



This document compares UNISON's vision for a National Care Service with the National Care Service (Scotland) Bill that the Scottish Government has introduced to parliament. UNISON is calling for the Bill to be withdrawn as it is not fit for purpose. UNISON's vision for a national care service is in black and the provisions of the National Care Service Scotland Bill are in red

## **Our Vision for a National Care Service**

**And what the National Care Service (Scotland) Bill proposes.**

UNISON has a longstanding position in favour of a National Care Service (NCS) and remains firmly committed to its establishment. Our vision is of a National Care Service delivering adult community, domiciliary and residential services within a fully integrated system of care, from community based preventative support in the community through to support for complex care needs in people's homes or in residential and nursing care, in full synergy with the NHS and other public services.

## **Principles of a National Care Service**

A National Care Service must mirror the founding principles of the NHS. Our vision of a National Care Service is of:

- 1. A public service free at the point of use coordinated locally** by democratically elected councils. The fundamental provisions of the Bill are the removal of legal responsibilities and functions from councils and health boards. (Section 27, 28) giving them to ministerially appointed quangos - Care Boards (Section 4, Schedule 1 part 5.) councils are not given any coordinating function. The only roles specified for councils are a change in the Local Government Act to allow them to be contractors for services they are no longer responsible for (Schedule 4) and as consultees on strategic plans because they are member Community Planning Partnerships (Section 8)
- 2. A fully funded service** resourced sufficiently to guarantee timely, preventative, rights-based care and universal and equitable access to care services of the highest standard. The Bill doesn't deal with budgeting issues. This is routine. The Financial Memorandum published with the Bill dealing with costings for the scheme was deemed unfit for purpose by the parliament's Finance Committee. The Scottish Government have reneged on a commitment to parliament to publish a new Financial Memorandum before the Bill is voted on.

3. **A not-for-profit** public service with a commitment to both reversing for-profit outsourcing of care and restoring a public service ethos. There will be an end to the market in care, to the contracting out model, and to the competitive tendering of care as a commodity. The Bill if passed retains the market in care – one of the roles of Care Boards will be to ensure the market in care remains “stable and vibrant” (Financial Memorandum para 26) – and will expand the role of markets across other public services (section 27, 28, 31, 41) It will not remove profit from care. The Scottish Government has previously indicated its view that the public sector is not the best provider of services (NCS Bill consultation p53.) Care remains a commodity.
4. **A service that empowers care-users** as partners in decisions about their own care and ensures their voice in improving care systems and services. The Bill speaks of services being designed collaboratively (Section 1d). No mechanisms are proposed for this. Care Boards will have a duty to consult on strategic plans with residents and community planning partners which then will have to be approved by Ministers (Section 8). All the accountability in the Care Board system is up the way to Ministers rather than downwards to service users/communities (Section 4, 16, 17, Schedule 1).
5. **A service that values its workforce**, provides fair work, fulfilling careers and parity of pay, pensions and T&Cs across social care based on local government SJC, NHS Agenda for Change and sectoral collective bargaining. The Bill states that the NCS is to be an exemplar of fair work (Section 1) no other mention is made of Fair Work or detail provided as to how this is accomplished. Other than a commitment that if the Bill is passed staff being transferred out of the Public Sector would be subject to TUPE there is no mention of wages, T's & C's or pensions. The Scottish government has been unable to say whether outsourced staff would be allowed to contribute to Local Govt or NHS pensions and is awaiting advice on this from a private consultant.
6. **A service committed to tackling inequality and discrimination** in all aspects of its functions. The Bill states that the NCS is to “advance equality and non-discrimination” but there are no details proposed as to how.

## **Key Features of a National Care Service**

### **Shifting the balance of power – for care users and care workers**

- Be resourced sufficiently to make rights-based care and the empowerment of care-users realisable in practice. . Bill does not deal with resource issues. Care-users will have access to independent advice, advocacy, and enforcement to make rights in social care a reality. There is no commitment to independent advocacy services in the Bill, they are something that ministers may, or may not, set up after the bill is passed.
- Guarantee an effective voice in the workplace for social care staff through trade union recognition and consultation with workers. There is no mechanism proposed for this in the Bill either for social care staff or for the staff in the NHS, Social Work, children's services etc liable to be outsourced.
- Ensure that local services are planned and designed through a grassroots process of engagement with care-users, informal carers, families and communities, care workers and the NHS. There is a mention of collaborative design (Section 1) – but no mechanisms to ensure it are proposed.

