For example, to provide a single point of contact through social care support service transitions or the ability to meet with a new social worker before moving to a new area.

Other groups discussed how contact plans following transitions between services might ensure regular and proactive follow-up communication. Another suggestion was that the NCS could support the concept of peer support groups or transition teams to help manage transition points.

There was discussion about the use of language and how it is important when helping to support people through changes. There was a suggestion that a future NCS programme could have an inclusive communications team, similar to Social Security Scotland, and a working group to guide and support this work.

People also told us the use of the word 'outcomes' can feel dehumanising.

There was also some discussion around improved collaborative working. This could involve services being based in the same place and more collaboration with social workers.

Some people highlighted that all of these suggestions would also support transitions from child to adult services, as well as moves geographically.

However, people highlighted that in the case of child to adult transition, the work to plan and manage the transition effectively needs to start a long time before a young person reaches the age of 18.

'Shared decision making is needed at all levels'

Discussions on this topic covered several areas around NCS decision-making. These included:

- communication
- shared responsibility
- representation
- bureaucracy

Several groups spoke about how open and regular communication is key when decisions are made about how the future NCS might work.

The link between insights gained from engaging with people with lived experience and decisions then taken needs to be clearer.

Several discussions focussed on how decisions should be made about how the NCS will work. These decisions must happen at all levels and there must be the opportunity for different people to be involved.

People with lived experience must also be able to feed in views without the risk of negative impact on their own situation.

There was discussion about reform of Integrated Joint Boards, and the need for the voice of those directly delivering or receiving care to be heard.

Many of the groups discussed the potential for a NCS Board and what this might mean in terms of enabling shared decision making. Many people told us this should have representation from people with lived experience. This representation should be meaningful and not 'tokenistic'.

People also told us that 'lived experience', both in terms of receiving and directly delivering services is not a single viewpoint.

There needs to be a way for groups to feel represented in relation to their shared lived experience.

Board practicalities such as voting rights, selection of representatives, power and gender will need to be carefully considered.

There were several suggestions in the discussion groups around how people with lived experience could meaningfully participate.

People said there needs to be careful consideration about the support structures that can enable this kind of representation. For example, how to manage taking on a role like this alongside a caring responsibility or job.

There were discussions on how people with lived experience must have opportunities to set the agenda proactively, rather than just responding to one. People also told us that attending boards can be intimidating.

It was highlighted that appropriate support would be needed to ensure people will be both confident to participate and able to participate meaningfully. People undertaking a role like this would need to be appropriately supported financially. They would also need support with other responsibilities (such as unpaid caring responsibilities) to help them take part. Appropriate training and ongoing support should also be considered.

Several groups talked about the importance of always aiming to reduce levels of bureaucracy. There was also some discussion about how success might be determined by such a board.

There was a suggestion for a focus to be on targets that demonstrate outcomes that are meaningful to people accessing and delivering services.

'Needing care support should not feel unusual or stigmatising'

Discussion groups for this topic considered several issues surrounding stigma in health and social care support. These included:

- what can lead to stigma
- how services can increase stigma
- ways to get around stigma

There was discussion in some groups around factors leading to stigma. Some people felt that a lack of understanding about particular conditions, or being a

member of a particular community, can lead to stigma. This can then negatively impact people's wellbeing and access to services.

Personal examples were shared that covered neurodiversity, the LGBT experience of social care support, age and the cultural context of different ethnic communities.

There was also discussion about how the structure of services can increase stigma, with several examples given.

One example shared was of social care support services for people experiencing dementia that are designed for elderly people and not young people suffering with the same condition.

Another example was of how processes such as assessment or eligibility criteria can lead to a lack of empathy. Another related example was around the potential positive impact of investing in training such as British Sign Language for staff in terms of reducing stigma.

Practical suggestions were discussed, such as the option for people to have private conversations with social workers away from family members. This would allow them to raise things they might not otherwise feel comfortable doing.

