



**UNISON Scotland response:
National Care Service (Scotland)
Bill (Stage 2) Draft Amendments
September 2024**

Introduction

UNISON is Scotland's largest trade union with more than 150,000 members across the public, private and voluntary sectors. We are the largest trade union in social care, social work and across public services. We are a democratic lay member-led organisation representing front-line workers in all areas of health and social services, all grades of staff, and all roles including social care workers, social work paraprofessionals (family support workers, social work assistants etc), occupational therapists and administrative staff as well as registered social workers. In addition to crucial roles in the management, delivery and practice of social work and social care, our members are involved in the planning, commissioning, procurement, monitoring and regulation of social work and care services. Around 40 UNISON lay representatives serve in IJB governance roles as staff side/trade union representatives.

UNISON has engaged closely with the parliamentary process since the bill's introduction in June 2022. We gave evidence to both the HSC&S and Finance & Administration Committees at Stage 1, participated in the negotiations between Scottish Government and the STUC during 2023, and are part of the Key Stakeholders Group. We participated in the Expert Legislative Advisory Group (ELAG) set up to inform the government's Stage 2 amendments. Alongside the bill process UNISON is closely involved in the work programmes delivering Fair Work in Social Care and the creation of a National Social Work Agency.

This response incorporates findings from surveys of our lay reps serving on IJBs and our social work members. It also draws on the experiences of social care lay representatives closely engaged in discussions around Fair Work and ethical commissioning.

UNISON's position on a National Care Service

- UNISON remains committed to a National Care Service. However not the version of one created by this bill.
- We have published our own alternative vision [for a REAL National Care Service](#) and set out the components of a national strategy for achieving this that is radically different to this bill's provisions.
- UNISON has campaigned for the bill to be withdrawn and for the government to consult again on how to build an NCS that enjoys widespread confidence and support. While we welcome the

abandonment of plans to transfer statutory duties and responsibilities out of local government, along with budgets, staff and assets, we remain concerned about the amended bill's centralisation agenda, its diminution of local government and its undermining of local democracy and local democratic accountability. For these reasons **we do not support the bill as amended by the Government**. We are disappointed that the Government has chosen to pursue a bill based on a flawed premise rather than take the opportunity to rethink.

- In our view the bill as amended:
 - does not address the underlying causes of the prolonged crisis in our social services system which results from a toxic combination of years of chronic underfunding and a deeply fragmented market model of care provision. Both the model and the financial environment need to change. The bill as amended (including its Financial Memorandum) does not address either.
 - addresses neither the extraction of public money through profit, often via opaque ownership models, or the problems of sustainability and insecurity of provision and desperately poor-quality jobs that arise from dependency upon private providers for care users, the workforce and public bodies. The bill remains premised on Feeley's proposition, disproved by subsequent research (STUC, 2022, Profiting from Care) that type of provider makes no difference to the quality of social care services.
 - fails to recognise the nature of care services as primarily community services, supporting people living in either their own homes or in residential establishments in the community where links to other community services are critical. These services include public services such as housing, leisure, in relation to young carers, education, services provided by voluntary community organisations and local commercial services such as shops and personal services. These range of services are critical to the prevention of isolation, continuing mental health and physical health. The centralisation of care planning and delivery, rather than local and community identification of need informing planning and delivery, breaks these crucial community links.
- This underfunded market system of care has distorted practice, resulting in the issues identified by Feeley. It has re-shaped the social work profession and its purpose. This is exemplified by the Care Management model in which the social worker's role is to manage budgets by gate-keeping services, with a focus on critical needs, and with no time or resources for preventative, early intervention support. Unless this is looked at and addressed the NCS will not succeed. It has also reshaped third sector providers, turning their service managers into salespeople and financial administrators. Meanwhile budget constraints have placed severe pressures on the workforce and service delivery in local authority care provision and social work services as evidenced by the recent Improvement Service [benchmarking report](#). Without adequate resources an individual successfully exercising their rights takes money away from others less empowered to fight for their rights.

