

Follow-up to attendance at HSCS Committee, 15 November 2022 Response from Tracey Dalling, Regional Secretary, UNISON Scotland

Workforce pressures and demographics

- **How could meaningful co-design and consultation with the social care workforce be ensured throughout the development of the National Care Service?**

The Effective Voice workstream of the Scottish Government's Fair Work in Social Care Group has developed a "standard" for effective voice in social care workplaces.¹ Helpfully this draft standard embeds trade union recognition and engagement as a form of employment relations that is encouraged in the sector. Building on our existing structure of members and elected representatives, we expect a National Care Service to build joint or partnership arrangements of similar standing and quality to those in other public services. In addition to local forum for workplace issues, we expect Scotland to acquire joint arrangements to address pay and employment conditions through collective bargaining.

However, there are additional weaknesses in social care beyond low pay and poor working conditions that require joint action. For example, there are systemic inequalities that can only be effectively addressed in partnership. There are no clear career pathways in social care, and a strong partnership approach to skills has the potential to identify and sector skill needs, agree accessible learning options for workers, and then mentor workers through career pathways that transform the skills profile of the sector and enhance care quality. Such career and workforce development would, of course, be linked to grading and pay. Such a move would address both dimensions of the care crisis – retaining more staff to grow care capacity and enhancing care quality through a joint approach to skills development.

One of the reasons behind our strong opposition to the dismantling of local government care services is the fact that all these arrangements for joint working on pay, conditions and skills development are already well developed in local government. Forcibly removing care workers from established employment relations and career development systems can only impede Fair Work and accelerate the staffing crisis.

- **Are you involved in any co-design work?**

The established use of co-design relates to the engagement of service users and staff in local services in dialogue over specific care services that are tailored to individual need. The National Care Service "programme" invites stakeholders to high level dialogue about the architecture of the National Care Service. At best, it is a creative use of the phrase "codesign" for a fairly standard dialogue more commonly known as consultation or community engagement.

The trade unions are involved in a wide range of consultation or engagement processes. Although they are welcome it would be inaccurate to describe them as co-design

Transfer of functions and staff

- **What factors should be considered to ensure that the social care workforce is suitably supported and informed during the transition process?**

¹ <https://unison-scotland.org/wp-content/uploads/Care-Futures-4-Effective-Voice.pdf>

If Government adheres to the Section 1 principles, and only acts when it consistent with Section 1 principles, the only staff transfers under consideration should be the rescue of workers facing low pay and unfair work in profiteering private care companies. Given that promotion of Fair Work is a guiding principle of NCS, and all employers should be exemplars of Fair Work, local authority services should be retained as the foundation of future are services. Councils have better working conditions and lower staff turnover than other providers. It can only degrade Fair Work and fuel the staffing crisis to transfer staff our of council employment. There is ample evidence from previous outsourcing that there are no adequate legal or other measures that will prevent the adverse effects of outsourcing.

Funding, finance and profit

- **What are the potential benefits and risks of transitioning from local authority level responsibility for social care funding to centralised budgeting?**

In our view the benefits of centralisation for service users and communities have not been evidenced, whereas the unintended financial consequences and risks inherent in the new centralised arrangements are clear and particularly the risks for staff. We know from previous centralisation exercises, notably Police Scotland, that heavy costs can result which the complexities and level of risks involved are underestimated, particularly when cost savings are a driver. Regarding the NCS bill, a lack of due diligence is apparent in relation to:

- The VAT status of the NCS and potential considerable additional costs to the public;
- The pension implications for staff transferred and on the LGP schemes.
- The removal of social services staff from local government collective bargaining and costs involved in terms of harmonising the pay, terms and conditions of social work staff into a single national scheme.
- The creation of an integrated national IT system;

The removal from the local government block grant of a sum equivalent to one third of their revenue spending and the potential transfer of up to 75,000 staff carries significant risks for local authorities and the communities they serve.

- The reallocation of budget to the NCS will have implications for council tax and may put at risk the sustainability of other local services.
- Centralisation is likely to destabilise some core common services within councils including finance, transport and HR functions.
- Councils allocate spending to social work and care based on local priorities, diverting resources from other service areas, from council tax income and from their reserves to achieve this. As a result per capita spending varies across Scotland. Unless very careful consideration is given to this the process of disaggregating budgets will inevitably result in some communities suffering a loss of service provision.
- The level of integration between social care/work and other council services is not well understood: in practice a range of council functions are involved in meeting the council's statutory duties and responsibilities particularly for preventative help – for example by education services, housing and homelessness and culture and leisure. Removing both the duties and the funds from councils will undermine the sustainability of these supports for vulnerable groups.
- The centralisation of services including the national commissioning of some types of social work services for specific complex and specialist needs could result in top down planning that puts at risk long established specialist in-house local authority services.

Finally, centralisation fundamentally alters the status of local authorities as service providers. In the centralised model envisaged by the bill, councils will simply be one type of contractor in a market. However once their statutory duties are removed, councils could decide not to continue to employ social work or care staff to provide services. In any case, the bill allows councils to be excluded from contracts, which can be reserved for qualifying non-profit organisations. A key risk inherent in centralisation could be the loss of long-established provision in local areas.

