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The Cost of Caring

Getting Serious About Funding and Improving Social Care in Scotland

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About Reform Scotland

Reform Scotland, a charity registered in Scotland, is a public policy institute which works to promote increased economic prosperity, opportunity for all, and more effective public services. Reform Scotland is independent of political parties and any other organisations. It is funded by donations from private individuals, charitable trusts and corporate organisations. Its Director is Chris Deerin and Alison Payne is the Research Director. Both work closely with the Trustee Board, chaired by Alan McFarlane, which meets regularly to review the research and policy programme.

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FOREWORD

It would be very easy to say how much I welcome this paper, because I do welcome it. However, while welcoming things is easy, doing something to achieve them is often hard.

This paper sets out a case for increased funding of health and care services, through taxation. That in itself will be hard to do because it will require a constructive conversation with the public, elected representatives, the Scottish parliament and the UK Treasury (among many others) about what will be delivered for this money, how it will improve outcomes, and how that improvement will be implemented and measured.

It will be essential that any additional funds are set alongside a clear, unambiguous, costed and time-bound plan for delivery and reform, covering not only new funds but existing budgets as well. The risk otherwise is that the money will be used to shore up the existing system, even though there may be broad agreement that reform is required. The demands of the immediate will inevitably swamp the need for strategic change.

That is not to deny there are some very pressing issues to be addressed, such as demands on both community and hospital care, long waiting times and delays in diagnosis. But we would not be discussing the prospect of a national care service if a focus on additional resources for the current system was all that was needed.

It will be a real test of leadership across the political spectrum, and across the delivery and representative bodies, as to whether it is possible to engage in discussions that are likely to prompt a radical change. This might (and in my view must) include the removal of some existing silo boundaries, changes to working practices and skill mixes, and more effective recognition of the third sector. It must leave open to question whether we need so many governance bodies and organisations, or whether this landscape could be simplified for the benefit of the public.

In my experience, politicians of all parties are adept at finding areas of common ground, whatever the external sound and fury. I believe that the public would welcome more visibility of that approach. I believe equally strongly that public service leaders are appointed in service of the public, and of the representatives whom the public elects. They too will benefit from finding common ground, in the public interest.

We are equipped to rise to the challenges this paper poses. The test will lie not in what is said next, but in what is done.

Professor Paul Gray was chief executive of NHS Scotland, 2013-19 and NHS Scotland Director of Primary and Community Care from 2005-2007

CONTEXT

Many people view health and social care as part of the same system - key public policy provisions which help look after us when we are at our most vulnerable.

However, the reality is quite different. While healthcare is largely provided through the NHS in Scotland, is tax-payer funded and free at the point of use, social care is not.

Social care provides the non-medical support people may need at home, or in a care home, and depending on their financial circumstances many will have to pay something towards some of their social care support, as well as accommodation costs should they require care in a care home.

One of the Scottish Parliament's first big policy developments was free personal care for the elderly (something which has now been extended to those under 65 thanks to "Frank's Law"). While some people won't be aware of the social care costs they may face until they are personally affected, the high profile of this policy has arguably exacerbated public misunderstanding.

To qualify for free personal care, an assessment of the individual needs to be carried out by the local authority. This will include a financial assessment.[1] While areas such as personal hygiene, mealtimes and immobility problems should be covered, councils will charge for help with housework, shopping or attending day-care centres.[2] Free personal care only commences once the assessment[3] has been agreed, and the payment is not backdated, which means individuals may also have initial upfront costs.

There are also an unknown number of people[4] who choose to pay for their own care support, whether at home or in a care setting, as well as many people who might actually need social care and support but are not currently accessing it – perhaps they are relying on family carers, neighbours and friends, or are waiting for support to be put in place.

In other words, there can be significant challenges in getting social care help. And more people will be facing those challenges as demand on the sector grows.

Scotland's population is aging, with people aged 75 and over projected to be the fastest growing group, increasing by 79% by 2041. At the same time the working-age population is projected to increase by only 1%.[5] Social care doesn't just provide services for older people, but almost two thirds of that expenditure is on services for that group.[6]

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[1] Jepson. A, Adult Social care and support in Scotland, SPICe 2020, https://sp-bpr-en-prod-cdnep.azureedge.net/published/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/SB20-78.pdf

[2] https://www.gov.scot/publications/free-personal-nursing-care-qa/

[3] https://www.gov.scot/publications/free-personal-nursing-care-qa/

[4] Jepson. A, Adult Social care and support in Scotland, SPICe 2020, https://sp-bpr-en-prod-cdnep.azureedge.net/published/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/SB20-78.pdf

[5] https://www.nrscotland.gov.uk/news/2017/scotlands-population-is-projected-to-increase-and-to-age#:~:text=The%20population%20is%20also%20projected,next%2025%20years%20to%202041.

[6] https://www.gov.scot/publications/independent-review-adult-social-care-scotland P45

The sector's workforce is also facing problems of recruitment and retention. Despite the vital and skilled work being carried out in caring for some of the most vulnerable, terms and conditions compare poorly against the retail sector. [7]

The Scottish Government established the Independent Review of Adult Social Care in Scotland, chaired by Derek Feeley, to recommend improvements to adult social care and address some of these issues. The report helped give voice to those with experience navigating and working within the care sector and it, alongside the Scottish Parliament's Health and Sport Committee 2021 care report,[8] illustrates many of the challenges faced.

The Feeley Report outlines the steps needed to deliver transformational change. While there is political disagreement around the proposal to set up a National Care Service, there is general agreement about the other provisions, policies which would cost around £0.66bn per year.

The purpose of this report is not to repeat the challenges laid out in previous publications on social care, rather to consider how we can pay for the transformational change social care requires and what it would take to do so. Can the system as is be fixed, or do we need to consider bigger changes as part of long-term discussions?

The recent imposition of the Health & Social Care Levy by the Westminster Government does not answer these questions.

Although it will provide additional revenue to Holyrood, it does so in a way which is unfair and creates no long-term sustainable solution. It is also important to note that the majority of the revenue raised for Westminster will be directed towards the NHS, not social care. Similar backlog issues exist in Scotland, which will likely result in the NHS in Scotland also being the priority for expenditure.

A proper answer is still required on the issue of funding social care. We hope this paper encourages further discussion.

