

The Future of Social Care – 1 February 2021

In the devolved nations: The Scottish experience



Dave Watson

Secretary

Socialist Health Association Scotland

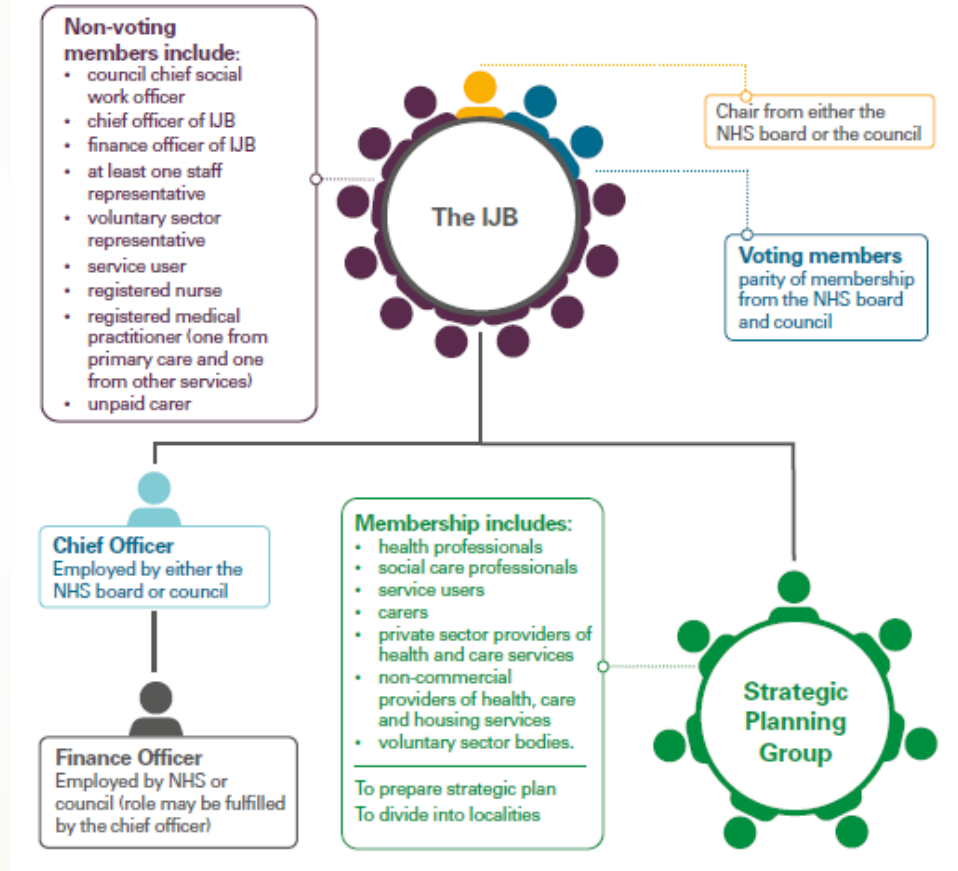
www.shascotland.org



Health and Care Integration

- Many initiatives since 1970s
- Integrated Joint Boards
 - Pooled budgets (£5.8bn NHS, £3.2bn LA)
 - 60% frontline NHS run by IJBs
 - Adult and some children's services
- Over 800k informal carers
- 200,000 paid staff (82% women)
 - Need 20,000 more by 2023/24
 - Registered with SSSC, work towards qual.
 - 40% private, 30% public, 30% vol.
- 74% care homes privately owned