- **Do the Bill and supporting documents create sufficient provision for improving funding in social care?**

No, they do not. It is not clear (a) that the government knows how much funding is required to meet current and future levels of need while improving the quality and consistency of provision (b) that it is factoring this into its longer-term financial plans for the NCS. The view we expressed in our evidence to your committee, is now shared by the Parliament's Finance and Public Administration Committee in its scrutiny report on the Financial Memorandum.²

It is impossible to separate the bill from the financial context: it was introduced in the same month as a Spending Review announcing cuts to public spending (now even greater in real terms due to rising inflation) and the loss of 30,000 public sector jobs. The Financial Memorandum is clear that the setting up of the NCS does not guarantee any greater level of investment in services in the future as: "these are policy decision to be made or sustained under the new framework, not necessary consequences of the Bill provision." The care that is actually provided through the NCS will depend on secondary legislation, future government policy and budget decisions.³

Integration has largely been hindered by partner agencies fighting over scarce resources within an underfunded system. The underfunding of social work identified by Audit Scotland explains the rationing of social work and social care resources through tighter criteria and higher thresholds leaving thousands without the support they need.⁴ It says underfunding is the key reason for the focus on cost rather than quality within social care commissioning.⁵⁶ However the Financial Memorandum does not make any attempt to assess the current and projected scale of unmet need for social care or social work services. The only assessment of needs and financial costings produced in the FM is for the specific right to short breaks for carers to be introduced by the Bill. There is no evidence of a comprehensive needs assessment having been conducted or commissioned. The FM also does not assess the extent to which councils currently prioritise, enhance and protect social care and social work services for their communities through the redirection of their resources.

- **What scope is there for the National Care Service to be delivered as a public service, similar to the NHS, given the very different nature of the social care sector compared to health? What challenges might be faced with such an approach and how might these be overcome?**

The bill itself provides no scope for the NCS to be delivered as a public service on the same basis as the NHS:

² FPAC (2022) [Report on the Financial Memorandum of the National Care Service \(Scotland\) Bill](#). SP Paper 272.

³ NCS Bill Financial Memorandum, p4

⁴ Audit Scotland (2016) [Social Work in Scotland](#)

⁵ [Audit Scotland \(2022\) Social Care Briefing](#). p.11.

⁶⁶ Audit Scotland (2016) [Social Work in Scotland](#).

- The bill will terminate what remains of direct public provision of social care by introducing a commissioning model with a purchaser provider split and by transforming local authorities into contractors.
- The bill will deliver an NCS which retains profit from care, despite the well evidenced association between poor care quality and private ownership.

The “nature” of the social care sector today, and the crisis within it, is the legacy of 30 years of marketisation. Public policies in support of a market in care have resulted in a fragmented system of care provision marked by degraded and devalued employment conditions with the outcome being poor quality experiences of work and care for service users and for workers, including major problems of unmet need and a staffing recruitment and retention crisis.

The scope that exists for care to be delivered as a public service, similar to the NHS, was made clear to all of us during the public health emergency when the Scottish Government stepped in to create and fund a national standard for sick pay for social care workers, recognising that employment standards are not just a public health matter, but a matter of life or death for care users during a pandemic. We witnessed not just the scope but the necessity for care to be delivered as a public service when failing private equity backed care homes were taken into public control – again as a public health matter. These precedents show the way forward. There should be a coherent strategy which builds upon these, because delivering care as a public service (and ending the disastrous market experiment) is what is needed to achieve the government’s aim of improving the quality and consistency of care.

A publicly delivered not for profit NCS requires nationally agreed standards, employment conditions and resourcing. It should be delivered locally by councils and not for profit organisations working in partnership to meet locally identified need. We have scoped out what requires to be done in previous publications.⁷ The principles of community wealth building should be applied to the provision of social care, to ensure public spending is retained in the community for public benefit, that there is security of provision for communities and high-quality jobs for local people.

Some of the key elements of a strategy for achieving this are already in place but require a much greater pace of implementation. The current workforce crisis is an emergency for thousands of people who are unable to receive the care they need. Immediate action was taken to resolve crises during the public health emergency; we have a social care emergency now which demands the same type of response to push the pace of systemic change. It is known and understood that driving up social care standards is contingent upon having a stable, respected and valued workforce. We must get on and do what’s needed to create one. That is not contingent upon the costly top-down structural reform proposed in the bill – it can and should happen without it.

Training and research

- **What qualities are required in a good social care worker? Do you feel that current qualification and training requirements reflect and develop those qualities?**

The current system is wholly inadequate. There is no sector wide identification of sector skill needs. No process to discuss and agree the provision of learning and skills opportunities. There is no link between skills acquisition and grading or pay. As a consequence there are no consistent and reliable career pathways in care and that omission makes care an unattractive career option, undermines recruitment and retention and degrades care quality.

⁷ UNISON (2020) [A vision for social care](#).

- **Does the Bill as introduced include sufficient provision for appropriate, consistent training opportunities for social care staff?**

No. None of our aspirations for learning and skills acquisition are adequately addressed

- **How could the Bill's commitment to social care research be realised in practice? What benefits and challenges might be presented when engaging the social care workforce in research?**

No comment