[7] Jepson. A, Adult Social care and support in Scotland, SPICe 2020, https://sp-bpr-en-prod-cdnep.azureedge.net/published/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/SB20-78.pdf

[8] https://archive2021.parliament.scot/S5_HealthandSportCommittee/Reports/The_Future_of_Social_Care_and_Support_in_Scotland.pdf

BACKGROUND

Social care is different to healthcare

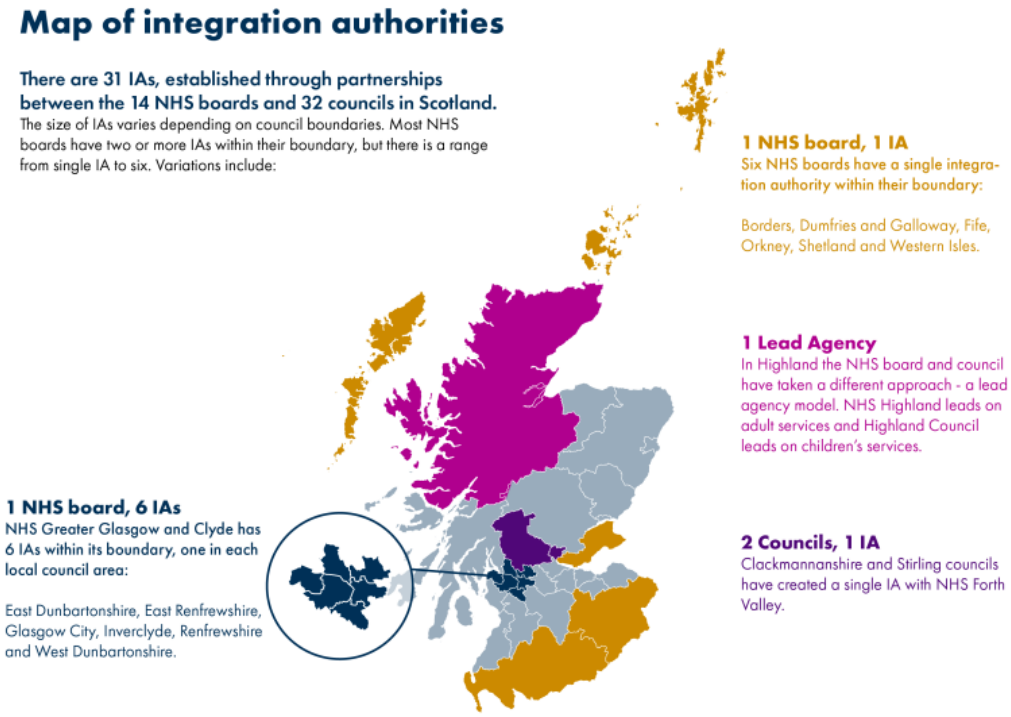
There is perhaps a misconception among some that social care is taxpayer-funded and free at the point of use, just as healthcare is. However, health and social care have very different structures and funding.

Historically, while health boards are responsible for the delivery of health care and are accountable to Scottish ministers, social care has been a local authority responsibility and accountability lies with councillors.

There are clearly overlaps between the two services. However, with 32 local authorities, 14 health boards, and very few coterminous boundaries between them, joint working is far from straightforward.

In 1999, 79 Local Healthcare Cooperatives were established. These were replaced by Community Health Partnerships (CHPs) in 2004. The CHPs were then abolished by the Public Bodies (Joint Working) (Scotland) Act 2014, which introduced a statutory duty for NHS boards and councils to integrate the planning and delivery of health and social care services and led to the creation of 31 Integration Authorities (IAs).[9]

The 31 IAs, across 32 councils and 14 health boards, are illustrated in the map below. Six NHS boards have a single IA, while other boards have up to six:



Source: Audit Scotland/ SPICe

[9] https://www.audit-scotland.gov.uk/report/what-is-integration-a-short-guide-to-the-integration-of-health-and-social-care-services-in#&gid=1&pid=1

The intention of the legislation was that local authorities and health boards became more equal partners in how services were organised to meet the needs of their populations.

The third sector also plays a huge role in delivering social care. The Health and Social Care Committee 2021 report commented that more needs to be done to "*involve and value the third sector*", highlighting that they are "*an important conduit between those experiencing care and support and decision makers*".[10]

This table from SPICe[11] explains how the different services now operate and where responsibility rests:

FEATURES AND OPERATION	**NHS**	**ADULT SOCIAL CARE**
Strategic planning and commissioning of services through:	14 health boards in collaboration with 31 integration authorities	Local authorities in collaboration with 31 integration authorities (and 14 health boards)
Delivery through:	14 health boards/31 health and social care partnerships (integration authorities)	Mixed economy of: – integration authority (health and social care partnership); – private; and – third sector provision. (around 70% delivered by independent sector)
Governance	NHS boards are directly accountable to the Scottish Ministers. However, integration legislation introduced joint governance arrangements with integration authorities. Members of health boards are appointed by ministers through a public appointments process	Local authorities are responsible for arranging and procuring social care services for their local population. They operate independently of central government and are accountable to their local electorates. Integration authority boards comprise members nominated from health boards and the local authority (councillors) along with a number of other designated representatives. The chief officer of the integration authority is appointed by the authority's board and employed by either the NHS board or the local authority, creating joint and complex accountability.
Service providers (and their governance if not a public body)	Health boards and health and social care partnerships	Health and social care partnerships.(delivery of services planned and commissioned by integration authorities) Third-sector-run services are governed by a range of structures, depending on how they are constituted. Their services might be commissioned by the integration authority.

[10] https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2021/2/10/09e1566c-10ec-41de-bf0f-df7df5c95c84/HSS052021R4.pdf

[11] https://spice-spotlight.scot/2021/06/25/could-a-national-care-service-work-like-the-national-health-service/

		Private sector corporate governance will depend on the legal status of the business. In larger companies it will involve establishing a framework of systems and controls to act in the best interest of the shareholders. Whereas in family owned businesses and SMEs (where the owners may also be the management) the focus is mainly about complying with regulations and improving performance. Their services might be commissioned by the integration authority
How is it funded?	Centrally by Scottish Government to health boards (bulk of budget directed by integration authority). Largely free at the point of delivery to the resident population.	Social Care (except for personal and nursing care) is means-tested meaning that individuals might contribute financially to their care. When assessed as being required, care and support is funded by local authorities (budget directed by integration authority). National eligibility criteria apply when local authorities assess someone's care and support needs. It is mostly those who are in 'substantial' or 'critical' need who are prioritised when needs are assessed. This means there is unmet need for those with moderate or low needs, when resources are under pressure. Accommodation (care home) costs and some other services to those living at home, such as alarms, delivered meals and day care services, are means tested and charged for. A large proportion of people pay care home fees to providers in **all** sectors (public, third sector, private). People assessed by social services as needing personal care and nursing care do not pay for these services, wherever they live.
Location of care	Hospitals (Secondary care) GPs, Dentists, Pharmacies etc (Primary care) Hospital at home	In people's homes and community settings, such as supported living and day care centres. Private care homes, third sector-run homes, Health and Social Care Partnership homes.
How are services regulated?	There are a range of ways, including through the Healthcare standards, by which the Scottish Government, and ultimately the Scottish Parliament, oversee the work of the NHS in Scotland. Areas where there is particular focus are performance and waiting times, financial stability, improvement science, clinical safety and the duty of candour.	All care services must be registered with the Care Inspectorate and abide by the Health and Care Standards (ie not the same as the Healthcare standards).
Staffing – terms and conditions	Most staff are employed directly by the NHS under 'Agenda for Change' employment contracts, negotiated nationally. Some staff are independent contractors, such as most GPs, dentists and pharmacists.	Terms and conditions will vary widely across the sector. However, in the case of care home and homecare services, these are delivered and managed directly by local authorities/health and social care partnerships. Staff terms and

	These contractors work to nationally negotiated contracts. Their contract is with the local health board.	conditions will tend to be better than in the private sector, and be nationally negotiated.
Staffing – regulation	Clinical and nursing staff must be registered with one of the national (UK) professional councils, such as the General Medical Council, the Nursing & Midwifery Council or the Health and Care Professions Council.	All staff are to be registered with the Scottish Social Services Council (SSSC) within six months of starting a new role. Staff must abide by the SSSC codes of practice.