- The current market approach to community health and social services is the problem. It enables private profit from care, meaning public funding is not spent as intended. Market failure means that in practice ‘choice’ is illusory as providers exit or collapse leaving individuals without services they need.
- It is clear from Audit Scotland’s July 2024 [IJB roundtable report](#) that these realities are known and understood at the most senior levels. Even on its own terms, we do not think the bill will achieve its stated aims of improving outcomes via more rigorous market regulation and stronger central direction (see response on ethical commissioning).

Government Funding

“The NCS will aim to improve people’s experiences of accessing social care support, increase prevention and early intervention, and to ensure that social care support (both for people with support needs and unpaid carers) is human rights-based and outcomes-focused. The NCS will aim to ensure everybody in Scotland can access consistent social care support service, while noting the importance of local decision making and flexibility and also that they can access early intervention and preventative support.” (Revised Policy Memorandum p220 para 26)

- Audit Scotland’s latest assessment of the financial health of IJBs ([Accounts Commission, 2024](#)) adds to the evidence of a system on the brink of collapse due to underfunding. Funding to IJBs in 2022/23 fell by £1.1 billion or 9% in real terms. Many of the problems identified by Feeley are primarily symptoms of this. The bill process over the past 2 years has been divorced from this reality even as IJBs continue to make cuts to services and local authority services struggle with rising and more complex needs against declining budgets. It is delusional to discuss reform and improvement, and a shift towards prevention, without acknowledging the desperate financial situation that has driven the move towards critical care needs only, even within primary care and services intended as ‘early intervention’. It is disingenuous to make ‘Fair Work’ pledges to the contracted out social care workforce while removing the budget for agreed improvement to their terms and conditions.
- Government must provide the resources for local authorities, health boards and IJBs to deliver needs-led, person-centred services, and eliminate the extraction of public money through profit. It must take the actions needed to raise the funds (see [STUC/Landman Economics, 2023](#)) and reduce reliance upon private equity-backed providers. This can be achieved through the planned expansion of core public sector provision. A Real National Care Service needs to be on a not-for-profit basis, with public sector, directly provided services at its core, to ensure a sustainable care sector. It is also the only affordable way to ensure that staff pay, terms and conditions are raised.

This is the starting point for our response, which should be read in this context.

Proposal to create a National Care Service Board

- The creation of a National Care Service Board will not help to address the fundamental problems in our care system. These are the combination of years of chronic underfunding and a deeply fragmented market model. The bill as amended does not address these or the loss of public funding from the care system through reliance on for-profit providers. We fear this unnecessary structural change will continue to divert focus and resources away from the main issues.
- It appears an additional layer of bureaucracy is being bolted onto community health and social services that are creaking at the seams. Despite the balance of opinion against centralisation during the Stage 1 process, it is disappointing the Government has chosen to pursue this rather than take the opportunity to rethink.
- A major change to the governance of local services is proposed requiring proper scrutiny. Given the significant powers the NCSB will possess the NCSB's membership and how it will work should not be left to Regulation after the Bill has passed. The presence of (at least) one local government nominee, appointed by ministers, on the NCSB does not compensate for the wider consequences of the bill on the role and autonomy of local government.
- The proposals mean the loss of local democratic accountability over community services in a system that will in future be focused on accountability to a ministerially appointed national board. As we understand it the bill as amended means the end of the present local lines of accountability from IJBs to the local authority and health board, but with the NCSB reporting to COSLA and the NHS at a national level.
- Draft amendment Part 1 (3A): the NCSB will be established as a quango. However, elected local authorities are defined in the Bill as "National Care Service bodies" and local authority services as "NCS services". In effect this means parts of local government will be redesignated as entities of a quango, risking adding to public confusion.
- The revised Policy Memorandum indicates that the main way shared legal accountability will be operationalised is through representation of these three parties on the NCSB and a Memorandum of Understanding. Beyond this the question of how exactly legal accountability for service provision will be shared between the different tiers of government and the NHS, and what this means in practical terms across the whole system of provision, remains unclear. Unless this is clarified we risk creating an even more opaque and confusing system. It is hard to understand how legal accountability can be shared between national government and COSLA, which, as an umbrella body, cannot be held accountable for any local authority's service provision.

