Mr Neil Findlay MSP
Convener
Health and Sport Committee

By Email.

1 December 2016

Dear Neil,

Thank you for your invitation to speak to the Committee on 27th September as a contribution to your Inquiry into the social and community care workforce. Thank you also for your letter of 26 October which highlights issues raised with the Committee during the course of the Inquiry and requests a response to your initial findings.

I am grateful for the Committee’s work in this important area. I am pleased that the Committee recognises the importance of this workforce to the well-being of many people in Scotland and the key role it plays in our communities. I appreciate the work you did to collect evidence from the Integration Authorities, from frontline workers and from other key stakeholders and I know that officials in the appropriate policy teams are aware of this evidence and are considering it as appropriate.

I welcome the opportunity to set out in my response our thinking and approaches on the specific questions you have raised in your letter.

**Workforce capacity required for increasing person centred, integrated care in the community**

Our population is living longer and increasingly with multiple health conditions and care needs, which increases demand over time for health and care services. These services need to be sustainable for the future and that means looking at the demands placed on them as well as how services respond. To do that, requires us to engage with people directly on the (re)design of the services they use. We need to ensure that services deliver the right care to people at every stage, from before birth through early years and childhood to the end of life. We are committed to taking action on all these fronts and we committed in our manifesto to shifting the balance of funding to primary, community, social care and mental health in each year of the Parliament.
As you know we are on a journey of transformation of our social care and health services in Scotland though delivery of a range of policies including, integration, self-directed support, improvement in general practice and wider primary care (as outlined in my letter to you of 22nd September), improved support for carers and approaches which are focussed on early intervention, collaborative working and use of improvement methodologies. We are absolutely clear that none of these can be delivered without the full engagement and contribution of a valued and skilled workforce – across all the multi-disciplinary roles and professions in our social care and health services. At the heart of all our transformation is a broader, more integrated, more highly skilled, supported and engaged workforce.

With the move to integration of health and social care, additional resource has been provided to strengthen social care provision and meet workforce challenges. The new Health and Social Care Partnerships (Integration Joint Boards) are positioned to drive change in this and other areas:

- They are in this financial year managing more than £8 billion of resources that NHS boards and councils previously managed separately, with an additional £250 million transfer from the NHS to health and social care partnerships announced in the 2016/17 budget.
- We are also providing more than £500 million additional funding over three years (2015/16 to 2017/18) directly to Partnerships to support new ways of working.

**Valued role**

1. *How does the Scottish Government intend to promote caring as a valued career and to improve the public perception of caring roles?*

Your letter highlights both the concerns expressed by care workers and the many facets of their work that provide motivation for them. I have emphasised the value that Scottish Government place on this workforce on many occasions, most recently in my speech at the Scottish Care National Care Home Conference on the 18th November.

A very specific example of this, as you note elsewhere in your letter, is that we are making significant investment in improving wages for those working in adult social care. We are providing resources to enable local authorities to commission care services that pay their care workers the Living Wage of £8.25 per hour in 2016/17. This will give up to 40,000 of the people doing some of the most valuable work in Scotland a pay rise. Living Wage pay rates are set by the Living Wage Foundation and new rates are announced in November each year (a new rate of £8.45 was announced on 31/10/16). The Foundation advises that employers should implement the rise as soon as possible and within 6 months with all employees receiving the new rate by 1st May the following year. On this basis we have agreed with local authorities that the 2016/17 funding will enable the Living Wage of £8.25 p/hr to be paid to adult care workers this year. Future iterations will be considered in the upcoming spending review.
But we know that pay is only one of the aspects which are important in ensuring that people want to work in social care and that they feel that they and their work is valued. We also provide support to our public body, the Scottish Social Services Council, to deliver our policies on upskilling and developing this workforce – primarily through rolling out registration of the workforce linked to workers being supported by their employer to achieve relevant qualifications. The SSSC also provide a range of resources to promote recruitment into the sector including the development of foundation modern apprenticeships, work to enhance career pathways and improved resources for those providing careers advice. One example of SSSC work is the network of Ambassadors for Careers in Care. Supporting Ambassadors in Care can help organisations to improve public awareness of their service and encourage recruitment of new staff by promoting care work as a rewarding career.