What about free personal care?

Just as social care is structured differently to healthcare, the funding differs too. While healthcare is free at the point of need, social care is not. The Community Care and Health (Scotland) Act 2002 introduced free personal care for adults over the age of 65, regardless of income or whether they lived at home or in a care home. The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (Regulations) 2018 extended that provision to people under the age of 65.

The legislation does not mean that personal care is free at the point of need, rather it places a duty on local authorities to assess an individual's need and to ensure that there are services to cover local care and support requirements. The Act sets out what the local authority is not allowed to charge for. This includes:

- Personal hygiene
- Continence management
- Assistance with the preparation of food and assistance with the fulfilment of special dietary needs.
- Problems with immobility
- Counselling and support
- Assistance with medication
- Personal assistance, such as to get up and go to bed.

Other aspects of care can be charged for, such as:

- help with housework
- laundry
- shopping
- services outwith your home such as day care centres and lunch clubs
- cost of supplying food or pre-prepared meals
- supply and monitoring of personal alert alarms.[12]

If someone needs to be placed in a residential care setting and an assessment confirms that they are in need of personal and/or nursing care then the local authority will pay the care home directly for providing this. The amounts paid are agreed annually. For

[12] Jepson. A, Adult Social care and support in Scotland, SPICe 2020, https://sp-bpr-en-prod-cdnep.azureedge.net/published/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/SB20-78.pdf

2020-21 these amounts are (per week) £180 for personal care and £81 for nursing care.[13]

At 31 March 2019, there were an estimated 30,914 long-stay residents in care homes for older people. Of these, 66% were mainly or fully funded by the local authority, down from 73% in 2009. [14]

The following table from Public Health Scotland's Care Home Census for Adults in Scotland, estimates the average weekly cost for long-stay residents in care homes for older people:[15]

Source of Funding (Main or Full)	Year at 31 March										
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Publicly Funded With Nursing Care	544	553	561	574	591	607	616	642	682	709	746
Publicly Funded Without Nursing Care	508	519	531	542	556	574	583	605	635	666	690
Self-Funded With Nursing Care	635	659	684	699	728	755	778	826	870	932	995
Self-Funded Without Nursing Care	566	583	606	631	661	686	714	757	794	840	894

The table illustrates that while publicly-funded residential care costs have increased by 37% with nursing care and 36% without, the increase to self-funders has been far higher at 57% and 58% respectively.

There is an unknown number of people who pay for their own support needs, whether at home or in residential accommodation.[16] There will be some who have their needs met by family and friends. Others will not be aware that they are entitled to support, may not be deemed eligible for support, or are waiting for support to be put in place. In other words, many people are paying directly themselves for social care.

Feeley Report

The Independent Review of Adult Social Care in Scotland ('Feeley Report'), chaired by Derek Feeley, was published in February 2021. The review was one of the measures

[13] Jepson. A, Adult Social care and support in Scotland, SPICe 2020, https://sp-bpr-en-prod-cdnep.azureedge.net/published/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/SB20-78.pdf

[14] https://publichealthscotland.scot/publications/care-home-census-for-adults-in-scotland/care-home-census-for-adults-in-scotland-statistics-for-2009-to-2019/ - 13 July 2021 revision

[15] https://publichealthscotland.scot/publications/care-home-census-for-adults-in-scotland/care-home-census-for-adults-in-scotland-statistics-for-2009-to-2019/ - 13 July 2021 revision

[16] Jepson. A, Adult Social care and support in Scotland, SPICe 2020, https://sp-bpr-en-prod-cdnep.azureedge.net/published/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/SB20-78.pdf

announced in the Scottish Government's 2020 Programme for Government, which stated:[17]

"*The aim of the review will be to recommend improvements to adult social care in Scotland, focused on the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review will take a human-rights based approach with a particular but not exclusive focus on the views of those with lived experience, about what needs to change to make real and lasting improvements. Using the powers that are available to the Scottish Parliament this will set out how adult social care can be reformed to deliver a national approach to care and support services. It will include consideration of a national care service*."

Derek Feeley is a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland and was supported by an Advisory Panel comprising Scottish and international experts.

The report sets out 53 recommendations to change the way adult social care is delivered in Scotland. The full report can be read here and a short film was produced to sit alongside it. The report and film give important emphasis and voice to the lived experiences of those who use and work in the care sector.

The recommendations form a package of transformational change for the care sector at present, as well as looking at potential future requirements as a result of our aging population. In the foreword to the report, Feeley summarises the recommendations as follows:

"*We describe how a National Care Service can drive consistent, high quality social care support in partnership with people who have a right to receive that support, unpaid carers and the workforce. We also look carefully at funding and make some recommendations about investing in social care support and ending all non-residential charging for services. To achieve that new system, we need the structural change and the new accountabilities that a National Care Service will bring and we need more. We need a new narrative for adult social care support that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need a culture shift that values human rights, lived experience, co-production, mutuality and the common good.*"[18]

The report emphasises the need to change our thinking on social care away from 'social care support is a burden on society' towards 'social care is an investment'. It argues that social care support creates jobs and economic growth and enables people who access care and support, and their carers, to seek and hold down employment themselves. The report also notes, "*For every £1 spent on social care, more than £2 is generated in other sectors*".

[17] https://www.gov.scot/publications/protecting-scotland-renewing-scotland-governments-programme-scotland-2020-2021/

[18] https://www.gov.scot/publications/independent-review-adult-social-care-scotland/pages/1/

The economic impact of the sector to the wider Scottish economy is also highlighted in 'Scotland's Care Sector: An Economic Driver' by Biggar Economics. This notes that 206,410 jobs are directly provided by the social care sector, with 29,510 jobs in supporting industries and 41,100 supported by social care employee's spending. The report notes that the sector's direct economic impact is more than £3.3bn.[19]

While there is some disagreement between political parties on the structural change needed to create a National Care Service, there has been broad backing for Feeley's recommendations, as well as general acceptance that change is needed.

The Feeley report notes that in 2018/19, £3.8bn was spent on adult social care, with about two thirds of this spent on services for older people. The cost of the recommendations set out in the report amount to an additional £0.66bn per year, as explained below:[20]

- **People not receiving care that need it:** 25,505 fewer people were receiving care in 2018/19 than expected based on 2009/10 levels of access. It would cost around £288m to cover that 'gap'. In addition, there were 10,412 fewer people receiving care in 2018/19 than expected based on the standardised rates. It could cost around £148m to cover that 'gap'. As a result, there may be approximately 36,000 people in Scotland who do not currently have access to the social care support they need. It would cost about **£436m** to meet this.
- **Wages:** Increasing the Real Living Wage to £9.50 per hour for frontline adult social care staff would cost **£15.5m.** This estimate includes staff working in care homes, home care and housing support, day care, adult placement services, personal assistants and sleepovers. Extending the Real Living Wage to include auxiliary staff working in adult services would cost an additional **£4m.**
  Every pound beyond the Real Living Wage will increase the national social care support wage bill by about £100m per annum.
- **Removing charging for non-residential social care support:** In 2019/20 local authorities raised **£51m** from non-residential social care charges. The Feeley reports recommends removing all these charges.
- **Free Personal and Nursing Care for self-funding care home residents:** A significant minority of care home residents are mainly or fully self-funding, meaning they receive no financial support from the local authority and pay for their own personal and nursing care. Feeley recommends that these charges should be removed so that the only cost should be the means-tested accommodation costs for care home residents. Feeley estimates that the difference between the costs included for Free Personal and Nursing Care and the sums paid by local authorities for self-funders were £191 and £230 per week respectively in 2019/20 and recommends that the sums paid for Free Personal and Nursing Care for self-funders using care homes should be increased to the levels included in the National Care Home Contract, which would cost **£116m.**
- **Re-opening the Independent Living Fund:** The Independent Living Fund (ILF) is a discretionary national system for making payments directly to certain