Proposal to establish National Care Service local boards and to remove other integration models

IJB model of integration

- We do not support a National Care Service based on a model of reformed IJBs. UNISON lay representatives have been non-voting members of IJBs since they were first established. In our

view the IJB model does not provide adequate democratic accountability to local communities for decision-making about their services. We favour a National Care Service in which social services are delivered and coordinated by properly funded, elected local authorities.

- The recent [Audit Scotland report](#) lays out the grave situation for services under IJBs. We see no reason to believe that the structure created by the Bill will achieve the type of transformational improvement in service promised by Ministers and no evidence that justifies spending on this at a time of such significant budget pressures. This badging of all services as NCS services emphasises the centralisation of control over service provision and provides a cover for the outsourcing of services.

Proposed ending of the Lead Agency model in Highland

- The lead agency model in Highland pre-dates the 2014 Act. Its origins lie in the integration of children's services in Highland from 2000 onwards, when the Council and NHS board created a joint post of Director of Children's Services. From 2006, Highland was the main pathfinder in the development of the Scottish Executive's flagship "Getting It Right for Every Child" (GIRFEC) approach, which involved comprehensive local integration of multiagency children's services, the adoption of a common Practice Model and a suite of child wellbeing indicators. The pathfinder evaluation (2009) informed the Scottish Govt's Children & Young People Act. The lead agency model was included in the 2014 Act as one of the 4 available models because it was already established in Highland with Scottish Executive/Government support.
- Given Highland's role in the development of national Govt policy it is surprising Ministers now wish to remove the integration arrangements that supported this.

Workforce implications

- The creation of the lead agency model in Highland has involved a lengthy process. It took 2 years to negotiate the wholesale transfer of the council's adult social services workforce (1,300 staff) to NHS employment on Agenda for Change terms and conditions and the transfer of 300 NHS staff to the employment of the council on SJC terms and conditions. Barriers had to be overcome, for example, legislative change was needed to allow Highland Council to administer the NHS Pension Scheme. The transfer process is still incomplete, with harmonisation of conditions for Care at Home staff transferred to NHS Highland still ongoing. There were issues around immediate differences in pay and grading for transferred staff, particularly within NHS Highland. Local authority OT staff who transferred to NHS Highland quickly sought to get pay parity with existing NHS-employed OTs.
- The workforce implications of moving to an IJB model are unclear, but from a workforce perspective there is no appetite for another wholesale transfer of staff. We are not aware of any evaluation of the Highland lead agency model or any comparative evaluation of its effectiveness for service users/patients. It is difficult to have confidence that a transition to an IJB model is worth the effort and resources at a time of huge budget pressures given the lack of evidence.

Proposed new provisions on monitoring and improvement

- This is the main vehicle for delivering the Bill's aims and the main function of the NCSB. We have a number of concerns.
- In its recent pre-budget scrutiny sessions, the Committee heard evidence about the critical financial situation facing IJBs and the impossible decisions being made about essential services. The Improvement Service's most recent local government [Benchmarking Overview Report 2022-23](#) spells this out. Until this situation is addressed, discussion of 'transformation', 'needs-led', 'human rights-based' and improved outcomes for service users means little. The Government will not succeed in delivering a system that prioritises prevention and early intervention and removes the emphasis on price competition, without a plan for *substantially* increased public funding for community health and social services and a plan for raising this using its existing powers.
- There are limitations to the type of monitoring and improvement that can be conducted at a national level. This is a function that needs to be invested in at local level but there is no indication that this, or its resourcing, is part of the thinking. In the absence of long-term core funding the reality has been that the benefits of pilots, pathfinders, change programmes, and other short-term initiatives aimed at improving outcomes are not sustained longer term or rolled out more widely. Scotland has been stuck in this cycle for many years.
- Ministers can and do already issue directions and guidance aimed at securing improvement in services. The draft amendments extend these existing Ministerial powers to the Board as well as creating some new and very sweeping powers of intervention which we struggle to make sense of. It is not clear for example how the functions of one local board could in practical terms be transferred to another. Nor is it clear what exact arrangements are envisioned by draft amendment Part 1 52 (3A) of the 2014 Act which, as part of its monitoring and improvement function, gives the NCSB powers of intervention in the delivery of a local authority's services.

