Dear Cabinet Secretary for Health and Sport,

SOCIAL AND COMMUNITY CARE WORKFORCE

The Scottish Government’s National Clinical Strategy notes it is better for people to be supported to stay in their own homes to be cared for as long as possible and as independently as possible. It also makes clear the overall vision is for “increasing person centred, integrated care in the community”. The Health and Sport Committee agreed to carry out a short, focussed inquiry into the social and community care workforce which would look at how the caring workforce are involved in meeting this vision and whether there is the capacity to see it achieved.

We issued a survey on the social and community care workforce to all Integration Authorities and received responses from all.

On 13 September we held an informal breakfast meeting with 26 frontline workers to hear about their experiences on the ground of social and community care. We were struck by how committed these workers were to providing the best possible care even under some difficult conditions.

This session then helped inform the session held later on 13 September with care providers, Unison and regulators and then the session with you on 27 September.

The Committee has requested I write to you to highlight some of the main issues raised with them and to seek the Scottish Government’s response to our initial findings and specific questions.
Valued role

**Voices from the Front Line** a report by Scottish Care explored recruitment and retention of social care support workers. In the report workers talk about the motivators for doing the job such as knowing you are making a difference, the flexibility of the role and the diversity in every day. When we spoke with front line workers we heard similar responses. One carer noted they did their job because they “like helping people” and another because “it’s challenging but satisfying”.

We also heard of carers concerns about the role. One of the most common, and in our view most significant, being the lack of value placed on the role. Many were embarrassed to tell people, including friends, what they did for a living and felt that carers in general were unfairly portrayed in the media.

Another area around being valued was parity of esteem. Many spoke of being part of a multi-disciplinary team but not having their concerns or observations listened to even though they have the most contact with a person and are more likely to identify changes, needs and concerns.

Can you advise how the Scottish Government intends to promote caring as a valued career and to improve the public perception of caring roles?

With a vision to move towards more multi-disciplinary teams what can the Scottish Government do to ensure that parity of esteem is given to care workers and ensure a mechanism exists so their views are taken on board equally alongside other team members?

**Commissioning of Services**

We heard concerns around the commissioning and procurement of services. CCPS advised one of the main issues was the use of framework contracts. Under this approach the provider is unaware of the number of clients or amount of care they will be asked to provide. This works against effective workforce planning.

Can you indicate how such contracts can be designed to be more responsive to client needs?

Carers also spoke of the time it took to re-assess a care plan and additional time to be allocated for those with increasing needs. They advised this could take up to 6 weeks with authorities responding slowly to changes in circumstances some persons face. For example we were told it took 6 weeks to re-assess a person to provide an additional 15 minute visit. It is clear social and community care staff (who see those in need on a daily basis) are in a prime position to advise what care requirements people need.

Can you advise what action could be taken to make the re-assessment process more responsive to needs?

Both Unison and Scottish Care drew attention to the need for “collective bargaining” and the inclusion of a national sectoral framework for care. We heard the fair work
convention had recommended that there should be more sectoral collective bargaining in Scotland, a position accepted by the Scottish Government.

Can you provide details on the Scottish Government’s plans for sectoral collective bargaining and any plans to bring forward a national sectoral framework for care?

**Living Wage**

The Scottish Government, as part of the 2016 Budget, agreed to roll out the Scottish Living Wage (SLW) (currently £8.25 per hour) to social care workers providing care to adults. Everyone we have heard from agreed with the roll-out of SLW believing it to be an important step in improving the terms and conditions of care workers. However, we have heard some concerns about the delivery of SLW and negative impacts it may have on some providers and staff.

Providers and regulators were concerned that they had not been involved in the introduction of SLW which removed any opportunity for partnership working with the Scottish Government. It removed them from the decision making process, meaning they were not involved in discussions around the amount of resource that would be allocated or the setting of implementation dates.

The Committee also heard about wider concerns:

- monies allocated do not account for differentials or on-costs for employers such as NI or pensions contributions;
- assumptions that providers would be able to find a contribution to make to the initiative is of particular concern to small and medium sized employers;
- providers struggling to arrive at appropriate funding agreements – due in part to monies being allocated through local authorities and IJBs; and
- hidden unfairness of percentage uplifts

Scottish Care and the Coalition of Care and Support Providers in Scotland recently provided the Committee with updates to the SLW negotiations and ongoing issues.

We find it concerning that negotiations were still ongoing just prior to the implementation date for the SLW. We appreciate some further information was provided at the Committee meeting on 25 October, however issues still remain.

Can you provide an update on the position on delivery of the living wage as the deadline of 1 October has now passed?

Can you advise what discussions have taken place on whether the living wage will be funded beyond this year and if so, how it will be funded?