[19] Report for Enable shows how social care is an economic engine - BiGGAR Economics
[20] https://www.gov.scot/publications/independent-review-adult-social-care-scotland/pages/13/

severely disabled people so that they can purchase their own care and support. The ILF/UK was closed by the Department for Work and Pensions in June 2015. Since July 2015 the Scottish Government has maintained the model for those already funded in adult social care and support in Scotland.[21] The existing fund has 2,600 members and it is estimated that there are a further 3,400 people who would be eligible for an award were it to re-open. Feeley recommends that the fund is re-opened and that the threshold sum for entry to the new scheme should be reviewed and adjusted. If the threshold sum for new entrants was set at £600 per week, an additional investment of **£32m** would be required.

The additional £0.66bn per year increase in funding is based on the existing need. The Feeley report notes that over and above this increase "*more money will need to be spent on adult social care over the long term*" and suggests this would mean a 3.5% annual real-terms increase in social care expenditure every year until 2035.

Political Parties' Policies

It is clear that there are significant cost implications in implementing the Feeley report. While the political parties appear to have endorsed the report's general recommendations (though the Conservatives and Lib Dems remain opposed to a National Care Service, amid questions over the shift in accountability away from local authorities, and COSLA has also expressed concern about this proposal), they remain quiet on how this would be paid for.

The following extracts are taken from the five main political parties' recent manifestos, highlighting their commitments on adult social care. Although it is the SNP that formed the Scottish Government, with a smaller role for the Greens, it is important to highlight the other parties' manifestos as this indicates that while politicians across the spectrum want to see transformational change in social care, no party has been able, or willing, to set out the difficult decisions that would need to be made in order to pay for the policies.

SNP:
"*To ensure our social care system consistently delivers high quality services across Scotland, we will take forward the recommendations of the independent Feeley review and establish a National Care Service in the next parliamentary term.*" [22]

As well as the general commitment to Feeley, the manifesto specifically mentions establishing a National Care Service, a National Wage for Care Staff and abolishing charges for non-residential care.

The manifesto commits to "*increase public investment in social care by 25% over the parliament, delivering over £800m of increased support for social care*".

[21] Jepson. A, Adult Social care and support in Scotland, SPICe 2020, https://sp-bpr-en-prod-cdnep.azureedge.net/published/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/SB20-78.pdf
[2222] http://bit.ly/SNP-Manifesto-2021

However it does not set out where the increased expenditure will come from - and there is also a commitment to freezing income tax rates and bands.

The manifesto does not state that the £800m would be an annual increase. However, this comment from a Scottish Government spokesperson to the Herald suggests that by the end of the current parliament there will be £840m of additional annual expenditure:

"*To deliver the National Care Service we will increase public investment in social care by 25% over the parliament - so by the end of the parliament we would have budgeted over £840 million of increased annual support for social care compared to current spending."*[23]

Reform Scotland submitted Freedom of Information requests to the Scottish Government, seeking clarification of what the annual increase in spending on social care would be, and how this would be funded. The responses are detailed in the box below. They suggest that the recommendations of Feeley are still being considered and, while funding will meet commitments agreed on, it is not yet known what the individual annual increases will be, or how they will be paid for.

FOIs:
a)What is the anticipated annual increase in social care spending for each individual year of the new Parliament to cover the costs of implementing the Feeley review recommendations?
b) Is the £840m additional spending over the course of the full parliament or an annual increase?
c) If the £840m is over the course of the Parliament, how much will be for each year?
d) The Feeley Report identified that its recommendations would cost £660m. How does the £840m figure quoted by a spokesperson as a total figure link to the cost estimates in the Feeley report?
e) How are these increases in expenditure to be paid for.

Responses:
a & c) The Scottish Government does not have the information you have asked for as the funding profile in each year will be informed by plans which are currently being developed for delivery of commitments for social care. This will be considered by Ministers and by Parliament in due course, with further detail to be set out in the Programme for Government later this year. This is a formal notice under section 17(1) of FOISA that the Scottish Government does not have the information you have requested.
b) As set out in the reference you've quoted in your request, the £840 million is the estimated increase in annual baseline spending by the end of this parliament, compared to current spending.
d) The Feeley Report quoted estimated costs for a range of recommendations which are being considered. The £840 million is estimated additional investment in social care for matters such as unmet need and increased demand.
e) The increases will be funded within the planned expenditure of the Scottish Government which will be determined and set out in each year's Scottish Budget.

Conservatives

"*The Feeley Review into Adult Social Care is welcome – action is required to address the historic underfunding of the sector and ensure it is prepared to care for Scotland's ageing population. We support many of the recommendations and principles set out in the review,*

[23] Herald, 7 June 2021, https://www.heraldscotland.com/news/19353816.urgent-action-needed-fill-10-66bn-black-hole-scotlands-adult-social-care-revolution/

including introducing national employment conditions for staff and viewing the social care system as an equal partner to the NHS, while adopting a person-centred approach which empowers supported people and their carers".

Despite commenting on the "historic underfunding" and welcoming many of the recommendations in the Feeley report, there is no mention of additional resource to pay for the changes.[24]

The party's manifesto does commit to an additional £2billion in annual expenditure on the NHS by 2025/26, but there is no specific mention of additional spending for adult social care, nor in the party's financial supplement to its 2021 manifesto.[25]

The Scottish Tory Leader Douglas Ross voted for the NICs increase, along with his colleagues. However, it is worth noting that while he criticised the SNP for not welcoming the additional revenue for Scotland, he spoke of the money helping out the NHS in Scotland. If the resource is used for these priorities, it cannot also be used to fund the Feeley review recommendations.

"*SNP MPs votes against money that could be used to cut down the scandalous waiting times for ambulances, A&E, cancer treatment and in-person GP appointments*".[26]

Labour

The Labour manifesto commits to establishing a National Care Service, increasing wages and ending charges:

"*As Scotland's population ages, we need to ensure that the founding principles of the NHS extends to care for people through to the end of their lives. That means providing people who need care with support to lead full and independent lives.*

- *Make social care freely available at the point of need by reversing the recent narrowing of eligibility criteria and removing all non-residential charges.*
- *Create a National Care Service that prioritises national funding and retains local services to ensure that local expertise, accountability and community input are not lost.*
- *Respect the workforce by immediately increasing their pay to £12 an hour, and working together with trade unions towards a further rise to £15 an hour.*
- *Support individuals who carry out unpaid caring work so they feel valued, included and supported as equal partners in care provision.*

By ending all non-residential care charges and reversing this narrowing of eligibility we will ensure that social care support is freely available at the point of need, ending the disparity between health and social care. Self-directed support will remain at the centre, with a range of care options available for those who want to use them. Public service delivery will be

[24] https://www.scottishconservatives.com/wordpress/wp-content/uploads/2021/04/Digital-Manifesto-Final.pdf

[25] https://www.scottishconservatives.com/wordpress/wp-content/uploads/2021/04/Costing-Doc.pdf

[26] National Insurance vote LIVE: Boris on knife-edge - FULL LIST of those about to go against | Politics | News | Express.co.uk

increased, and a range of other providers, including cooperatives, will be available operating within the new framework."[27]

There was no comment on the cost of these policies, or how that expenditure would be met.