Other suggestions included the role of advocacy for young people, and an improved complaints system.

There was discussion about the connection between workforce morale and empathy. This included how a supported and professional workforce that has parity with the NHS is better able to provide compassionate service.

'Prevention is important too'

For this topic, discussions centred around several themes, including:

- the link between prevention and awareness
- the importance of human connection
- the role of the third sector
- funding
- eligibility criteria

Several groups discussed how a lack of awareness of prevention services can negatively impact access. In some cases, this was linked to the need for accessible information to be provided at a national level about what was available.

The importance of the human connection was also raised in relation to raising awareness and signposting to preventative services.

Examples were given of the role of social workers in speaking to families and other roles, such as community link workers that could help people to engage with services.

The role of the third sector and community initiatives was widely discussed. Examples given included lunch clubs that can provide an early warning system if someone presents differently or fails to show up, or the role of volunteers in providing companionship.

People also told us that these kind of initiatives help reach people who might not otherwise be connected into family networks, GPs or religious communities.

The complex funding landscape for services was mentioned by several groups. There was a suggestion that competing funding makes it harder to spend on preventative support measures.

Several groups noted that transparency in relation to funding is complex, but also important and that it should lead to better decisions.

There was also discussion about eligibility criteria and the need for them to be reformed with prevention in mind. However, people told us that without them there would be no way to allocate funds.

There was broad ranging discussion about how a future NCS could positively impact change in relation to prevention. Topics covered the potential role for ethical commissioning, and the balance between local flexibility and national standards.

The role that a future NCS might play in terms of education and information sharing around prevention strategies was also discussed.

Feedback following the event

Everyone that attended the event was sent a survey that asked about how well they felt the event was run and how relevant it was to their experience of health and social care support.

We will use this feedback to help us plan future events, including the next National Forum.

Next steps for the NCS

Making improvements to social care support now

We have been examining the findings from co-design activity that has taken place over 2023. We will use them to help us meet our commitment to improving community health and social care.

This means delivering a NCS that works for everyone who needs it. In the meantime, we are working on improving the system as it is right now. This includes improvements for the workforce.

Here's an update on how the findings have helped us develop our work and how they are supporting our plans for 2024.

We have continued to progress several key projects to improve Fair Work principles. These will lead to better terms and conditions and more rewarding roles for the adult social care workforce. This will improve the experience of the current workforce and help to attract and retain new staff.

Increased funding and pay

When compared to 2021-2022, funding for social care support has increased by over £1 billion in 2024-25, delivering on our Programme for Government commitment to increase social care support spending by 25% over this Parliament two years ahead of our original target.

The 2024-25 budget provides an additional £230 million to support delivery of the pay uplift to a minimum of £12 per hour for adult social care workers delivering direct care in the third, private and independent sectors from April 2024. This represents a 10.1% increase for all eligible workers.

Recruitment and staff development

We are working with the Scottish Social Services Council (SSSC) and other partners to promote career opportunities, upskill and develop the workforce. Our aim is to address recruitment and retention issues. We also want to attract new people to the sector to ensure the sustainability of services in the future.

We are working with the Department of Work and Pensions (DWP) to achieve this. We are helping their work coaches to support people who may have previously received social care support into careers in adult social care. This includes:
- developing materials to help identify appropriate candidates and showcasing career pathways in social care
- supporting large-scale sector-specific recruitment events
- promoting their Care+ Academy, which supports local employers to recruit by reducing some of the recruitment and onboarding burdens

To support international recruitment efforts, we have worked with NHS Education for Scotland (NES) and COSLA to create the NES Centre for Workforce Supply: Social Care. We launched a pilot project in summer 2023 to:
- gather information on how we can best support providers and the workforce through the visa sponsorship process
- develop supporting materials to be shared across Scotland

To increase sustainability in the workforce, we have been working with partners and using our marketing campaign to engage with more young people and showcase opportunities in the sector to them. This includes delivering a careers event with

Developing the Young Workforce Forth Valley and supporting ongoing work with The Prince's Trust.