Commissioning

- UNISON social care reps and staff invested a vast number of hours in dialogue with Government on NCS Bill provisions and the related programme of Fair Work in Care Implementation. Five years after the Fair Work Convention's report on Care, this process has yielded virtually nothing of substantial benefit for care workers or the wider sector.
- Bill proposals that we believe to have been rejected or overlooked include:
 - The duty to promote NCS principles must be broader in scope (all commissioners) and more robustly objective with a clearer focus on equality, human rights and Fair Work.
 - Fair Work conditionality has developed under Fair Work First. In comparison the Bill is weak.
- Scotland routinely procures shocking examples of unfair work and the state of contract management by commissioners is so weak it might as well be absent. Our staff side lay reps say

IJBs lack the resources and ability to actively scrutinise and enforce Fair Work through procurement. There will be no Ethical Commissioning under the NCS without tighter rules, a radical change in procurement practice and procurement legislation and a total transformation in the quality of contract management.

- Monitoring is key to effective contract management and the Bill makes no specific or adequate provision for monitoring Fair Work.
- If it's public money, then the public has a right to know. The Scottish Government has been postponing action on FOI reform since the report of the Scottish Parliament's post legislative scrutiny committee in 2019. It has done so again, in advance of the Stage 2 process, by announcing the establishment of a working group outside of the legislative process to consider this matter again. The NCS bill does not need to be amended to put this into effect. The Government can extend existing FOI coverage by using Section 5 powers in the existing Freedom of Information Scotland Act.
- The financial waste arising from profiteering is well documented. The NCS Bill is wholly lacking in financial controls. Sensible amendments would include: transparent corporate structures, open book accounting, profit capping & action on tax evasion. But to tackle this properly we need a strategic national plan to expand the public sector and the best of non-profit provision.
- The Government is open in its intent to support an expanded market share for the third sector. The Bill continues to enable contracts to be reserved exclusively for third sector organisations across the whole spectrum of social services while excluding public sector bids. The definition of not-for-profit qualifying organisations should be extended to include public sector bodies. Otherwise, we oppose section 41 and proposed amendment s.41(2) removing the limit on the number of recurrent contracts and contract years.
- The Bill requires persons employing or engaging NCS workers to be 'exemplars' in their *approach* to Fair Work. There has been a plethora of joint meetings to develop those standards. Much of this work has been abandoned. The only remaining sources of optimism are Sectoral Bargaining and Effective Voice. Three years into the process, we still have nothing concrete to offer workers and the mood in the workforce is mounting anger and frustration. The shared suspicion is that the low financial priority attached to social care improvement acts as a drag on any discussion of practical benefit.
- The shortcomings in the Fair Work agenda have been repeatedly raised with Scottish Ministers and officials with no demonstrable improvement. Whether through the NCS Bill, secondary legislation or some parallel process, there is an urgent need for change. The most likely scenario is that Westminster plans for social care overtake' the work in Scotland leaving Holyrood to buy-in to a UK solution or slip back into a second-rate position where our members look to the UK system as the benchmark for Fair Work in Care.