We think it important to recognise that not all social care staff will receive the SLW. Those working as personal assistants are not subject to the living wage agreement as well as those working in adult day-care or with children.

Can you confirm your position on the roll out of SLW to all care workers, and any, timescale for such a move?
You advised us that the decision on whether sleep-overs would be paid at SLW was still being discussed and we would be grateful to receive an update on the outcome, failing this details on when discussions will conclude.

We recognise the Scottish Living Wage is just one of many terms and conditions that apply to social and community care staff. Whilst the introduction of the SLW is a welcome boost to caring staff, other terms and conditions require to be looked at if a career in caring is to become more appealing for new and current staff. Through all the evidence we received it is clear that terms and conditions vary hugely across providers although we accept as Scottish Care stated “employers in social care do not establish themselves to be poor employers.”

Other Terms and Conditions

Travel time/ costs

During our informal breakfast meeting we heard from staff employed by local authorities, private and third-sector providers. They all differed on whether payment was received for time spent travelling between jobs and the rates of mileage for such travel.

Everyone agreed those employed by local authority had better terms and conditions relating to travel time as they were generally salaried. Some in the private sector noted they were paid as little as £0.15 per mile for car journeys between clients, insufficient to cover petrol costs. Those in the private and third-sector generally did not get paid for travelling time between clients.

One care worker explained they worked a 14 hour day but only got paid for 8 of those hours. As the carer explained “why would people continue to do that when they can go do a 12 hour shift at Asda and get paid for the full 12 hours”. We also heard of people who were on-call for emergency calls – for people that have fallen and need urgent assistance - on top of their homecare role. At times they could have a backlog of three emergency calls waiting their response. Another carer, whilst on emergency call cover, had to drive over an hour to deal with an emergency case, which is not only an excessive distance but also a wholly unsatisfactory response to an emergency.

Some staff advised they received a better hourly rate of pay but did not get paid for travel time or mileage costs. Those working in rural and remote areas were even further disadvantaged given the greater distances between clients.

Scottish Borders Integration Joint Board advised us on 3 October they pay all care staff for travel time and mileage costs. They also advised they include contract specifications detailing what is and is not acceptable for external care providers which ensures they also pay the living wage, travel time and mileage costs.

We recognise that these issues are primarily matters for the local authority but what role can the Scottish Government have in ensuring all local authorities are meeting travel time and mileage costs (including through externally contracted services)?
**Contract of employment**

Unison stated that national statistics suggest that less than 10% of the sector’s workforce is on zero-hours contracts but this grossly underestimates the reality on the ground. Whilst we understand zero-hours contracts can be useful for some, for others they can cause uncertainty. We heard about the use of these contracts particularly within the home care sector.

Some on zero-hours contracts noted they do not receive sick pay and as such were reluctant to take any time off work even when unwell. As well as being unhealthy for the member of staff, this creates a risk of cross-infection to clients, many of whom would be frail and vulnerable.

Many staff seem to be on what was referred to as “nominal-hour contracts” with a 10-hour or 15-hour contract but regularly working 20 to 25 hours. It was suggested those who wish to work full-time hours would almost certainly have to work split-shifts. Sometimes split-shifts were beneficial, if they had a big “split” in-between. We heard this allowed some to carry out other jobs between shifts. However, others only had a couple of hour’s in-between preventing them from doing anything productive.

**Training & Development**

The care workers we heard from had experienced differing levels of training and development. Induction training varied from half a day to three days and some noted they had to carry out additional training in their own time. Unison stated that “they are told to undertake refresher training, on-going training or continuous professional development on their day off, which is not how it should happen”. One worker spoke of being sent to homes with little or no training, not even knowing what a catheter was. It is clearly imperative for staff to be trained correctly before they carry out their role and it seems anomalous for job related training not to be provided during paid work time.

Some staff spoke of good training opportunities with the opportunity of working towards an SVQ. Although data shows a steady decline in registration and certification for the SVQ in health and social care this was explained as being due to most now having the qualification. The Scottish Social Services Council’s (SSSC) anticipate numbers will increase again when the requirement for care at home staff to register comes into force in 2017.

We heard there were few career pathways within social and community care. Some could work towards being a supervisor or manager and others were aware of the possibility of working towards becoming a nurse. Some valued opportunities that were available while others we met indicated they did not wish to become a manager as that would mean working in an office rather than being out helping people. One carer advised “if I wanted to be a nurse I would. I want to be a carer”. Scottish Care noted the impact on the pay differential between those carers qualifying for SLW and those in supervisory/managerial roles who did not receive any increase. The wage increase that would normally come with a promotion was now eroded and no longer guaranteed which could discourage some staff from looking to progress.
We heard concerns around the use of agency staff, with a belief they were not trained to the same level as contracted staff and also complaints around continuity of care. Continuity of care is important in all cases, particularly so for the elderly or those with dementia for whom this may be their only form of daily human interaction. Agency staff are also expensive, we heard of one provider paying £800 per night for agency nursing cover. Whilst agency staff can be helpful during transitional periods or for holiday or emergency relief it is concerning to hear of their frequent use in the sector.

