



National Care Service

Introduction

The National Care Service (Scotland) Bill proposes establishing a National Care Service (NCS) by transferring social care responsibility from local authorities to a new national service. Ministers will also be able to transfer healthcare functions from the NHS to the proposed National Care Service.

After extensive criticism from parliamentary committees, trade unions and care organisations, the vote on Stage 1 of the Bill has been postponed until at least June.

At our **STUC fringe meeting on 19 April**, we will ask whether social care reform is being kicked into the long grass or is it a welcome pause for improvements?



**The Jimmy Reid
Foundation**

Fringe meeting, sponsored by UNISON Scotland

The National Care Service
Kicked into the long grass, or a welcome pause for improvements?

Introduced by Lilian Macer, UNISON Scotland Convenor

Speakers:

Nick Kempe, co-author of 'Caring for All' and Convenor of the Care Reform Group,
and
Audrey McCabe, UNISON, Social Care Worker

Wednesday 19 April 12.30pm-2.00pm.
Committee Room, Caird Hall.
Lunch/refreshments provided.

Care providers have expressed concerns that reform may go the same way as in England. The Dilnot report recommended a raft of social care reforms for England in 2011, including a cap on lifetime contributions to care costs. Initial optimism gave way to dithering, and the plans were eventually shelved. The NCS isn't even addressing care charges, while care home charges for self-funders are 70% higher than a decade ago. We also published a joint [paper](#) with SWAN on the NCS in 2021.

¹ N.Kempe, [The Predictable Crisis](#), (Common Weal).

² STUC, [Profiting from care](#): why Scotland can't afford privatised social care.

The case for reform

One in 25 people in Scotland of all ages will require some form of social care. Many more of us will depend on it in future. Scotland's population is projected to age at a faster rate than the UK, although similar to other European countries. The retired population is likely to increase by up to 240,000 in the next 25 years, while the working population will decrease marginally by 7,000.

Scotland has a fragmented service delivery with more than 1,000 providers. Dozens of care homes are owned by companies based in tax havens and controlled by hedge funds. Scotland's care homes had over 2,300 excess deaths during the pandemic. A predictable crisis, as set out in a paper by Nick Kempe¹. The STUC also published a report highlighting the cost of privatised care².

Over 200,000 people work in the social care sector in Scotland. The overall vacancy rate in social care is almost twice the Scottish average. Even the limited workforce planning that has been undertaken recognises that 20,000 extra workers will be required by the end of this financial year³. Almost one-third of unpaid carers have said they did not feel supported to continue caring.

Social care is also underfunded. Total spending in 2020-21 was in the region of £3.8bn. International studies conclude that the demand for health and care will increase faster than the rate of growth in the economy. An IFS study calculated that this will likely require a real-term increase of 3.9% per year. If there is no system change, there will be a net increase of £1.8bn over 15 years. This is a global problem so importing solutions with carers may not be feasible, although learning may.

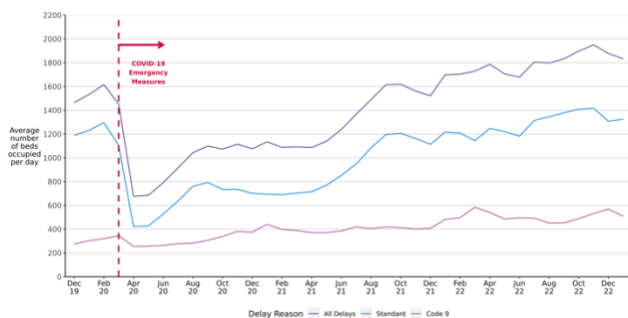
The principle of a National Care Service had widespread support long before it was recommended in the Feeley Report. However, trade unions and others called for a national framework with services designed and delivered locally. Implementing organisational change of this magnitude will take a significant amount of time. In the meantime, we must support the demoralised, tired, and financially stretched frontline staff.

³ For the full context see SHA Scotland, [The reform of Social Care in Scotland](#).

Social care and the NHS.

NHS Scotland 'delayed discharge' statistics illustrate the need to focus on social care. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. In January 2023 (latest data), the average number of beds occupied per day due to delayed discharges was 1,833, more than the total number of beds in our largest hospital.

Delayed Discharge bed use in Scotland from December 2019 to January 2023 by delay reason ¹



There is also a human cost. In January 2023, there were 58,826 days spent in hospitals by people whose discharge was delayed. This is an increase of 8% compared with the number of delayed days in January 2022. No one wants to, or should, stay in a hospital any longer than they need to. The NHS's main problem is the absence of adequately funded social care and primary care.

Criticisms of the Bill

Seven parliamentary committees published responses to the Bill, mainly criticising the absence of detail. These are summarised in a UNISON briefing⁴, and include trenchant criticisms from the Finance Committee saying that the 'legislate first – design later' approach has 'frustrated parliamentary scrutiny'. The Delegated Powers Committee said it does not believe the Bill should progress in its current form.

Audit Scotland has highlighted issues with pensions, VAT changes, changes to capital investment costs and health board transition costs, which could lead to the budget skyrocketing.

Submissions from UNISON, Unite and many other organisations have made similar points in evidence to parliament. A survey of social work staff overwhelmingly opposed social work functions being removed from councils. A point reinforced by COSLA and others. The new FM has indicated that he is willing to overhaul the Bill.

⁴ UNISON Scotland: [Briefing No. 122](#) (March 2023)

⁵ Fair Care for Scotland: [Joint Letter](#) to FM.

⁶ Oxfam Briefing, [A Scotland that cares.](#)

⁷ SWBG [Briefing](#). Transformative social care.

Next Steps

The Fair Care for Scotland coalition includes the STUC, care unions, JRF and others, say this pause should not prevent the Scottish Government from pressing ahead with implementing specific policy commitments which are not dependent on the Bill, such as Fair Work in Social Care⁵.



A coalition of organisations is campaigning for a new National Outcome to fully value and invest in those experiencing care and all those providing it⁶. The Scottish Women's Budget Group has published costed scenarios for reforming care⁷.

Social work staff say what is really needed is investment in staffing and resources, better pay, terms and conditions and enough time to build relationships with the people they support⁸. A Unite survey found more than half of those working in care and support in Scotland run out of money before their next payday⁹. Financial austerity is now the main barrier to integrated working and meeting the needs of individuals and their families. This points to the broader reform context of widening inequalities.

Academic studies point to the contributions of people, communities, processes, and technologies in creating the conditions to enable change¹⁰.

Welcome though pausing the Bill is, it isn't enough. We need to withdraw the Bill and consider the reforms we really need.

Jimmy Reid Foundation

The Jimmy Reid Foundation is a think tank which brings together different voices from across Scotland to make the case for economic, environmental, political and social equity and justice in Scotland and further afield.

<https://reidfoundation.scot>

For further information contact:

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⁸ UNISON Scotland: Social Work [staff survey](#).

⁹ Unite Scotland: Care workforce [survey](#).

¹⁰ IJIC: Health and [Social Care Reform](#) in Scotland.