Scottish Greens

"*Our care system is in crisis and requires a radical overhaul. The Scottish Greens will work with others in the Scottish Parliament to build a publicly owned national care service, and deliver immediate reforms to better reward and support carers. We will:*

- *End competitive tendering as a first step in building a care system which is centred on people not price. We believe there is no place for profit in our care system and will look in the long term to remove the private sector from the provision of care.*
- *Protect local decision making and accountability in line with our principle of subsidiarity.*
- *Ensure that the pay and conditions of carers reflect their expertise. We support calls for social care workers to be paid at least £15 an hour.*
- *Recognise the value of unpaid carers and ensure they have access to the training*".[28]

There is no indication of the costs of these policies. Proposals to remove the private sector altogether from care go beyond Feeley's recommendations. Feeley specifically mentioned with regard to nationalisation:

"…the evidence does not support nationalisation into public ownership on the basis of improving the quality of care. Notwithstanding quality, if nationalisation is supported by some people they need to explain how it would be paid for."[29]

The Greens' manifesto does not set out the estimated costs of its policies, nor how they would be paid for. However, the Greens' manifesto does highlight that it would increase revenue through policies such as a wealth tax.

Liberal Democrats

The Lib Dem manifesto notes that it supports the need for a step change in social care: "*We support the recommendation of the Independent Review of Adult Social Care that there should be a step change in social care*."[30]

Like the Conservatives, the Lib Dems don't agree with a National Care Service, which the party fears is centralisation:

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[27] https://scottishlabour.org.uk/wp-content/uploads/2021/04/Scottish-Labours-National-Recovery-Plan.pdf
[28] https://greens.scot/sites/default/files/ScottishGreens_2021Manifesto_Full_web_version.pdf
[29] https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf?forceDownload=true P42
[30] https://d3n8a8pro7vhmx.cloudfront.net/no2nuisancecalls/pages/14838/attachments/original/1618577646/2021_Scottish_Liberal_Democrats_Manifesto.pdf?1618577646

"*..we do not support the creation of a National Care Service as set out in the independent review because we are concerned that this risks losing local innovation and skills, and could repeat the expensive mistakes made by the similar creation of Police Scotland*."

The party does make spending commitments on social care:
"*We support the establishment of national care service standards, with the funding put in place to meet those standards, and effective complaint resolution for those people for whom services fall short. National standards and local commissioning will involve disabled people and other care users, and be informed by local experience of unmet needs. Our reforms will allow carers to build relationships and trust with care users, moving away from narrow task-based contracts. We will scrap charges for care services delivered at home, helping people to stay in their homes if they choose. We will make sure people do not have to pay for their care when they have advanced dementia*."[31]

Wages are mentioned, but not a specific commitment:
"*We will prioritise the establishment of national pay bargaining and commit to funding the outcomes so that care workers get fair pay and better career progression as soon as possible*".

It is clear that many of the commitments to adult social care are un-costed. The IFS examined the SNP, Conservative and Labour manifestos ahead of the election and suggested that spending commitments lacked credibility**:**[32]

"*Rising demand for, and costs of, health and social care could easily absorb three-quarters of the projected cash increase in the Scottish Government's budget over the next few years, substantially more than the SNP and Conservatives have budgeted for. Scottish Labour have not even set out NHS spending plans beyond this year but it is hard to imagine them spending less given their plans for a £15-an-hour minimum wage for care workers by the end of the parliament. Paying for the billions in additional pledges in these manifestos would therefore mean either increases in Scottish taxes or cuts to some other areas of spending, unless substantially more UK government funding is forthcoming*."

Concerns about paying for changes to social care have also been highlighted by Audit Scotland. Antony Clark, Interim Controller of Audit and Interim Director of Performance Audit and Best Value at Audit Scotland, wrote on 3 June:

"*As more people are living with complex health and care needs and the population gets older, not everyone is receiving the support they need. Demand for care at home and giving people more choice and control over their own lives is also rising. But the new models of care required to tackle these trends - involving the public, private and third sectors - will cost more money and it's not clear how they will be funded*."[33]

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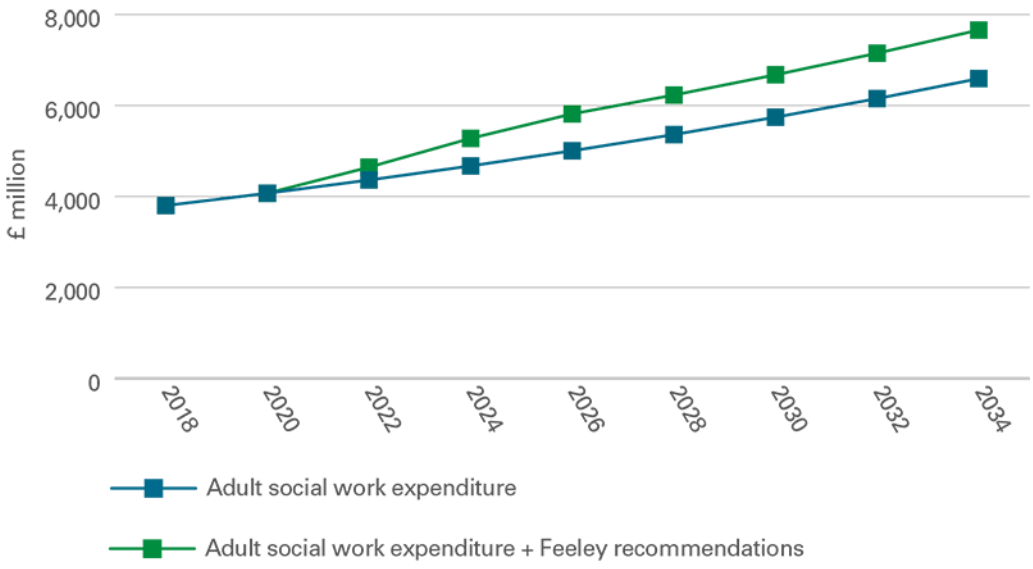
[31] https://d3n8a8pro7vhmx.cloudfront.net/no2nuisancecalls/pages/14838/attachments/original/1618577646/2021_Scottish_Liberal_Democrats_Manifesto.pdf?1618577646

[3232] https://ifs.org.uk/publications/15412

[33] https://www.audit-scotland.gov.uk/report/social-care

Antony Clark went on to highlight the increasing costs going forward should Feeley be adopted in full. The graph below comes from his article:[34]



Additional annual cost of **£0.66 billion** for Feeley recommendations, includes:

- **£436 million** – Expanding access to social care support and investing in prevention
- **£51 million** – Cancelling non-residential charges
- **£116 million** – Increasing Free Personal and Nursing Care sums paid for care home residents who are self-funding
- **£19.5 million** – Increasing real living wage for frontline and auxiliary adult social care staff
- **£32 million** – Re-opening the Independent Living Fund

Notes:
1. Assumes a 3.5% year on year real terms grow in costs (per Independent Review of Adult Social Care in Scotland (2021)).
2. Assumes all annual cost implications of Feeley recommendations are realised evenly across 5 years, starting from 2021/22, and that the 3.5% real terms annual growth applies.
3. Recommendations relating to removing charges may lead to increases in the demand or services. This has not been included in the estimated costs.
4. Potential future savings from preventative approaches have not been considered.