Creation of a National Social Work Agency

- UNISON is represented on the Advisory Group and its subgroups responsible for taking forward plans for a National Social Work Agency (NSWA). We have worked closely with Social Work Scotland and SASW to develop a national vision for social work to inform the NSWA's priorities for supporting the workforce. Historically social work has been poorly supported at national level, especially in comparison with health, and UNISON agrees on the need for well-resourced national leadership, coordination and support for the profession in terms of workforce planning, education, training & advanced practice skills, policy, research, evaluation, improvement and implementation. However, this should not be at the expense of investment in these functions at local authority level, which is also required. The new Agency will not address the challenges for social work services without significant additional funding for social work services and investment in the workforce at local level.
- In our view the detail of the draft amendments departs from the agreed purpose and intention behind the new Agency, in two ways:
 - (1) Our understanding is that it has been agreed that the Agency would be established as a formal tri-partite partnership between Social Work Scotland, COSLA and the Scottish Government/Office of the Chief Social Work Adviser (OCSWA) to be reflected in a formal Memorandum of Understanding. This is in keeping with the partnership agreement between national and local government and the NHS on the National Care Service and the agreement on shared accountability between these parties. To reflect this it is intended that the Board of the NSWA will jointly report to both COSLA and Scottish Ministers, and will be jointly chaired by COSLA and OCSWA.

Chapter 1C, 26A (1) – (2) However, we note that the agency's status as a partnership is absent from the draft Stage 2 amendment. This is an important omission which we would like to see corrected.

- (2) The purpose of the new agency as understood in discussions to date is to provide leadership, coordination and support for the social work profession and its workforce including national workforce planning, education, training and professional development, research and improvement, and central support for local authorities with data analysis and implementation. For the first time it will create a single national body with responsibility for all these key functions.
- However, we note that the agency's purpose as stated in the draft amendment (26A1b) is limited to being "to support the National Chief Social Work Adviser." This wording narrows the remit and does not reflect the understanding of the Advisory Group. It's important the wording of the amendment is changed to reflect its primary aim – to support the social work profession and champion social work values.
 - In terms of the National Social Work Agency staff, we await proposals on which terms and conditions would apply and to which pension scheme staff would belong.

- UNISON is clear that the creation of a National Social Work Agency although important is not sufficient. Additional core funding for social work services and staffing is essential to address the current barriers to good practice and achieve a shift to community based social work with a focus on prevention and early intervention.

Proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014

- The re-naming of IJBs as ‘NCS local boards’ across the 2014 Act supports the branding of all community health and social services as “NCS services”, supporting the impression that a National Care Service is being established. In future, all delegated services will be referred to as ‘NCS services’ regardless of whether they are delivered directly by councils, the NHS, the third sector or private providers and regardless of whether they are care services (many delegated services are not). This rebrand reflects the Feeley Report’s assertion, accepted by government, that it makes no difference who delivers services.
- The proposed amendments do not cover the matters of the membership, voting rights and chairing arrangements for NCS local boards. These are not details, they form an important part of the overall operation of the NCS. It is not satisfactory that these matters are being left to secondary legislation. MSPs are being asked to approve major changes to the governance of public services, likely to involve the removal of local government decision-making over a much wider range of services, in the absence of any specific proposition about what will replace this in NCS local boards. We think this should be available for parliamentary scrutiny. This will not be the case if the affirmative approach is adopted for regulations as proposed.
- Several draft amendments diminish the status and autonomy of local government with further intended changes likely to add to this.
 - We are particularly concerned about draft amendment Part 1 5(12) 2014 Act – which gives Ministers a general power to **add** enactments, i.e. to extend without limit the range of functions that can be removed in future from local authority control, beyond those already listed in the Schedule to the Act. This is also a key concern in relation to the future of NHS functions, given the impact of IJBs on NHS services – most UNISON NHS staff side reps on IJB Boards say integration has led to the outsourcing of NHS services.
 - Draft amendment Part 1 52 (3A) 2014 Act Gives the NCSB powers of intervention in the delivery of local authority services including the power to give directions with which a local authority has a legal duty to comply, on top of existing Ministerial powers.
 - Amendment 29 (2) requires as part of their Strategic Plans, for NCS local boards to assess the needs of the population. While we support the introduction of this requirement, the assessment of local needs is the proper role of local authorities and local government should be resourced to carry this out. To do this effectively requires the local knowledge and relationships which councils possess.