The Code of Practice for Employers issued by the SSSC (revised version launched by the Minister for Childcare and Early Years on 1st November 2016) is a key driver to ensure that employers value their workers and properly support their development. The Care Inspectorate has a role in ensuring that employers adhere to this Code.

Improving the public perception of this area of work is one of four action strands that is being delivered through Social Services in Scotland, a shared vision and strategy 2015-2020. In the closing remarks of your letter you highlight the complexity and multi-faceted nature of social care workforce issues; the many partners involved in service delivery in this sector; and the need for joined up working to tackle these issues. A crucial aspect of the Vision and Strategy is that it is a strategy developed by the sector, for the sector and Scottish Government are one of a number of key partners on the Social Work Services Strategic Forum who are working together to help address some of the issues you raise in your letter. Work being delivered in this area includes research that has been commissioned on public understanding of the sector, with a view to informing the future actions to be pursued through the Strategy.

The Forum is focussed on the whole of the Social Services workforce and we are also working with COSLA, care providers and other partners though the Delivering Change in Adult Social Care Partners Group to deliver a major programme of reform to adult social care. This will consider the commissioning of residential care and the role of new models of care and support in home care. This will enable progress towards our aim to end “time and task” based care and shift to care that focuses on outcomes, valuing the role of the workforce in supporting improved outcomes for the people they support.
2. 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?

This is an area which requires action and commitment at a range of levels and across a number of fronts – from professional leaders working together on Integration Joint Boards to encouraging and supporting joint learning opportunities for frontline practitioners.

We recognise that multi-disciplinary teams will play an important role in the Integration of Health and Social Care across Scotland. The Scottish Government has put a duty on Health and Social Care Partnerships to develop workforce and organisational development plans which suit their local circumstance and needs. Through these plans we expect to see a culture of mutual trust and respect develop as partnerships, multi-disciplinary teams and individual workers settle in to their new working relationships and the landscape matures. In our legislative approaches for Integration we have also ensured that both social work and health professional leads are positioned to provide advice to IJBs. We will be further developing our approaches on this as we work with partners to develop a National Workforce Plan.

Bodies which we fund, for example NHS Education for Scotland and the Scottish Social Services Council are supported to deliver work which supports multi-disciplinary working and to work collaboratively with other organisations supporting workforce development. We also support practitioner events, such as those delivered by the Office of the Chief Social Work Adviser and the Strengthening the Links events delivered by the the Health Workforce team to bring people together in multi-disciplinary groups to share experience and build their knowledge and understanding of each others expertise and contribution.

Commissioning of services

3. With regard to commissioning and procurement of services and the use of framework contracts; ‘can you indicate how such contracts can be redesigned to be more responsive to client needs?’

We are clear that the procurement of care and support services should achieve positive outcomes for people who use services, and also their carers, through the delivery of good quality, flexible and responsive services which meet individuals’ needs. With integrated arrangements now in place across Scotland, Integration Authorities are well-placed to position their commissioning of social care within an overall framework spanning health and social care services, and to give direction to Local Authorities to procure services appropriately in that context.
It is for public bodies to determine how best to establish contracts for care and support services which meet the needs of the users of the service, while taking into account other relevant market factors. To assist public bodies, the Scottish Government published in March 2016 statutory and best practice guidance on the Procurement of Care and Support Services which was developed in partnership with a cross-sector of stakeholders.
http://www.gov.scot/Topics/Government/Procurement/policy/SocialCareProcurement

The Public Contracts (Scotland) Regulations 2015, which came into effect on 18 April 2016, introduced a light-touch regime for care and support service contracts, which helps ensure that procurement processes focus on the quality of services and the needs of the users. It incorporates advice for contracting authorities on the following:

- procurement strategies and annual procurement reports;
- sustainable procurement duty;
- community benefit requirements;
- selection of tenderers and award of contracts; and
- procurement for health or social care services.