## **Rewarding work, and a valued workforce**

Our vision of a National Care Service will:

- Ensure social care is an attractive, rewarding and fulfilling career choice offering high quality jobs with accredited career pathways linked to pay. There is a reference to the NCS as being an exemplar of "fair work" – but no explanation as to how this will be achieved /enforced.
- Provide parity of pay and conditions across the sector through local government SJC, NHS Agenda for Change and sectoral collective bargaining. Fair work and improved status will be the norm for all care workers. See above. Bill mentions no wage/T's&C's issues other than those being outsourced will receiving TUPE protections – no answers on pensions.
- Have equality as a core objective. In-sourcing The core provision of the Bill is outsourcing. It sets up a procurement and commissioning bodies which will contract and procure services that have been taken out of local government and the NHS (Section 27, 28). There will be no in house services as everyone delivering the social care, social work and community health services will be a contractor to care Boards who won't in normal circumstances deliver services directly. The Bill if passed will alter local government legislation to allow Councils to bid for services they are no longer responsible for (Schedule 4) and levelling up will benefit women as well as black, migrant, and other minority groups of workers currently most prone to exploitation and whose voices are least represented. The single mentions of fair work and advancing equality are not expanded on.

**Delivery by and through local authorities the Bill transfers all responsibilities for services deemed NCS services completely out of councils remit. Local**

authorities will only have a role in any NCS services - which it is intended will include social care, social work, justice social work & children's services should they be successful in winning contracts to do so. Care Boards may if they wish prevent councils or health boards from bidding to provide services (Section 41)

Our vision of a National Care Service will:

- Be based upon nationally agreed standards and inspection Section 3, 6,7 indicate this employment conditions and resourcing see above but co-ordinated locally by councils using directly employed staff staff might be directly employed by councils - but the council will only be a contractor on a time limited contract and the best of the not-for-profit third sector. Local government delivery provides democratic governance and closer integration with social work Scottish Government have made clear that they intends social work services will be an NCS responsibility and the Bill starts this process (section 30), housing, homelessness, other preventative services and local communities. Councils will plan provision based on collective need in their area and ensure decisions are made both as close as possible and accountable to care-users. All responsibility for functions deemed NCS functions are removed from councils - including drawing up plans will become the responsibility of Care Boards in the first instance (Section 7) then subject to Ministerial approval (Section 6). Decisions as to how local or otherwise Care Boards will be, are to be taken by ministers after the Bill is passed. (Section 4)
- Involve the reinvigoration of local democracy. The Bill lessens local democracy - powers and functions, responsibilities come out of councils and go to Care Boards - the members of whom are not accountable only to the Minister who appoints/ removes them rather than local populations (Section 27) The design, organisation and delivery of care services must become more participative of, responsive, and accountable to care-users. The more the market system is replaced, the easier it will be to rebuild a public service ethos within social care and replace the dominant 'care-as-a-commodity' culture. This Bill has as its core provision the reinforcement and expansion of market mechanisms through a huge range of public services (Section 27, 29, 30), a bias against public sector provision (Section 41) and a centralising structure devoid of local accountability (Section 4, 16, 17, Schedule 4)
- Ensure that decisions are based on needs not budgets and informed by those who use and work in services. Rather than being based on the idea of 'needs not budgets' the Bill states as a principle of the NCS that services must be "financially stable" (Section 1) People's needs are complex and decisions about who best delivers services is likely to differ from service to service, and area to area (urban, rural, island); whether that is direct delivery by local authorities, or delivery through a voluntary sector provider (large or small). A co-production approach to service

development with the voluntary sector and service user organisations will replace the market. Collaboration is mentioned but not detailed (Section 1)

- The role of central government in the National Care Service will be to coordinate standards and inspection, regulate as needed to ensure consistency and fairness, ensure effective workforce planning, provide access to efficient procurement mechanisms and to ensure funding commensurate with these principles. All of these functions for Central Government are included in the Bill (Section 6, 7, 10, 23, 24, 25 etc)

**UNISON Scotland believes a National Care Service based on these principles will have the support of care users, social care workers and the wider public. We are ready to discuss our vision with the next First Minister: we need a National Care Service that is truly on a par with the NHS. Nothing less will do.**

Nye Bevan did not set up the NHS with the idea that keeping a market "vibrant and stable will ensure continuity of quality" (NCS Bill Financial Memorandum p4) - which is what the Scottish government are trying to make law. **The Scottish Government should scrap the current Bill and begin a dialogue about creating something that will be - rather than just be called - a National Care Service.**

### **Documents referenced**

[National Care Service \(Scotland\) Bill](#)

[National Care Service \(Scotland\) Bill Financial Memorandum](#)

[Scottish Government NCS consultation document](#)