Government approach to areas for further work

General approach

- The government's centralising agenda involves the removal of local government control and local democratic accountability for services. This is still the intention: to paraphrase the Minister's covering letter, the vision remains the same, it is just the route to achieving this which has altered.
- Even at this stage, more than two years after the bill's introduction, the government is still working out how to achieve its aims. After pausing the legislative process several times to enable consultation, a process which produced the partnership agreement on the NCS, the Government has not been able to reach agreement on key issues. As a result, the Minister has broken her commitment to provide the Committee with a full set of Stage 2 amendments by June 2024.
- It clearly impedes proper scrutiny of the bill if even at this stage the government is still unable to explain what it intends to do, how it will work, or how it will improve things. All we can be certain about is the aim of removing local authority control over a crucially important area of public services. As a result of this the revised Policy Memorandum can only say that the full implications for local government have not yet been assessed:

"It is not possible to fully quantify these impacts until decisions are taken on what services are to be included in the NCS. The Scottish Government will work with COSLA and SOLACE to identify the implications at the appropriate time, and further impact assessment information will be developed alongside the relevant secondary legislation." (para 317).

- The question of reforms to local governance should have been prioritised for the earliest consideration, before the bill was introduced, rather than addressed during the bill's progress. This is why UNISON asked the government to withdraw the bill and re-think.
- The Scottish Government was roundly criticised during the Stage 1 consultation for its overall approach to the legislation and for failing to provide MSPs and the public with the detailed information needed to evaluate its plans. These were some of the main themes in the evidence taking by scrutiny committees.

Lack of understanding

- The Minister states "The intention of this approach is to free up COSLA and local government colleagues from further negotiation on these issues and allow them to focus specifically on the mission to reduce Delayed Discharges in the coming weeks and months."

- This statement underlines the failure of the Government to understand the role of care services and local government. Their role is not solely or primarily to solve the problem of Delayed Discharges. That is a task for partners to work together on. Care services are primarily to support people living in the community, providing preventative services and opportunities to improve health and thus reduce the number of people going into hospital.

Direct funding of reformed integration authorities

- Underfunding, rather than the funding mechanism, is the greatest problem for community health and social services. This view is especially pronounced amongst UNISON's local government lay representatives on IJBs. Local authority services have borne the brunt of IJB budget cuts. The specific purposes the Scottish Government may have in mind may be ring fenced funding for its priorities which currently makes its way to IJBs via local authorities or NHS boards. And for many vital services is there too much reliance on short term or temporary ring-fenced Scottish Government funding for priorities instead of core funding. This undermines longer term service planning, sustainability, and staff retention.
- The bill as introduced would have removed from local authorities all government funding related to their statutory duties for social work and care services. The proposed local Care Boards would have been directly funded by Scottish Government. UNISON was one of many organisations who pointed out the damaging consequences for wider local services of removing such a large part of local authority budgets.
- We are opposed to any Government amendment that enables a general power to directly fund local boards. Even if this is initially for use in specific restricted circumstances, as set out in regulations, this **may** be extended in future. This is a reasonable expectation given the government's original intentions for the bill. The risks for local authority budgets and the viability of wider local government services that were raised during the Stage 1 scrutiny process would then resurface.
- While draft Stage 2 amendments abandon this plan, the Government is clear that it still wants the power to directly fund NCS local boards. The risks to local authorities and the risk of harm to wider local services therefore remain. We understand that it is the parameters of any direct funding which is being discussed. A Stage 2 amendment enabling direct funding has still to be tabled, but the details of the parameters in which it could be used would be set out in secondary legislation once the bill is passed.

