**Care After COVID: Constructing an adult social care service fit for purpose for society in Scotland**

Gregor Gall[[1]](#footnote-1)

**Introduction**

The Coronavirus or COVID-19 pandemic has had tragic consequences for thousands of people in Scotland. It has also exposed the fault lines in many aspects of public life, nowhere more so than social care where the virus has exacted a disproportionately heavy toll on many of the most vulnerable members of society here and elsewhere in Europe. This paper seeks to move on the debate from why there is a need for a new system for social care to considering the actions that need to be taken in order to create a national care service for Scotland. UNISON Scotland published its [Care After Covid: A UNISON Vision for Social Care](https://www.unison-scotland.org/wp-content/uploads/Care-After-Covid.pdf) in late June 2020. This laid out of the case for a national care service for Scotland. Without replicating the whole argument, it is simply worth re-iterating a key paragraph of that report in terms of making the case for a national care service for Scotland:

*The fact that up to 10 May, 57% of Covid deaths were in Scotland’s care homes, also points to the failings of our privatised, fragmented and underfunded social care system. The majority of care homes in Scotland are private for-profit (59%), with the third sector accounting for 27%, and local authority or Health Board provision only 14%. There have been warnings of collapse without greater Government funding. Yet while more money is needed, in itself this will not resolve all the problems, when 15% of income leaks out in the form of profits. Addressing this will require Government intervention and public ownership models. There is also a need for sectoral collective bargaining so that we no longer have situations where care workers are not paid a living wage or adequate sick pay.*

as well as also recalling from that paper that in Northern Ireland health and social care have been fully integrated since the 1970s, and that despite numerous attempts to bring about greater integration between health and social care, the pandemic has highlighted the continued failure of such approaches to bring about a genuinely joined up system.

It is evident from a number of sources – such as Nick Kempe’s reports for the [Common Weal](https://commonweal.scot/policy-library/predictable-crisis) - that support for a national care service for Scotland is growing. And yet, we are some way away from being clear about what a national care service would, should or could be and look like. This paper is an attempt to help fill in some of those gaps in our thinking in terms of stipulating what principles and values a national care service for Scotland should be based upon. It is aimed at the audiences of the Scottish Government, political parties, local government, other unions and third sector organisations, representing care givers and providers (both paid and unpaid), and citizens.

**A National Care Service for Scotland – a Scottish Care Service[[2]](#footnote-2)**

Over a relatively limited period of time, the aspiration is that the vast majority of social care should be delivered through being publicly funded, nationally co-ordinated and delivered on a not-for-profit basis. This would remove some of the differences in service quality between NHS and social care services delivered, and would enable providers to have greater certainty over funding streams so they can plan better for future needs, particularly in terms of workforce. Ultimately, the goal should be to bring social care up to equivalent levels of equity and access as those associated with the NHS/local government. There should be a corresponding aim to bring about greater parity between them in terms of pay and training (where there is a levelling up and not down). This would hold out the future possibility of fully integrating the different parts of the system. It is suggested that there are three stages to realising such an aspiration. These are:

*a) Immediate measures*

In moving towards a publicly funded and not-for-profit delivered care service, there are a number of arrangements recently introduced that should be consolidated and a number of further steps that should be taken to address immediate weaknesses in the system, secure the quality of the care being provided and improve the recruitment, retention and quality of staff. So, to lay the groundwork for moving towards establishing a National Care Service, the following are the immediate actions that should be taken to stabilise the system and bring immediate benefits for those delivering and receiving care:

1. Consolidate the nationally co-ordinated security of supplies of PPE into a system of national provision to ensure continuity of supply, taking full advantage of the economies of scale that can be achieved through procurement contracts where care providers will order and access supplies through national contracts and distribution. This can be extended beyond PPE to include all other essential supplies to providers in all sectors.

2. Building on the work done by the Fair Work In Care Group and the interventions to secure both the Living Wage for all workers in the care sector and the payment of wages to staff when isolating and shielding during the pandemic, establish a timetable for the introduction of a social care sectoral bargaining arrangement that covers wage rates and terms and conditions across the sector. This would start with the consolidation of the Scottish Living Wage across the sector but would develop a timescale for raising levels of pay to the equivalent in health and local government over a period to be agreed, for example, five years.

3. Build upon the current framework and responsibilities for clinical governance across the sector with the Directors of Nursing in each Integrated Joint Board (or Health Board) having responsibility for ensuring that clinical standards are maintained in their area by all providers. These responsibilities should be enhanced with powers to require councils or the NHS to take over care provision where standards are not being met including where staffing levels have not been maintained at safe levels.