The Statutory Guidance on the Selection of Tenderers and Award of Contracts - Addressing Fair Work Practices, including the Living Wage, in Procurement - published in October 2015, is another piece of relevant guidance. This will support improved procurement of health or social care services and enable contracts to be more responsive to the needs of people using services.

4. With regard to the time taken for re-assessment of care plans; 'can you advise what action could be taken to make the re-assessment process more responsive to needs?'

During any assessment or review of an individual's needs, the local authority must consider the principles of the Social Care (Self-directed Support) (Scotland) Act 2013; collaboration, informed choice and involvement. Where appropriate, the authority must also provide information about organisations and individuals who can provide independent advocacy services, i.e. services that can advocate on the person's behalf in relation to the assessment and the selection of the various options provided under the 2013 Act.

The Practitioner Guidance issued in support of the SDS legislation is very clear on this issue, it states: "The Act is clear in relation to individual's participation in their assessment. This is more than 'consultation'. Whilst assessment is currently a legal duty for local authorities, this duty involves enabling people to co-produce their assessment if they so wish. This also extends to NHS partners involved in the assessment or who are contributors to the assessment and plan".

This guidance is available at:

St Andrew's House, Regent Road, Edinburgh  EH1 3DG
www.gov.scot
5. 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?

In regard to a national sectoral framework for care, since 2006 there has been a National Care Home Contract in place, which defines the terms of local authority placements into private or voluntary sector care homes with the fee structure of local authority placements negotiated annually between COSLA, Scottish Care and CCPS. Whilst the existing NCHC has delivered a welcome degree of consistency and stability at a local level there is widespread agreement that in light of the changes facing the sector the contract needs to be updated. A process of reform of the contract is underway which seeks to maintain a national framework whilst allowing for greater local priority setting and decision making.

Alongside this, the Scottish Government, in collaboration with Social Work Scotland, COSLA, CCPS, Macmillan, Scottish Care and Technology Enabled Care, has initiated a project to consider the future of care at home. It will produce an evidenced based, informed plan to address the challenges facing the sector through recommendations to provide transformational change. The project will consider:

- models of care and support – new and innovative provision
- workforce – the makeup and training requirements of the workforce that would deliver the new models
- procurement and commissioning – the barriers and opportunities available.

Terms and conditions are primarily matters for employers within the context of procurement legislation and guidance as set out elsewhere in this letter. We have yet to receive a request from trade unions calling for collective bargaining for the sector, which is also primarily a matter for employers.

As your letter notes the Fair Work Convention Framework, published by the Fair Work Convention in 2016, recognises that supportive practices for “Effective Voice” for workers include trade union recognition and collective bargaining. As the work outlined above is taken forward and the Fair Work Convention develops its programme of work there will be opportunities to consider how approaches to “effective voice” in this sector could be strengthened.

Our Programme for Government reinforces our commitment of up to £500,000 to support the Fair Work Convention to embed their Framework in workplaces across Scotland. The PFG also commits £250,000 for a Trade Union Modernisation Fund to mitigate the negative impacts of the UKG Trade Union Act and to support Trade Unions to help embed the Fair Work Framework in workplaces across Scotland.
Living Wage

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

Implementing the Living Wage for care workers supporting adults from 1st of October has always been an ambitious commitment and by working closely with a range of partners we are making this a reality.

Revised terms for the National Care Home Contract were agreed in April meaning the Living Wage has been paid to care workers in care homes for older people from October. The position has been more complex in care at home and housing support settings where there is no national contract and this has been a significant undertaking for partnerships and providers - contracts need to be varied, and in some instances re-tendered which is a complex exercise.

Despite these challenges, most areas have now agreed a settlement with the majority of their providers and we expect the remaining areas to reach this position in the near future. We recognise that there will be a transitional period between partnerships and providers agreeing arrangements and providers being able to change employment contracts for this to be paid. In those instances staff will receive backdated increases within a reasonable timeframe.