Source: Independent Review of Adult Social Care in Scotland, Scottish Government, February 2021

The Fraser of Allander Institute has also commented on the uncertainty of increases in social care funding:

"The PfG (Programme for Government) *promised "as a minimum we will increase public investment in social care by 25% over this Parliament – providing over £800 million more by 2026-27".*

"Although not clear in the PfG, we understand that this will be an additional per annum figure by the end of the parliament. Their exact definition of social care that the 25%

[34] https://www.audit-scotland.gov.uk/report/social-care

increase relates to is a little hard to follow, and whether the £800m is a cash or real terms increase is not made explicit (we assume it's the former).[35]

Health and Social Care Levy

Scotland is not alone in trying to find a solution to this problem. The UK as a whole is facing a social care crisis. However, social care is devolved, already operates differently north and south of the Border and will require different solutions. Different parts of the UK should be able, and willing, to work together to learn from each other's experiences, but ultimately a devolved Scottish solution is required.

However, the UK Government's tax changes to fund health and social care in England will apply throughout the UK.

On 7 September the Prime Minister announced an increase of 1.25% in National Insurance, due to come into effect from 6 April 2022. This will apply to the tax paid by employees, employers and the self-employed, including those based in Scotland.[36] The increase will only last for one year before reverting to previous levels. From 2023/24 a separate 'Health and Social Care Levy' of 1.25 per cent will replace the increase in NICs and also apply to those working above State Pension age. Dividend Income Tax bands will increase by 1.25% in April 2022.[37] These changes will result in an additional £1.1 billion being allocated to the Scottish Government by 2024/25.[38]

The majority of the additional revenue raised by Westminster for England is for the NHS, not for social care.

The UK Government's 'Build Back Better' Command Paper, which outlines the changes, highlights that there is a significant backlog in elective NHS cases across the UK. It notes that this includes an increase in the waiting lists for inpatient treatment in Scotland from 79,000 to 97,000 since the start of the pandemic, with 23,000 people waiting over a year. [39] As a result, the majority of expenditure raised by the new proposals will actually be directed towards the NHS in England. While an additional £11.4 billion per year will be raised, only £5.4 billion over the next three years has been earmarked for social care.[40]

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[35] Congreve. E, Fraser of Allander, 14 Sept 2021 The National Care Service – an evolving beast but will the funding feed its appetite? | FAI (fraserofallander.org)
[36] National Insurance: How much you pay - GOV.UK (www.gov.uk)
[37] What will the dividend tax hike mean for investors? – Which? News
[38] UK Government, Build Back Better, September 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-_Our_Plan_for_Health_and_Social_Care.pdf
[39] UK Government, Build Back Better, September 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-_Our_Plan_for_Health_and_Social_Care.pdf
[40] Health and Social Care Levy - House of Commons Library (parliament.uk)

It is likely that there will be pressure on the Scottish Government similarly to direct its additional resource to the NHS, for example Douglas Ross noting that it could be used to "*cut down the scandalous waiting times for ambulances, A&E, cancer treatment and in-person GP appointments*". [41]

Therefore, the new levy does not actually answer the outstanding question of how to fund the transformational changes required to social care in Scotland.

The measures announced are also unfair in term of how the money is raised; they do not create a long-term funding solution; and they do not provide an accountable solution.

Reform Scotland disagrees with using National Insurance as a way to increase revenue for this purpose as it places greater burden on younger people and lower earners.

The creation of the new levy from 2023/24 will only see earners over the State Pension Age begin to contribute towards the costs at that point, a year later than younger workers (workers over the State Pension age don't pay National Insurance).

There is a danger of creating resentment between the generations because those in work, and potentially struggling to buy their own home, are expected to pay more to ensure elderly people who own their homes don't need to sell them to pay for care. That is not a sustainable or fair solution.

It is also not an accountable solution. The SNP has opposed the tax increase. During PMQs on 8 September 2021, the party's Westminster Leader, Ian Blackford, referred to it as a "*regressive Tory poll tax*":

> "*Yesterday, without consultation, the Prime Minister announced plans to impose a regressive Tory poll tax on millions of Scottish workers. The Joseph Rowntree Foundation estimates that around 2 million families on low incomes will now pay an average of an extra £100 a year because of the Prime Minister's tax hike. Yet again, the Tories are fleecing Scottish families, hitting low and middle-income workers and penalising the young. A former Tory Work and Pensions Secretary called it a "sham". A former Tory Chancellor has said this is the poor subsidising the rich. A former Tory Prime Minister has called this "regressive". Prime Minister, is it not the case that this Tory tax hike is once again balancing the books on the backs of the poor and the young?"*[42]

Regardless of this opposition, due to the devolution settlement the Scottish Government will receive additional income from tax changes it opposes, revenue which it will be able to spend on devolved services, likely the NHS. If the expenditure helps deliver better services, who should the public hold accountable – the government that raises the revenue or the government that spends it?

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[41] National Insurance vote LIVE: Boris on knife-edge - FULL LIST of those about to go against | Politics | News | Express.co.uk

[42] Hansard, 8/9/21, Engagements - Wednesday 8 September 2021 - Hansard - UK Parliament

Reform Scotland has long argued that Holyrood needed a broader range of tax powers to enable it to raise the money that it spends. This would create a far more accountable system. The Conservative UK Government's opposition to further devolution beyond the terms of the 2016 Scotland Act has, on this occasion, allowed the SNP Scottish Government to increase expenditure without having to make difficult decisions over tax.

POLICY RECOMMENDATIONS

Public awareness campaign:
There is arguably a general misunderstanding among the public about how social care is paid for in Scotland. If people believe that social care is free at the point of need, as health care is, it is far harder to have the difficult debates necessary to decide on funding. However, greater public understanding of the system is required not just to enhance the debate, but so that fewer people are surprised or unaware of their rights should they need to access the care system, either themselves or for a loved one.

Susan McKinstery, someone with experience of navigating the social care sector, is quoted in the Feeley Report saying:

> "*I think the public don't realise that when you depend on care services for your most fundamental rights and needs, that can put you in a very precarious position. The fact that services can be taken away by someone who often doesn't know you or understand the complexity of your situation is such a violation*."[43]

The Feeley Report later notes the lack of understanding around what individuals' rights are:

> "*Access to social care services and supports presented particular challenges for many people and there was not clear understanding about what their rights to social care and support were.*"[44]

The report goes on to note the need for a "n*ew system to simplify governance arrangements and improve public understanding of who is responsible for what*."[45]

The report also estimates that there may be approximately 36,000 people in Scotland who do not currently have access to social care support and for whom it would be beneficial.