Organisation chart for a typical IJB





Positives

Planning

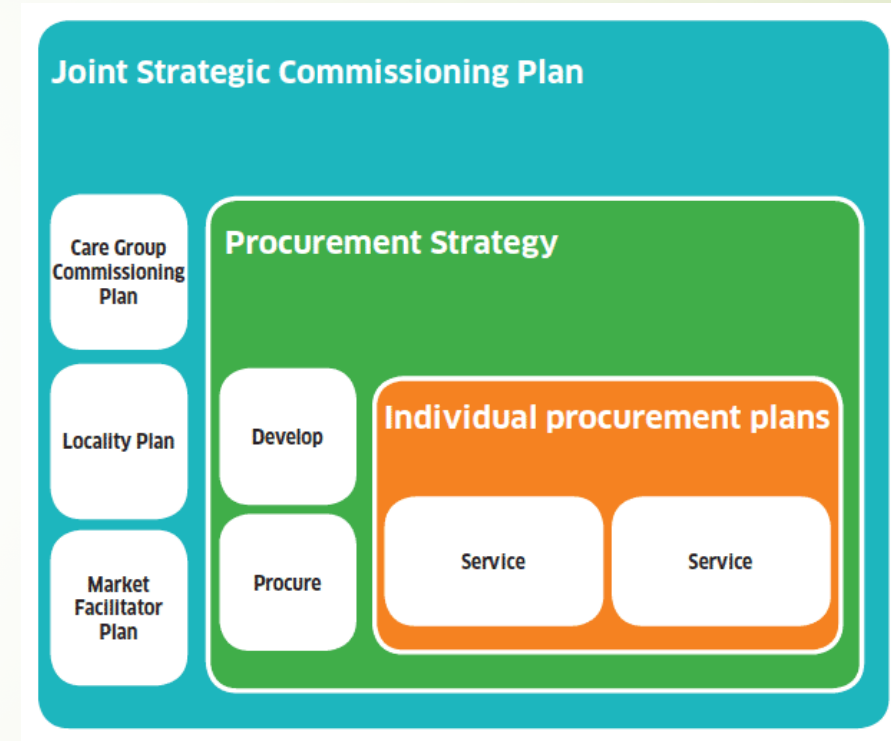
- National and local

Engagement

- Trade unions and voluntary sector

Procurement

- EU procurement rules – limit direct compliance
- Work around:
 - Procurement strategy – evaluation – contract
- Statutory procurement guidance:
 - Fair work – not just Scottish Living Wage
 - Better take up of UNISON Care Charter





Challenges before the pandemic

- Ageing population, chronic conditions, healthy life expectancy
- Budget cuts, staff workload, pay and morale – 25% turnover
- Financial pressure on social work & community sector - £683m gap.
- Fragmentation in social care – 1000+ adult care providers
- Evidence on structural integration outcomes weak
 - Audit Scotland reports – most IJBs needed extra funds to break even
 - Little 'radical' change – no significant shift from acute to community
 - High level of delayed discharge
 - IJB leadership turnover – 40% turnover last year
- Limited progress on workforce planning
- Weighting of Fair Work factors in procurement
- Delay in paying living wage and variable Fair Work progress
 - Fair Work Convention report 2019 – limited progress



Pandemic has highlighted challenges

- First wave – 46% of COVID-19 deaths in care homes
 - 65% care homes had COVID-19 cases (almost double Wales figure)
 - 3061 untested patients discharged to care homes before guidance changed
- Home care packages abandoned or reduced, although now recovering.
 - Age Scotland – 25% increase in excess deaths dementia, diabetes +
- Funding – IJB COVID mobilisation costs £422m – not clear how ScotGov fund
- Poor PPE and staff not routinely tested for 4 months.
 - Only 18% felt safe at work
- Minimal sick pay and agency staff
 - SLW paid, sick pay support fund, death in service payment
- ScotGov commitment to public inquiry



Reform

- 2018 reform programme limited progress – we do process well!
- New review of social care report due
- Labour and trade union campaign for a National Care Service
 - National framework – local delivery (Polling 70% support)
 - End the market, collective bargaining, clinical standards, workforce plan
 - Debate on models of care and local governance
- Reduce fragmentation and tackle tax dodging care firms
- Funding – Barnett consequentials unlikely to be enough
 - No real discussion in Scotland about taxation – NI, Wealth Tax
- Social care in a wider context of stronger communities



Conclusion

- Many attempts to improve health and care integration – mixed evaluation
- Social care in crisis before the pandemic
- Pandemic highlighted this and flagged up additional issues
- Strong case for reform – difficult political decisions

“Capitalism seeks to quantify and extract value, and when such disciplines are applied to the care worker, it is a tragedy. Because what is at stake is the reciprocity of human hearts, the need for comfort, and our innate human capacity to nurture wellbeing and ease suffering.”

(Madeline Bunting: *Labours of Love – The Crisis of Care*)

SHA Scotland - http://www.shascotland.org/uploads/3/9/5/5/39556225/sha_reform_of_social_care_sept20.pdf

Nick Kempe: The Predictable Crisis - <https://commonweal.scot/policy-library/predictable-crisis>