Effective Voice Project

Effective Voice is a way for the workforce to have access to a safe environment where dialogue and challenge are dealt with constructively. It means employee views are sought out, listened to and can make a difference in a meaningful way. Examples of Effective Voice mechanisms include regular one-to-ones, staff forums, and an openness in workplaces to allow Trade Union access.

We have been working with sector stakeholders to embed the principles of Effective Voice in social care. This will help promote fair working conditions, develop best practice, and help deliver high quality care through listening to the views of the workforce.

The Effective Voice Framework has been developed alongside key Social Care stakeholder organisations. It has also been informed by the lived experience of social care staff. The Framework will support employers and employees to assess the standard of Effective Voice in their workplace and take steps to improve it, if needed.

The first phase of Effective Voice delivery is due to launch in early 2024 and is expected to last 12-18 months. It will test the Effective Voice Framework with a representative sample of Social Care Providers.

An independent project delivery lead, based in Inspiring Scotland, has been in post since late April 2023. Work in 2023 included:

- engaging with potential participant providers
- developing the evaluation of the project with the University of Strathclyde
- developing tools to support providers to improve Effective Voice within their organisation

The findings of this work will inform a future national rollout of Effective Voice policy. This will make resources and guidance available to the entire sector.

The National Improvement Steering Group and The National Improvement Framework

IRASC and Joint Statement of Intent

One of the recommendations from the Independent Review of Adult Social Care (IRASC), was to create a new approach to improving outcomes. The Joint Statement of Intent 2022 to 2023 also sets out joint commitments by the Scottish Government and COSLA to improve the social care support system.

The National Improvement Steering Group was set up in October 2022. It has members from across the social care support and community health sectors. It is jointly chaired by COSLA, SOLACE and the Scottish Government.

The steering group is overseeing the development of a National Improvement Framework. The framework is being developed collaboratively. The Scottish Government has led some but not all of this work.

The Framework will provide focus and structure for efforts to make improvements within the sector. It will give flexibility for local areas to plan how to deliver and will be used at a national level to track progress.

Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR)

The Independent Review of Inspection, Scrutiny, and Regulation of Social Care in Scotland (IRISR) resulted in the IRISR recommendation report. This was published on 27 September 2023. Work is continuing to consider the 38 recommendations within it.

The Minister for Social Care, Mental Wellbeing and Sport will provide a published response in due course.

Any future changes to inspection, scrutiny, and regulation will be subject to consultation and will be done in partnership with the sector.

NCS Board

There will be a NCS Board to operate and manage shared accountability for NCS services.

Aims

The NCS Board will ensure there are consistent, fair, and human rights-based social care support and community health services in place.

The board will deliver improvements across the system. It will do this by supporting joint leadership and greater collaboration between partners. It will also seek to improve quality and consistency of services. It will also ensure services are sustainable and person-centred by undertaking new functions at a national level.

It will support communities in order to maximise the benefits of reformed local delivery of services.

It will have an effective complaints and advocacy service for people. The voice of people accessing health and social care support and of the workforce will be embedded in governance structures. This will apply at both national and local level.

Membership

Board membership will be informed by co-design. However, we expect the board to include representatives from:

- Scottish Government and local government
- NHS Board
- people who access community health and social care support
- the workforce and unpaid carers

We value the role third sector organisations play in providing services and in representing people. Their voice will be embedded in our governance structures at both national and local level.