People need to have a better understanding of what their rights are so that they can plan for the future and know what support is available, should they need it. Older people and their carers may be less able to easily navigate the system because they often enter at a time of crisis. But people also need to recognise the scale of the problem Scotland is facing and why we need to consider other funding options. Longer-term ideas such as social insurance schemes would need to cover all age groups, not just those for whom social care is becoming a possible reality. The Dilnot Inquiry of 2011 recommended a similar public awareness campaign in England,[46] while the King's Fund 'Fork in the Road' report of 2018 noted, "*When people are given more detailed information about how social care works, they recognise that there is a significant problem*

[43] https://www.gov.scot/publications/independent-review-adult-social-care-scotland
[44] https://www.gov.scot/publications/independent-review-adult-social-care-scotland P26
[45] https://www.gov.scot/publications/independent-review-adult-social-care-scotland P43
[46] https://navigator.health.org.uk/theme/fairer-care-funding-or-dilnot-report

and believe the current system is not fit for purpose."[47] We can no longer afford to keep our collective heads in the sand about social care. Action and awareness are needed.

Paying for care:

The Feeley report notes: "*the story of adult social care support in Scotland is one of unrealised potential. There is a gap, sometimes a chasm, between the intent of that ground-breaking legislation and the lived experience of people who need support.*"

Without adequate funding, the Feeley review will not lead to the transformation change that is desired and required. There is a danger that once again the intention and the outcome of social care delivery in Scotland will differ greatly.

The Feeley report identifies that £0.66 billion is needed to implement the change needed, though costs will increase going forward as our population ages.

It is important to note that that estimate would also only see wages across the sector rise to £9.50 per hour. Trade unions and some parties have an ambition of £15 per hour. The Feeley report suggests that every £1 beyond £9.50 would cost £100m per year. Taking it to £15 would add an extra £550m, therefore increase costs to £1.21bn per year.

Revenue will need to be found both in the short and long term to ensure funding social care is sustainable as our population ages.

Additional revenue will be coming to the Scottish Government as a result of the Health & Social Care Levy, but it is likely that there will be pressure for that revenue to also be spent on the NHS, so this money is unlikely to fund the proposals.

While discussions about the constitutional settlement and where power rests for certain taxes could contribute to a debate about longer-term solutions, in the short term we have to look at how we can find revenue from the powers and structures Holyrood has at present.

Reform Scotland believes that 1p should be put on all income tax levels in Scotland in order to start implementing the reform that is needed now. There is potential public support for hypothecation,[48] but Reform Scotland believes that this should be left as an informal indicated arrangement, giving greater flexibility to government.

[47] The King's Fund, 'A fork in the road', 2018 https://www.kingsfund.org.uk/publications/fork-road-social-care-funding-reform

[48] https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf?forceDownload=true

Raise revenue: The Scottish Government has limited options in terms of raising additional revenue. Devolved taxes, along with how much they raised in 2020/21, are detailed below:[49]

- Non-Savings Non-Dividend Income Tax, £11.85bn
- Non-Domestic Rates, £1.82bn
- Council Tax, £2.6bn
- Land and Buildings Transaction Tax, £0.52bn
- Landfill Tax, £0.1bn

As the figures indicate, NSND Income Tax accounts for 70% of all devolved revenue raised in Scotland.

As well as being by far the biggest source of devolved revenue, it is also the only tax on individuals and takes account of ability to pay. In terms of spreading the cost among the broadest portion of the population, the only real viable tax-raising option the Scottish Government has to raise the necessary revenue is to use NSND Income Tax.

Adding 1p to each band of income tax in Scotland would raise just under **£0.5bn**.[50]

(It is worth noting that borrowing is not an option - The Scottish Government has no ability to borrow money for discretionary resource spending, with its non-capital borrowing restricted to *up to £600m per annum (and a cap of £1.75bn), but only for 'forecast error' and 'cash management'*.[51]*)*

Cross-party commission to develop social insurance model:
While increasing income tax will allow the policy recommendations set out in the Feeley report to start being implemented as soon as possible, there needs to be a more sustainable long-term system for funding social care in Scotland. Increasing income tax maintains the current pay-as-you-go model of funding social care, whereby today's taxation pays today's expenditures. But that is not sustainable in the long term.

We have an aging population and as a result there are likely to be increasing demands made on social care, alongside a proportionately smaller workforce from which to generate revenue. It is not fair to future generations that increasing costs are left fully on their shoulders.

A new model for paying for social care needs to be developed, spreading and sharing risk across the widest group of people, and be easily understood by the public. This could be in the way of a salary sacrifice scheme, similar to childcare vouchers, or another method.

[49] https://www.gov.scot/publications/government-expenditure-revenue-scotland-2020-21/
[50] https://fraserofallander.org/taxing-times-how-much-revenue-could-be-raised-from-different-income-tax-options/
[51] https://fraserofallander.org/fiscal-stimulus-plus-a-note-about-borrowing-powers/

Asking people to pay more money, in whatever form, will always be unpopular with some parts of the electorate and there is a danger that difficult decisions around funding become a political football, particularly at election time. Local government elections will be held in 2022 and the next general election will be held by 2024. Potentially there could also be another independence referendum. Therefore, we need politicians from across parties invested in, and contributing towards, developing the best model for Scotland.

…BUT IS ADDITIONAL RESOURCE ENOUGH?

The purpose of this paper was to consider the challenge of how to pay for social care in Scotland in the face of an aging population. The paper has tried to set out a short term temporary solution, in terms of an adding an additional 1p to all rates of income tax, as well as a longer-term vision of a social insurance model developed on a cross-party basis. However, there is a question as to whether this will be enough - indeed will there ever be enough resource to meet demand? Are there ways we could do things differently?

Former NHS Chief Executive Paul Gray wrote for Reform Scotland's blog[52] outlining the need for reform and a greater emphasis on prevention:

"*A sustained emphasis on wellbeing and a real, properly funded and resourced long-term commitment to prevention would go a long way to alleviating the rising tide of pressure on health and care services.*"

Currently, and particularly when resources are stretched, priority is given to dealing with problems as and when they arise. However, shifting to more preventative models of care, where a greater emphasis is placed on working in partnership with those seeking care, listening to their needs and developing person-centred individualised plans could actually help reduce demand in the long run, for example through reductions in visits to A&E. The following are three international examples of such models.

- **Buurtzorg model from the Netherlands**

  Buurtzorg is a homecare organisation established 13 years ago in the Netherlands and built around a nurse-led model of holistic care.

