

CareFutures

Questions for the future of social care in Scotland

Issue 1 September 2021

Who will work for a National Care Service?

Everyone now accepts that Scotland's social care system is broken and change is promised. As the trade union which represents social care staff UNISON will play an important role in shaping that change.

Care Futures is a series of briefings that will provide members and branches with information to help discuss and develop UNISON's approach to the reform of care.

The Scottish Government is consulting on proposals to set up a National Care Service (NCS). The aim is for it to be a comprehensive health and social care service for all ages, from infants to the elderly. Its remit includes not only adult residential and home care services, but adult and children's social work and social care, including; alcohol and drug services, mental health services, community justice services and prison social care; and all community health services including general practice (GPs).

Despite the similar name to the NHS – the proposed NCS would be a very different sort of organisation. The plan is that the NCS will not directly deliver care but commission and procure care. The bodies carrying this out will be built on the existing structure of Integrated Joint Boards (IJB's). IJBs are currently responsible for adult health and social care and can choose to include or exclude children's services. This will change. Instead of variation across Scotland there will be one single model. This means the 'lead agency' model uniquely adopted by Highland Council will have to end.

Renamed Community Health and Social Care Boards, the reformed IJBs will take on new responsibilities, but will not develop any in-house capacity to deliver services. Membership of the new Boards will be similar to IJBs and will include local elected members and health boards as well as representatives of service users, carers and trade unions representing the workforce.

The NCS will not therefore be a mass employer as the NHS is. In the short term at least, the vast bulk of services will be delivered by the people who currently deliver them – working for the organisation that currently employs them.

KEY POINTS

- Unlike the NHS the proposed National Care Service will not directly deliver care and will not be a major employer
- It will commission and procure care from local authorities, health boards, the third sector and private sector.
- This will be done by reformed Integrated Joint Boards, renamed Community Health & Social Care Boards. They will employ their own staff to do this.
- Councils will continue
 to employ social work
 staff but like health
 the statutory duties
 and responsibilities
 for social work and
 social care will sit with
 Scottish Ministers
- UNISON's briefing on the NCS Consultation is <u>here</u>.
- The Scottish Government Consultation paper is here.







Currently IJBs are supported to carry out their functions by staff employed by councils and health boards. The new boards will employ their own. Where the new boards require staff, for example to plan, commission, and procure services, a transfer of staff from existing employers may be needed, along with support staff, to carry that out.

Some specialist services (e.g. prison social care) will be commissioned and procured at a national level. This may also affect some staff who currently carry out these functions in other organisations. Which services these will be is still to be decided.

The Health and Social Care Boards will not have staff to deliver services (this is already the case with the current IJBs). With legal responsibility (and funding) transferred to them (mostly from local government and health

boards) they will have no capacity to deliver in house and will therefore have to commission and procure from third parties. Statutory services which local councils currently deliver in-house like child protection will in future be commissioned (or procured) from councils by Health and Social Care Boards.

In the short term this is unlikely to result in big changes (national regulation of contracts though could bring about positive changes). In the longer term this expansion of areas into the sphere of contracts and procurement might well mean the possibility of work transferring out of the public sector into the voluntary or private sector, or vice versa. The financial context will be critical here. The greatest potential impact here is on social work and social care staff currently employed by local authorities.





Statutory duties & responsibilities for social work & social care transfer from local government

PROPOSED MODEL OF A NATIONAL CARE SERVICE

government CABINET SECRETARY FOR HEALTH AND SOCIAL CARE **FUNDING ACCOUNTABILITY** NATIONAL CARE SERVICE BOARD With a National CEO and staff employed to work on: - strategy, policy, operational framework for service commissioning - NATIONAL COMMISSIONING of complex specialist services (tbc) eg prison social care - legal, finance, commissioning & procurement - monitoring of impact, performance, outcomes - research & intelligence and a NATIONAL SOCIAL WORK AGENCY **FUNDING ACCOUNTABILITY** Each with an individual CEO and directly employed staff: **COMMUNITY HEALTH & SOCIAL CARE BOARDS** Service planning, Legal, IT, ("reformed IJBs") Single Model Finance, commissioning, procurement Will manage GP contracts Contract monitoring. And be responsible for commissioning & procuring: research & intelligence, evaluation (all to be Adult & children's social work services confirmed). Adult residential & home care Children & families social care Community health services incl. mental health services Justice social work, alcohol & drug services (tbc) SERVICES COMMISSIONED OR PROCURED FROM **PROVIDERS** LOCAL **VOLUNTARY HEALTH PRIVATE SECTOR AUTHORITY** SECTOR **BOARD PROVIDERS PROVIDERS PROVIDERS PROVIDERS**

LOCAL COMMUNITIES - RECIPIENTS OF SOCIAL WORK & SOCIAL CARE SERVICES