A Living Wage in Care National Partners Group, consisting of Scottish Government, local authorities (through COSLA), providers (through their respective membership groups CCPS and Scottish Care) and care workers (through UNISON), was established to provide collective oversight to the local delivery of the Living Wage commitment. Throughout the summer we have been working with these stakeholders to share intelligence on progress made and provide support, where appropriate. As part of this support, we developed guidance on the practical and technical issues around implementation to assist the successful delivery of this shared priority.

7. 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 are aware that the on-going delivery of the Living Wage commitment has implications for future budgets and this will be considered in our future spending review negotiations with COSLA.
8. Can you confirm your position on the roll out of the SLW to all care workers, and any timescale for such a move?

The Scottish Government encourages all employers to pay the Living Wage through a range of measures including support for the Scottish Living Wage Accreditation Scheme and events such as the recent Living Wage week. In this specific sector, in agreeing the Living Wage element of the budget settlement we have focussed on support for care workers directly supporting vulnerable adults in care homes and care at home/housing support settings. This recognises the need to tackle problems of recruitment and retention in order to improve the quality of care in the context of demographic pressures. We encourage local partners and providers to expand on this initiative to include other groups of workers where this is regarded as affordable and sustainable and meets local priorities.

Through our current consultation, A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland, we are seeking views as to how payment of the Living Wage and wider Fair Work practices can be encouraged across the Early Learning and Childcare sector. The consultation runs until 9th January 2017.

8a In regard to the decision on whether sleep-overs would be paid at SLW - we would be grateful to receive an update on the outcome, failing this details on when discussions will conclude.

On 27th September 2016 Geoff Huggins, Director of Health and Social Care Integration, wrote to all Health and Social Care Partnerships clarifying that our expectation is that sleepover hours must be paid at a rate that is compliant with HMRC requirements.

This is a transitional position and our ambition remains that beyond this we will move to a position where all hours, including sleepover hours, are paid at the rate of the Living Wage, however we recognised that it may take time for partnerships and providers to adjust to this including through service redesign, where appropriate. This is an area that will be subject to further consideration for 2017-18.

In offering flexibility our central concern was to maintain continuity of care for vulnerable people.
Other Terms and Conditions

9. With regard to whether payment is received by staff for time spent travelling between jobs and the rates of mileage for such travel, and variation in such payments between employers; 'We recognize 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).

The Scottish Government has been clear that the £250m investment in social care made in 2016/17 is as part of a package to encourage fair work practices, including the Living Wage. Local authorities are able to take into account fair work practices in awarding contracts for social care, including consideration of travel time and mileage costs to staff. Previous comments on Procurement guidance and Fair Work are also of relevance here.

Training and Development

10. With regard to work being done by Scottish Government working with NHS Education Scotland to develop coherent career pathways through care and health; ‘Can you advise when and how you expect this work to be delivered and rolled out?’

NHS Education for Scotland has been undertaking work to support the learning and development of the Clinical Healthcare Support Worker (HCSW) workforce by developing websites, educational resources and delivering workshops and masterclasses. NES is also currently working with a variety of NHS Boards and stakeholders including the Scottish Social Services Council (SSSC) to consider relevant career pathways for Clinical Healthcare Support Workers (HCSW). NES will be supporting one NHS Board with the development of their community HCSW staff and this is likely to involve social care as well. This work is currently under development.