We believe all those working in the caring sector should have access to good and consistent training and development opportunities. It is also important people value the role of a carer and not assume it is somehow inferior to nursing. Both have similar objectives – to look after and support those in need. However it is also important a career path exists and vital to encourage new recruits into the sector whilst retaining staff.

You spoke of the Scottish Government working with NHS Education for Scotland to develop coherent pathways through care and health.

Can you advise when and how you expect this work to be delivered and rolled out?

We recognise the importance of the introduction of the Scottish Living Wage to the social care workforce but believe there is a lot more work that needs to be done on other terms and conditions to make this an attractive career people will want to enter. Whilst we understand providers are currently free to determine their own terms and conditions more work must be done to ensure greater standardisation.

We also note the plethora of different providers in the sector and the potential challenges this could bring to workforce planning, different training and career progression approaches and staff terms and conditions. However, it can also have benefits and mean provision can be tailored to local service needs such as shown in remote and rural areas like NHS Western Isles.

The social and community care workforce are hardworking and dedicated and continue to do an often thankless job because they actually care for the people they look after. As the Scottish Government’s vision cannot be delivered without a committed workforce it is essential all care workers are covered by fair terms and conditions.

Can you advise what plans the Scottish Government has to require or encourage that all contracts ensure care professionals are covered by fair terms and conditions?

**Who Cares for Carers?**

Those working in the caring sector carry out a vital role ensuring that people who require it are given appropriate care and shown compassion. We heard from frontline workers who told us their job “destroys mental wellbeing”, caused “anxiety” and for one had resulted directly in them needing surgery.
Some staff had no access to a support network while others had good supervision that allowed them to discuss issues they face on a daily basis. Many carers spoke of being told it was part of the job or to just get on with it. Scottish Care advised of a front-line worker project they have run for the past two years which begins to look at the emotional, personal and physical wellbeing of home care and care home staff.

It is critical for staff to have good management and supervisory support and it is the responsibility of employers to ensure this is happening.

Can you advise if the Scottish Government has plans to introduce guidance on standards of support that should be available to all social and community care staff?

**Workforce planning and Brexit**

Good workforce planning is a fundamental of any well run business.

We note with interest the reported levels of staff required to meet social and health care requirements in the future. We received a suggestion there will be a future need for 60,000 care workers to meet increasing demand. Indications are this future demand will not be met as not enough young people are willing to take on roles in the sector.

This workforce concern is compounded by uncertainty surrounding Brexit. We sought to obtain figures on the current numbers of social and community care workforce originally from elsewhere in the European Union (EU nationals). It appears such information is not recorded. The only estimate we have is that there are 6000 Unison members in Scotland who are EU nationals, in the health and social care sector. The vast majority work in the private nursing sector and Scottish Care indicated that in the past 18 months 55% of their new recruits are EU nationals.

We are concerned about the lack of data on numbers of EU nationals working in the health and social care sector, and agree this needs to be rectified as soon as possible. We were advised the Scottish Government were seeking to have an additional question entered into a SSSC staff survey to help collate numbers of staff who are EU nationals. It was also suggested a piece of more urgent work could also be undertaken and you would write to the Committee with an update.

Can you advise the expected timescale for this work?

We are also concerned about the Brexit effect on future workforce planning and the impact on the vision of a shift from hospital to community care.

Can you advise what steps the Scottish Government are taking to ensure that EU nationals currently working in Scotland will be able to remain and that providers can continue to recruit and retain staff from overseas?

**Self-directed support**

Self-directed support (SDS) allows people to choose how their support is provided, and give them as much control as they want of their individual budget. The providers we spoke to felt that SDS provided opportunities to change the way support is
delivered with consequential service redesign. However we understand SDS is under-utilised, particularly by older-people.

Can you advise the steps the Scottish Government is taking to encourage the uptake of SDS by older people and how this can enhance equity of access to services?

Overall we recognise social care workforce issues are complicated and multifaceted, but getting it right goes to the heart of meeting the vision of more community-based care and thus person-centred care. We also recognise the many partners involved in tackling this shift and the necessity for joined up partnership working. We anticipate we will return to this subject in the coming period.

We would be grateful if you could reply to the Committee by 6 December.

Kind regards,

Neil Findlay

Convener to the Health and Sport Committee