  It was founded by Jos de Blok and a small team of nurses who felt that recent Dutch reforms had undermined their relationship with patients. They set up what they believed was a more patient-centred way of working which could help reduce the number of hours required if the focus was on helping patients with self-support and independence.[53]

[52] A Critical Moment For Health and Care - Paul Gray - Reform Scotland
[53] Our History - Buurtzorg International

Nurses provide all the health, social and personal care patients need, organising their own work and using their own judgement, focused on achieving good outcomes based on their relationship with the patient. There is a flat management structure with nurses working in 'non-hierarchical self-managed' teams, using handheld technology to assist in their work.[54]

The model aims to simplify and reduce the number of different people patients interact with, providing a more joined-up approach. It also aims to create more person-centred, and not organisation-centred, care focusing on outcomes not processes and helping enable nurses to be strong advocates for the people they work with and provide support and care to.[55]

There are now over 10,000 nurses and assistants in 850 self-managed teams in towns and villages across the Netherlands and the model is also used in 24 countries.[56]

In 2017 a group of health and local government organisations in West Suffolk looked into adopting a version of the Buurtzorg model. The King's Fund[57] has been working with the project to try and learn about the experiences. The organisation noted the following lessons:

- What seemed most powerful and inspiring to staff and patients in the early days of the West Suffolk test-and-learn was nursing team members having the time to really listen to patients/clients, and the resources and a mandate to act on what they learnt to provide that person with tailored support
- More infrastructure development could be done in advance by management teams without losing too much of the spirit of the model.
- Care normally relies heavily on hierarchy, moving away from that requires developing ways of working and nurturing trust among colleagues.
- It was critical throughout that people speak to each other continually about which responsibilities sit with which role.
- Leaders need to take seriously the extent of the space and time (at least 5-10 years) required to cultivate genuinely new ways of working and to appreciate that the benefits of such innovations may show up in a range of ways not captured by emergency admission rates.

- **Esther model in Jonkoping county council, Sweden**

Esther was a real elderly person who became unwell with serious heart failure and was admitted to hospital in Sweden. There were delays in diagnosis, treatment and care planning and she had to tell her story many times over to many different care givers over a long period. Her experience was not good and the health and social

[54] Jos de Block, KPMG, 'Engaged people deliver value' 17.12.14, Engaged people deliver value - KPMG Global (home.kpmg)
[55] The Alliance, "Report on the Buurtzorg Model of Health and Social Care", 2016 Buurtzog-Report.pdf (alliance-scotland.org.uk)
[56] Our History - Buurtzorg International
[57] Maybin. J, "Going Dutch in West Suffolk", King's Fund, 2019, Going Dutch in West Suffolk: learning from the Buurtzorg model of care | The King's Fund (kingsfund.org.uk)

care staff involved in her care recognised that there was a different way of doing things that would lead to better outcomes, higher quality care and efficiency. [58]

Elderly patients with complex care needs often require care from a range of specialists, as well as stays in hospital and subsequent recuperation, so Jönköping County Council adopted the 'Esther model' focused on improving the experiences of elderly patients and the coordination of the delivery of care. [59]

Building around fictional 'Esthers', clinical staff mapped a range of care pathways which would best meet needs, looking at cross-organisation communication, problem solving and staff training. The central idea was that care should be guided by the following questions:[60]

- What does Esther need?
- What does she want?
- What is important to her when she is not well?
- What does she need when she leaves the hospital?
- Which providers must cooperate to meet Esther's needs?

And ultimately:

- What is best for Esther?

Jönköping also established its own centre for learning and improvement known as Qulturum. This centre delivers education and training in quality improvement to the county council's staff.[61]

Two key features seem to dominate thinking behind the Esther model – better integration and communication across service providers and ensuring that the patient's perspective is included. Measures developed to achieve these goals include:[62]

- A steering committee of the community care chiefs from municipalities, hospitals, and primary care centres.
- Four "Esther cafés" each year. These are cross-organizational, multi-professional meetings for sharing and learning from the experiences of specific patients who were hospitalized in the past year and have continued on to home care or other services.
- Interorganizational training workshops.
- An annual "strategy day" where nurses and other staff, physicians, managers as well as 'Esthers' themselves come together to team-build and generate priorities and ideas for addressing problems in care.

[58] The-Esther-Model.pdf (kent.gov.uk)
[59] Ham. C, 'Reforming the NHS from within', King's Fund, 2014, Reforming the NHS from within: beyond hierarchy, inspection and markets (kingsfund.org.uk)
[60] Gray.B, Winbald.U & Sarnak D, 'Sweden's Esther Model', Commonwealth Fund, 2016, Sweden's Esther Model: Improving Care for Elderly Patients with Complex Needs | Commonwealth Fund
[61] Ham. C, 'Reforming the NHS from within', King's Fund, 2014, Reforming the NHS from within: beyond hierarchy, inspection and markets (kingsfund.org.uk)
[62] Gray.B, Winbald.U & Sarnak D, 'Sweden's Esther Model', Commonwealth Fund, 2016, Sweden's Esther Model: Improving Care for Elderly Patients with Complex Needs | Commonwealth Fund

Jönköping operates a 'Passion for Life' programme aimed at improving older people's health in general. This is based around 'life cafes' where people can come together and discuss aspects of their health and well being.[63]

Beyond elderly care, Jönköping County Council also uses population-level data to understand the needs of different population groups. Using indicators such as obesity, alcohol consumption and social deprivation, the council monitors health outcomes and works in partnership with its municipalities to try to improve outcomes.[64]

- **Nuka model from Alaska**

Nuka is the health care system which provides medical, dental, behavioural and health care support to 65,000 Alaska Native American people.

In 1997, the Alaskan Congress passed a law that allowed Alaska Native people to obtain ownership and management of all Alaska Native health care services. That same year, the non-profit Southcentral Foundation took over primary care and other services located at the Anchorage Native Primary Care Centre.[65]

On taking over, Southcentral Foundation established the Nuka System of Care which was designed and driven by the goals and values of the Alaska Native people it services, aiming to empower and build on the culture of the Native Alaska community. The organisation realised that when providers build strong relationships with patients (which the organisation calls "customer-owners"), it helps providers better understand the health issues they are facing, and gives them the opportunity to work in partnership with the individual to make healthier choices in their lives. Relationships are deemed to be at the core of the service, as opposed to tests and procedures.[66]

There is also integration between providers, with teams covering nurses, case management support, medical assistants, and others such as nutritionists and pharmacists when needed. Alaska Native healing is also offered alongside other health and care services.[67]

Southcentral Foundation has claimed that the reforms resulted in improved health outcomes with emergency department visits decreasing by 36 percent between 2000 and 2015 and hospital admissions also decreasing by 36 percent during the same period. 96 percent of patients say that they have input into their care decisions, and 94 percent say that their culture and traditions are respected.[68]

[63] Jönköping County Council, Sweden | The King's Fund (kingsfund.org.uk)
[64] Jönköping County Council, Sweden | The King's Fund (kingsfund.org.uk)
[65] Smithson. R, 'Innovation in Alaska', King's Fund, 2014 Innovation in Alaska: 'walking with' communities to achieve change | The King's Fund (kingsfund.org.uk)
[66] Our Story - Southcentral Foundation Nuka System of Care (scfnuka.com)
[67] Nuka System of Care, Alaska | The King's Fund (kingsfund.org.uk)
[68] SCFNuka.com White-Papers_MSD.pdf (scfnuka.com)

The three models share an emphasis on listening to, and working with, the patient to deliver better integrated care provision, achieve good outcomes and, where possible, prevent issues escalating in the first place. That isn't to say that one specific model in its entirely is right for Scotland, but the models, along with greater use of technology, offer examples of how to do things differently, how the patient can be more at the heart of care, and perhaps provide lessons that could be learned for the long-term sustainability of care provision in Scotland.