4. A national workforce plan for social care is urgently required and should be the responsibility of Ministers working with CoSLA, Health Boards, unions and service providers.[[3]](#footnote-3) This should be based on the principles of Fair Work, and include a strategy to address immediate training issues and professional development as well as issues of the adequate supply of trained personnel. It would build upon the workforce planning strategy and be much more widely encompassing.

*b) Interim steps*

1. A substantial funding boost

There needs to be substantial extra investment in social care. This should be used to begin targeting levels of unmet need and should include dedicated investment in the workforce, as well as funding for councils to begin to rebuild in-house capacity. The aim should be to reframe social care as no longer just a “cost” but an important economic sector, with investment in it helping to rebuild local economies – particularly in the wake of the economic fallout from coronavirus. Additional public funding, however, should only be provided to ensure adequate staffing levels, pay and enhancements to care standards and not for either additional profits for private companies and shareholders or increasing salaries for senior managers in the sector.

2. Improved pay and conditions

Poverty pay must be ended with all workers in adult social care paid an appropriate wage above the current Living Wage Scotland of £9.30 that allows for effective recruitment and retention of staff. But a pay rise on its own is insufficient given the poor practice of many care employers. There needs to be a standardisation of employment procedures within the sector. A standard contract template should be used for all care commissioning contracts, which would give universal weighting to workforce matters, which would include full sick pay, contracted hours (rather than zero-hours contracts), a guarantee of pay for all hours worked (to include items such as travel time and ‘sleep-ins’) and job security through direct employment (contracts) and not casual or agency contracts.[[4]](#footnote-4) This would also include full adherence and compliance with sectoral bargaining outcomes. The template should be produced through partnership working, with a requirement for commissioners to reference it in tenders and for regulators to make this part of provider registration and enforcement.

3. A new focus on training and professionalism

The initial training requirements should be expanded to cover the technical skills required of care workers and should become a necessary pre-requisite for the future employment of all care workers. There should be a new focus on continuing professional development. In anticipation of greater integration between health and social care, place-based care systems should be used to join up recruitment, induction, training and development provision for both health and care staff, including apprenticeships.

4. Workforce strategy

Social care has so far been almost conspicuous by its absence from workforce planning undertaken by the NHS. A comprehensive workforce strategy for social care should be produced which would cover the issues above on pay, conditions, training, development and registration. It should seek to encourage a system in which workers have a greater voice within the workplace in accordance with the Fair Work principles. While Scottish Government has sought an extension of the visa scheme, it would be necessary to add care work to the Westminster Government’s Shortage Occupation List, so that social care is not deprived of the migrant workers who have helped keep the sector afloat in recent years.

5. Ethical commissioning

The procurement and commissioning model is proven not fit for purpose, in the relationships between the Scottish Government, local authorities and Integrated Joint Boards that are involved in the process. Not only is this time-consuming, repetitive, largely dependent upon self-regulation but the duplicated processes and administration leak funding and/or deny potential for ethical care, economy of scale in business support and end up with differing outcomes at the local level. Consistent application of a National Framework (see below) would help address many of these weaknesses. Under this, commissioners should only purchase care from providers that are transparent about their operations, pay their taxes, recognise unions, and can demonstrate compliance with the workforce requirements above. To ensure that providers’ primary aim is to work for people rather than profit, the level of profits or surplus that can be extracted from contracts should be capped. Commissioners should work with regulators to assess the sustainability of providers’ financial models before awarding contracts, and both should have a responsibility to enforce commissioning requirements and maintain standards.

*c) Longer-term considerations*

While the more ambitious elements of this vision cannot be achieved overnight and will not be cheap to deliver, the pandemic has illustrated clearly the undervaluing of this essential service and its rightful place in any caring society. Moreover, there will be obvious benefits of having a quality integrated social care system so that the economy, and crucially the NHS, will be better able to withstand future health crises and would have a long-term positive impact across many aspects of society. And, the cost of a national care service for Scotland would use the funds presently granted to the many private care companies so that a national care service would not be a totally new form of expenditure. That said, there would still be a need for substantial additional investment to deliver meaningful change in social care and this should be funded by collective (societal), rather than individual or personal, means.

At present, the free personal care which exists still excludes some care costs which are charged. A new funding formula for care is, therefore, required. The question then becomes: how can a process be set in train to arrive at the position that our aspiration can be gained?