The Scottish Government also works in partnership with NHS Boards, Councils, GP Practices, Care Homes and the Open University to provide both the opportunity and funding support for Healthcare Support Workers to undertake an HNC in healthcare practice. Upon successful completion the healthcare student can enter years 2 and 3 of a pre-registration nursing programme. The Open University delivers a pre-registration nursing programme which is tailored to the needs of remote and rural areas of Scotland, however, they have also been commissioned to take forward a Care Home pilot where students from care homes have access to the same pre-registration courses.
We have provided £610,000 funding in 2015-16 and 2016-17 to support a NES-led Care Home Education Facilitators (CHEFs) programme to enhance the care home setting as a positive learning environment for student nurses and staff; and maximise the contribution that care homes make to the development of the future nursing workforce across sectors. The national network of 21 (14wte) care home education facilitators provides practice education support for care home managers and mentors (registered nurses who support student nurses on practice placement) to enhance the quality of the care home learning environment. Working closely with health, education and care home partners, the key functions of the role are to:

- Enhance the contribution that care homes make to the development of the future nursing workforce by positively influencing the student nurse experience of learning.
- Assist mentors and care home managers to meet the Nursing and Midwifery Council mentorship and pre-registration nursing education requirements; identify and develop new practice learning environments; and facilitate the development of both new and experienced mentors.
- Support health and social care integration through enhancing collaborative cross-sector working between care homes, NHS Boards, and education providers.
- Enhance the quality of the care home learning environment by supporting the education and development needs of staff to effectively support students.
- Provide encouragement to newly qualified nurses within this setting and support their engagement with Flying Start NHS®.
- Contribute to the development of the care home as a learning environment which promotes a values-based, person-centred approach to care and learning through signposting resources linked to national clinical priorities and professional regulation.

In addition to this work, we support the Scottish Social Services Council through funds for workforce development activity to deliver a range of work to develop clearer career pathways in the social and community care sector, including work with NES and with Skills Development Scotland on Foundation Modern Apprenticeships. This enables young people to begin studying and work experience at school and then move into colleges. The SSSC have also done innovative work with Open Badges for employers to use to recognise and reward learning and training, including informal learning. We also provide a resource of £70k each to Scottish Care and CCPS to enable them to support their employers on work to strengthen workforce development activities and engagement.
11. With regard to fair terms and conditions across the social and community care workforce; ‘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?’

Statutory Guidance Addressing Fair Work Practices, including the Living Wage, in Procurement (launched 6 Oct 2015) requires public bodies from 1 Nov 2015, to consider, how they can address fair work practices as part of a procurement exercise along with other relevant criteria. Fair work practices will be particularly relevant where the quality of the service being delivered is directly affected by the quality of the workforce engaged in the contract.

The wellbeing of the workforce

12. With regard to support provided to social and community care workers in dealing with issues they face regularly in their work; ‘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?’

The Scottish Social Services Council, as required by the Regulation of Care (Scotland) Act 2001, publishes Codes of Practice setting out national standards of practice and behaviour for both social service workers and employers. Revised Codes of Practice were published by the SSSC at the beginning of November. These take account of the changing landscape of service delivery, as well as the skills and support needs of social service staff. The Codes set out the standards required from employers regarding the culture and systems that need to be in place to support social services workers. These include effective management and supervision of social service workers to promote best practice and good conduct and systems that allow social service workers to report difficulties which might have a negative effect on the delivery of care. The Codes also set out the requirement for employers to work with social services workers and relevant authorities to tackle such problems. The Care Inspectorate takes account of the Codes of Practice in their inspection and regulation of social services.

The SSSC also provides a range of guidance and tools which set out what people working in social care and wider social services need to be able to do in their jobs and what their employer needs to do to support them.

The current consultation on revised National Care Standards which closes on 22 January 2017, also highlights the importance of this area in standard 3. “I am confident in the people who support and care for me.” As the new standards are finalised and work taken forward to implement them, relevant partners will consider what additional guidance might be required to ensure that this standard is a reality for everyone who uses services.
Workforce planning and Brexit

13. With regard to the lack of data on numbers of EU nationals working in the health and social care sector and approaches for improving knowledge on this in the short and longer term; ‘Can you advise the expected timescale for this work?’

As I emphasised to the Committee, Scotland’s health and social care sectors benefit enormously from the contribution of staff from across the EU. We greatly value our non-UK EU citizens and their contribution to our society; we will be working to see that their rights and place in our nation are protected. We have estimates from the Annual Population Survey (2015, Office for National Statistics), that indicate that EU 27 nationals make up 4.5% of the Scottish workforce in employment across sectors, and account for 3.0% of the workforce in the Health and Social Care Sector.

