

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? Are you involved in any co-design work?

Co design has already started and there are a bewildering array of groups and individuals engaged in this process some involving workers and some not. To date it is estimated there could be as many as 30+ groups. The unions are not necessarily invited to all these and we have discovered that some service user groups have the involvement of employers but we haven't been invited. The feedback we have had from members on groups are that they feel their voice is not heard and it is not clear where the outputs from the group land and how the consultation feedback is tracked. At a recent event held in Perth our reps felt very frustrated that they engaged with the facilitator of the group and detailed their issues yet when they returned from lunch the written down feedback said that they (the facilitators) heard the workforce should be valued. This was frustrating because the input was so much more than that regarding how the workers felt and their pay and conditions. So there needs to be mapping, tracking and listing of who is involved and from what company and outputs need to be very clear rather than bland statements which frustrate an already frustrated workforce.

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?

The prospect for the 75,000 local authority workers who will not have secure employment going forward is making them very frustrated and angry. They are particularly concerned about what happens with their pensions, job security and pay and terms and conditions. Local authority workers are currently part of COSLA where their pay and terms and conditions are negotiated with unions. They could potentially be tipped to private companies and their terms and conditions eroded over time. We know from recent research the STUC commissioned report Profiting from Care: (<https://stuc.org.uk/files/Reports/Profiting-from-Care-Report.pdf>) that over the last ten years workers in the private sector earned on average £1.60 per hour less than public sector workers (third sector organisations and local authority). The private sector has extracted billion of pounds in profit from the sector over decades while not delivering on care. The STUC report found that nearly 25% of care homes run by big providers had at least one complaint upheld against them in 2019/20, compared to 16% in the rest of the private sector and 6% in homes not run for profit. There must be no place for profiteering in social care.

We believe that the move to a centralised function will be detrimental to our members and believe that the local authority is best placed to deliver on its statutory duties in delivering social care and that workers should continue with the job security and collective bargaining structures they are used to. The job is not well paid and to add in a further element of job insecurity and the prospect of zero hours contracts which is common in the private sector is

not conducive to creating a workforce of the future and will do little to address the haemorrhage of workers from the social care sector. We believe that the bill should be paused in its current form and a rethink must take place. Co-design should have taken place before the framework bill came to parliament and it is becoming increasingly clear that there are far too many unanswered questions on the set up of care boards; on the fate of local authority workers; on sectoral bargaining arrangements and the amount of investment to fulfil this mammoth task.

Unite is also looking for clarity and detail around the impact on NHS staff with the removal of IJBs and what will happen to staff who work for the HSCP under NHS. This is creating a great deal of uncertainty and anxiety among the workforce.

We also have grave concerns about the secondary legislation proposal for mental health services which we believe removes democratic accountability and the requirement for proper consultation.

We believe that a National Care Service is necessary but that it should be publicly funded, publicly run and free at the point of use.

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

Local authorities are underfunded in terms of social care. Edinburgh integrated joint board currently has a significant funding deficit and has 750 people with unmet care needs representing thousands of hours of unmet need. Delayed discharge rates are at their highest ever simply because care at home packages or care places have not been provided. The chronic staffing shortage does not help.

We have seen from the reports of Audit Scotland and the finance committee recommendations following the evidence sessions that the estimates allocated to set up the National Care Service are not reflective of the reality of the situation and are significantly under costed. Audit Scotland has stated that "*a number of costs associated with the measures... have yet to be assessed*" and that "*the potential for additional cost is significant*". They also produced a recent estimate which states that a figure nearer to £1.3bn is required as a minimum for the work to be done. The process of co-design means that the financial commitments required are not yet costed that is why we are asking for a pause on the bill and a rethink.

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

Unite has concerns about training opportunities within a NCS that while providing training is specified within the Bill the practicalities in a work situation may make delivering training more difficult. The Bill should therefore be specific about allowing paid time off to receive training.

This is highlighted as there is presently inconsistencies across the local authority, health, private health and not for profit sectors within social care. Unite conducted research within in the Not for Profit sector and found that the recruitment and retention crisis in the social care sector is undermining opportunities for regular training and retraining options in practice with less than half of the respondents (47.7%) reporting that they received regular training.

Some of the concerns were that training was often cancelled at the last minute. This was especially evident where there were staff shortages. New staff are often left on their own with little supervision and often don't receive a proper induction.

Currently social care workers are identified if they are unable to fulfil other roles and are guided/pushed into this role. This suggests that this is a meaningless role that 'anyone' can do. It could not be further from the truth and it is vital that these roles are promoted through training and proper pay to attract workers with the correct ability into the role rather than the current 'anyone will do' approach.

In-person training is also becoming rare with e-learning modules and multiple choice questions now taking over. However given the social aspect of care in-person training is vital with tick-box training not of a similar quality or status.

Key areas of social care such as risk assessments and administering medication are also being conducted without proper training. This is alarming. Workers should not be called upon to carry out important procedures or practices without the proper training. It is therefore vital that all social care workers should have access to training and have their skills recognised and be covered by a national collective agreement and pay structure. This would ensure the proper training was available and being delivered across the NCS.

Research

Unite supports the provision contained within the Bill on conducting research. Unite would wish to ensure that any research conducted is published and where necessary, implemented or acted upon. The Feeley Report was a review of adult social services. This was basically

research that was carried out looking at services, outcomes and experiences and came with recommendations. However many of the recommendations contained within the Feeley Report have been left on the shelf.