**Issues for consideration – relationships and structures[[5]](#footnote-5)**

As already alluded to, it seems reasonable to conclude that a new ‘common sense’ has emerged on the need for a national and integrated Scottish Care Service with not only higher standards but also the desire to remove the profit motive from the provisions of a public service. And yet, there are various ways in which this aspiration could be realised from the traditional Morrisonian route of nationalisation controlled by senior civil servants through to a centralised process of commissioning to a variety of decentralised third sector organisations. This section examines some of the issues involved in envisaging an alternative mode of delivery. Consequently, they focus around questions of ‘who’, ‘how’, ‘where’ and ‘why’. So, amongst these questions are which organisation or organisations should deliver the service; how should this be done, whether directly or at arms’ length, which organisation should administer a national framework for ensuring delivery, should the service be located within local government or the NHS or out with both of these and so on. Indeed, should a care service be a new and autonomous body (albeit integrated with other parts of the welfare state)?

It seems sensible to begin from the starting point of recognising there now appears to be a growing political and public consensus in favour of a national framework rather than one of individual service delivery organisation or making the service part of NHS Scotland. This recognises the different models of care. Yet this does not give a particular steer on what particular activities a Scottish National Care Service would undertake directly and what would be its own governance arrangements as well as what specific oversight and regulatory role it may have for any independent, not-for-profit providers.

So, whilst a national framework approach must involve the ending of the current marketisation of social care, it should also be stipulated that the national framework for a Scottish National Care Service should set consistent standards, contracts and charges for services not covered by free personal care as well as a statutory workforce forum, to facilitate sectoral bargaining, to set minimum terms and conditions, organise effective workforce planning and put a new focus on training and professionalism.

On governance, one approach would be to create a new Non-Departmental Public Body (NDPB). Yet this would leave a Scottish National Care Service with a similar democratic deficit to other public bodies like NHS Scotland and such a service would likely to be staffed at this governance level by those from professional backgrounds and those favoured by the ministers which make the appointments, thus, excluding representatives of the workforce. As the Scottish National Care Service will be delivered locally, another approach would be to create a joint board from councils across Scotland. This was a solution UNISON Scotland proposed for the police and fire services, which not only had the added advantage of keeping the VAT exemptions but also allowed for places in the governance structure for salient stakeholders including users and (worker) providers. Another approach would be to task local authorities and health boards through the Integrated Joint Boards to commission and provide, within national frameworks, social care appropriate to the needs of their communities (with representation of these communities within the commissioning process). In considering this particular approach and in the light of the experience of Health and Social Care Partnerships (HSCPs), the danger is that the local government and care aspects become poor relations.

A Scottish National Care Service would also need to address the issue of regulation. The Care Inspectorate’s ‘light touch’ response to rising complaints has highlighted the need for reform - though, in fairness, it has been constrained by the Scottish Government’s own ‘Better Regulation’ code, together with inadequate powers and resources. There would also need to be a review of workforce regulation currently administered by the Scottish Social Services Council (SSSC) and UK professional regulatory bodies. Another regulatory issue to be tackled is to find a means to ensure that both currently privately and publicly employed care workers (including those in charities and the third sector) are covered by sector wide bargaining structures which are complementary if different or the same if not in order to achieve parity of pay and conditions and to do so at a level of levelling up (and not levelling down, leading to undercutting and competition).

If the service is to be delivered locally, this raises the issue of local governance and ownership. As the Accounts Commission noted in its [annual overview](https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_191217_local_government_finance.pdf), the current system of Integrated Joint Boards (IJBs) has struggled to deliver integration or a shift in spending from hospitals to community care. There have been many attempts to improve integration in Scotland since the joint finance arrangements of the 1970s and all have struggled. It may be that this further iteration will eventually deliver, but many will argue that it requires stronger democratic accountability to make difficult decisions, and that means a bigger role for councils. This happens in other parts of Europe, but even here they have not always shifted resources from hospitals to community services.

**Way forward and next steps**

The next steps concern both process and outcomes. Both are, in effect, two sides of the same coin. Consequently, preparatory work should be undertaken to create a high-level summit of stakeholders in order to lay the ground for establishing a multi-partite body to develop detailed policy on what form a Scottish National Care Service should take overall as well as the what functions and roles of particular organisations and bodies should have within it. Amongst the organisations that should be invited to this summit are UNISON and other social care and health unions such as the BMA, GMB and UNITE, representatives of local government like CoSLA and the NHS, professional bodies, service user and carer organisations and voluntary sector providers as well as interested parties like the Fair Work in Care Forum, the Care Inspectorate, and the Socialist Health Association Scotland. The breadth of organisations would enable the challenging issue of identifying a new funding formula to tackled, where there should be discussion on the contrasting merits of establishing a cap on profits for for-profit providers or capping operating surpluses for not-for-profit providers (with associated caps on administrative costs for non-frontline functions). This would act as a stepping stone to an entirely not-for-profit delivered service. In sum, the suggestion here is that the proposals developed by a multi-partite body would not only to (go) beyond merely calling upon the Scottish Government to act as some recent reports have done. Instead, by bringing the stakeholders together to lay out a means to produce a care service where the profit motive is removed from its delivery, the Scottish Government would be presented with a forceful case from so many stakeholders that it would be difficult to ignore. Setting how out how a Scottish Care Service should be organised would remove any Scottish Government latitude for allowing a neo-liberal or ‘business-as-usual’ approach to dominate.