As the Annual Population Survey is based on a survey of sample households and on self-reported industry sector of employment, there is some margin of error in these estimates. We are therefore working with the Scottish Social Services Council and the Care Inspectorate, as the collectors and providers of workforce data for the social services sector, and with employer representative bodies, to identify possible approaches to improving our understanding of the numbers of non-UK EU citizens working in social services in Scotland. We anticipate this may include changes to the regular annual collection of data, which could first be introduced for the collection of 2017 data (for publication with the other annual data from 2018 onwards). We are also looking at the options for a potential exercise to collect current data that could report in early 2017.

14. 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?

As we have outlined in a series of recent Parliamentary debates on this topic, we are absolutely clear that EU nationals who have made Scotland their home make an outstanding contribution to our country and culture. They are making a real contribution to our economy and to our public services, and are valued. We will continue to press the UK Government to provide the clear right to remain in Scotland that our hardworking EU citizens deserve.
Self-directed Support

15. With regard to the Committee’s understanding that 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?

The Scottish Government enacted the Social Care (Self-directed Support) (Scotland) Act 2013 with the purpose of helping to ensure that everyone in Scotland who requires social care support has more flexibility, choice and control over the support that they receive. This shift towards anticipatory care and prevention will help ensure a reduced escalation of need for older people and that relevant support is available when required.

The Scottish Government has invested £58.8M in transition to this new approach between 2011 and 2017, which includes funding to a number of organisations to provide support, information and advocacy to individuals looking to access Self-directed Support, their families and carers. A number of these have a specific focus on Self-directed Support for older people, including Scottish Care, Arc Scotland and Disabled Peoples Housing Service.

The Scottish Government have funded Scottish Care £100,000 over two years for the Getting it right for Older People project to better understand how to support older individuals in accessing Self-directed Support, achieving personal outcomes and fully exercising their rights. Amongst other achievements, this project has arranged to film an SDS and older people awareness-raising film to encourage others to access SDS. Scottish Care have been funded an additional £59,000 over three years to deliver the My Day, My Way Project, which brings together local authorities and providers to embed self-directed support values in day service delivery, develop innovative models around day opportunities for older people, and create a resource based on the work to support creative use of self-directed support budgets in day opportunities.

In addition, the Residential Care Pilot is delivered in collaboration with Moray & East Renfrewshire councils. The project is carrying out small scale tests to understand how direct payments can be used to promote choice and control within residential care settings. Under the current legislation, direct payments are not available for people in residential care.

We have agreed, together with COSLA, a programme of work which is looking at delivering change in the adult social care sector, beginning with work to reform the National Care Home Contract, Self-directed Support, and looking at workforce issues and new models of care and support in Home Care. The project to reform the National Care Home contract will look to maintain the continuity, stability and sustainability of residential care provision while embedding greater local flexibility, maximising efficiency, improving quality, enhancing personalisation and promoting innovation. This will further help to improve the accessibility of SDS to older people.
Conclusion

As you note in your letter, the landscape for the social and community care workforce is complex and we all recognise that we must work across all partners and stakeholders to ensure that we have enough people with the right skills to support the needs of people with a variety of needs and in a range of settings. We are clear that we need to strengthen national and local workforce planning in care and health services and are currently developing our thinking on approaches to a National Workforce Plan which will be developed and implemented in partnership in the coming months and years.

Ensuring that Scotland has in place a valued and robust social and community care workforce is of significant shared interest across all parties in the Scottish Parliament, the Scottish Government, a wide set of delivery partners and most importantly the many people, families and communities in Scotland who are supported by this workforce. There is also a broad recognition of the need for strengthening this workforce and transformation in how services are delivered. I hope that the responses set out in my letter are helpful in informing your further considerations.

I look forward to working with your Committee and all of our partners on this important area.

Best wishes,

SHONA ROBISON