Scope

We propose that that the board will:

- set national strategic direction
- develop standards, guidance and operating frameworks
- oversee and seek delivery assurance on local strategic plans and ethical commissioning strategies
- monitor system performance
- maintain a support and improvement framework which will aim to provide support to local areas when monitoring indicates that standards are not being met with powers of intervention, when required, as a last resort
- ensure visibility of data, information, and analysis about social care support, social work and primary and community health services through reporting on delivery
- carry out national commissioning and procurement by agreement for complex and specialist social care services, which will include prison social care
- seek assurance on public protection arrangements
- provide support to local delivery partners

NCS Board co-design

The co-design work on the NCS Board began at the end of 2023. We shared our proposal for future co-design engagement with our stakeholders for review and feedback. This has refined our approach and we will continue with engagements with Lived Experience Experts Panel (LEEP) members and Stakeholder Register members. We will then begin a series of co-design activities, starting in spring 2024 and running through to autumn.

We will co-design the detail of how the board will operate. This will include how it will secure and support meaningful representation from those with lived experience. Groups involved in this co-design will include:

- people with lived experience of accessing community health
- social work and social care support services
- unpaid carers
- care providers
- workforce and organisational stakeholders

Co-design work since summer 2023

Co-design themes

Co-design work has continued to focus on the five current design themes of the NCS Programme.

These themes offer a useful focus but still allow for broad discussion during co-design activities.

We will keep the current themes under review, with the option of introducing more themes if needed, or adjusting the focus.

We review insights from co-design sessions and then use them to build a knowledge bank of co-design feedback. This allows us to easily access the feedback we're getting from a range of communities and individuals.

Working with seldom heard voices

The summer forums of 2023 and the NCS National Forum offered a way for members of the public to get involved in co-designing the National Care Service. However, we know that we must continue to do more to engage a diversity of views and experiences. To support this, we have been working closely with organisations who have close ties to communities who have had less opportunity to engage in the co-design work to date. We are referring to this as work with 'seldom heard voices' groups. It will continue into Spring 2024.

The communities we are engaging with in this phase of work are:
- people with experience of justice social work
- people with experience of homelessness
- the LGBT community
- the Gypsy/Traveller community
- people with experience of (or providing support to people with) dementia
- people with a disability

In 2024, we plan to broaden this out to also include:

- people with a learning disability
- children and families
- black and ethnic minority communities

This more targeted work will remain under review in terms of which groups we engage with.

We have a budget of up to £50,000 for this work. We already have grant funding arrangements in place with several organisations to create opportunities for the communities they represent to get involved in co-design. The main focus of the work is around the themes of 'information sharing' and 'making sure your voice is heard'.

These seldom heard organisations will provide reports as part of the grant funding. We will share these reports later in the spring.

Workforce Charter co-design

The 'Valuing the workforce' team ran a series of co-design sessions over November and December 2023 to inform the development of a Workforce Charter. These sessions included internal Scottish Government stakeholders, professional advisors and members of the workforce. To recruit for these sessions we used LEEP and we also selected organisations directly.

The goal of the sessions was to understand the need and purpose of a Workforce Charter and to gain feedback on a draft. The Workforce Charter draft is currently being developed and sense checked against the findings from these sessions.

Conclusion

The Scottish Government remains committed to delivering a National Care Service to improve quality, fairness and consistency of provision that meets individuals' needs.

The extension agreed by Parliament to the deadline for Stage 1 of the Bill has given us the opportunity to have more direct engagement with people with lived experience, the workforce, trade unions and local government to find consensus and make the Bill as robust as possible. This is the biggest public service reform in Scotland since devolution. It is important we take the time necessary to ensure the National Care Service delivers the positive change needed for people and makes best use of public funds.

People are at the heart of the development of the National Care Service. The Scottish Government remains committed to ongoing engagement and co-design as the bill progresses through Parliament. This commitment will continue throughout the establishment of the NCS.

Find the report in other formats

Find the [full report in easy read](#) here.

A summary of the report is also available in [British Sign Language (BSL)](#) and [audio](#).

To request the full report in another format:

- email NCSCommunications@gov.scot
- or phone 0808 196 1507 (open Tuesday 9am to 12pm and Thursday 1pm to 4pm)

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