There is some urgency to the undertaking the task of the preparatory work needed to hold the high-level summit. This is because on 1 September 2020, First Minister of Scotland, Nicola Sturgeon announced a review on the adult social care. The review, reporting by January 2021, will seek the views of those with direct experience of adult social care, and make recommendations for immediate improvements. Specifically, it will examine and set out options for the creation of a National Care Service.

The review will be led by Derek Feeley, a former chief of NHS Scotland and worked for the not-for-profit Institute for Healthcare Improvement in the USA. Other members of the review panel will be Caroline Gardner, the former Auditor General, former Labour health minister, Malcolm Chisholm, Anna Dixon, the chief executive of the Centre for Better Ageing, East Lothian councillor, Stuart Currie, Health and Social Care Alliance chief, Ian Welsh, and Göran Henriks, chief executive of Learning and Innovation in Jönköping, Sweden.

The make-up of the review panel highlights not only the absence of any direct or indirect involvement of representatives of the care workforce[[6]](#footnote-6) but also the need to take the aforementioned high-level summit initiative by the unions and others in the sector to come together in order to make sure that the review panel is forcefully made aware of the case for a not-for-profit Scottish National Care Service of the kind outlined in this paper. This kind of not-for-profit Scottish National Care Service to emerge from the high-level summit should also form the basis on an independent report which could outflank the Scottish Government review should it fail to endorse proposals for a not-for-profit Scottish National Care Service. In this, it would be able to cite that the next day after the announcement of the review, in Parliament at First Minister’s Questions, and in response to a question from Richard Leonard, leader of the Scottish Labour Party, Nicola Sturgeon acceded to the demand that the profit motive should not be present in the provision of any National Care Service.

It would seem that the STUC, as the peak organisation for the interested unions, is the best placed body to take the first steps to bring these unions together in order to then undertake the preparatory work to establish the high-level summit.[[7]](#footnote-7)

**Conclusion**

Advocating a Scottish National Care Service is not a new idea. For example, it has been Scottish Labour policy for a number of years, most recently as a 2019 General Election manifesto commitment, and the Socialist Health Association, outlined the idea in its recent [social care consultation paper](http://www.shascotland.org/uploads/3/9/5/5/39556225/sha_social_care_reform.pdf). This contribution hopes to help move the issues along by presenting a means by which the essential issues can be agreed upon by a wide variety of organisations through a process of consultation and dialogue. Out of this a consensus should emerge which can then be presented to the Scottish Government as the best means to address a critical and pressing issue in our society.[[8]](#footnote-8)

**About the Jimmy Reid Foundation**

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1. Gregor Gall is director of the Jimmy Reid Foundation and visiting professor of industrial relations at the University of Leeds. In addition to thanks made to others below, I wish to acknowledge the helpful comments from Mike Danson, Ruth Dukes and Stephen Deans of the Jimmy Reid Foundation project board in revising and redrafting this paper. [↑](#footnote-ref-1)
2. This section of the paper draws heavily from the aforementioned UNISON Scotland report. Its worth is recognised and acknowledged. I am also grateful here and in the rest of the paper for helpful advice from Stephen Smellie, Depute Convenor, UNISON Scotland. [↑](#footnote-ref-2)
3. There is a national (Scottish) workforce plan for social care but presently it has very little substance, focusing mostly on process issues. Rather, it needs to be driven by the national workforce forum if it is to make any manifest progress. [↑](#footnote-ref-3)
4. Additionally, costs like the SSSC registration fee should not be borne by care workers. [↑](#footnote-ref-4)
5. This section draws upon the thinking and writings of Dave Watson, former head of policy and bargaining at UNISON Scotland. Again, their worth is recognised and acknowledged. [↑](#footnote-ref-5)
6. The STUC and others have called for union representation on this review panel. [↑](#footnote-ref-6)
7. See also its 'People's Recovery' report, September 29 2020, <https://www.stuc.org.uk/files/Policy/Research-papers/peoples-draft-6.pdf> [↑](#footnote-ref-7)
8. For broadly similar developments in England – see <https://www.tuc.org.uk/research-analysis/reports/fixing-social-care> [↑](#footnote-ref-8)