Mandatory inclusion of children's services and Justice social work services

- We are opposed to the mandatory removal of children's services from local authority control and the loss of local autonomy this represents. We are unaware of evidence that delegation leads to better outcomes for children and young people of any consultation with them.

- Despite the conclusions of its commissioned research and the commitment to further consultation, it's clear the Government has made its decision. Para 17 of the revised Policy Memorandum clearly states the Government's intention to amend the 2014 Act (Part 1, 1 (7)&(8)) to extend the existing power to prescribe delegated functions to children's services (under 18s). Moreover, where services are already delegated, these will be 'locked in' to the NCS with no autonomy to remove these.
- The principle of local authorities being able to determine what arrangements, and provision best meets needs in their area is an important one. The Scottish Parliament's own devolved powers are based upon the same democratic principle.
- The government's desire for uniformity and centralisation breaches this principle and appears based on bureaucratic motivations rather than clear evidence of benefits to children, families and carers. The 'tidying up' rationale outlined in the Minister's letter is not the correct starting point. The findings of the Daniel review, which the Government commissioned in order to inform this decision, do not evidence any variance in child outcomes associated with different structural arrangements. What does make the difference, evidence suggests, is the enablement of good integrated working between children's services staff at a practice level and that requires proper resourcing and investment from national government. Currently that practice is being undermined by chronic underfunding and understaffing.
- UNISON is opposed to the mandatory removal of justice social work from local democratic control and the loss of local autonomy this represents. The findings of the IPSOS justice social work research commissioned to inform NCS developments reflects social workers' scepticism about the proposed NCS model and the place of justice social work within it.

National Care Service Charter

- The Charter is welcome. Providing it is made genuinely accessible, it will be helpful for this information to be set out in one place. However, we are sceptical about the difference the Charter will make unless the principal barriers to unmet needs in the current system are addressed. The scale of this is significant across local communities.
- The opening line of the draft Charter acknowledges that rights-based needs-led care is currently an ambition rather than a reality. While it does not confer any additional rights, to enable people's existing rights to be exercised in practice, then those rights must be resourced.

Other comments

NCS Strategy

- While the draft Stage 2 amendments confirm the abandonment of the most damaging aspects of the government's plans for local government, the continued commitment to a market-based system with a bias against direct public service delivery is clear. The concern is this bias will be embedded in the strategic direction of the NCS. As the revised Policy Memorandum says the Scottish Government are keen to reinvigorate the social care market and increase the third sector share. The Government "...are keen to grow this and other sectors of the social care market" (p.280). Based on the evidence of the results of the 2014 Public Bodies (Joint Working) (Scotland) Act, inevitably this will come at a cost to direct public provision.
- One of UNISON's original concerns about the Public Bodies (Joint Working) bill was that the new arrangements – transferring responsibility for service planning and budgets out of health boards and councils - would lead to greater use of outsourcing and a loss of direct public provision. Particularly if joint budgets proved insufficient to provide the services identified as needed.
- Eighty per cent of UNISON lay reps on Integrated Joint Boards agree that there has been a loss of direct public provision of services since 2016 under IJBs. In addition, most UNISON NHS staff side lay reps feel that there has been increased outsourcing of NHS services under IJBs. Budget pressures are the main driver for this.
- The result is ongoing difficulties across the country with the security and sustainability of services and poorer quality jobs, pay & conditions for the mainly female workforce. To address this, we need a plan for expanding the core of publicly provided provision, that will help raise job quality and reward in the social care sector and stabilise staffing. Research commissioned by the Scottish Government ([University of Greenwich, 2021](#)) recommends that a move by government away from the culture of contracting out would be a huge step forward for women workers.
- To improve the quality and consistency of social care and social work services the government should:
 - Improve employment rights, terms and conditions for staff in social care;
 - Remove profit from care and begin a process of moving to a not for profit social care model by insourcing key and core services to council direct provision.
 - Increase not diminish local democratic oversight and control of community services;
 - Increase levels of funding for councils to deliver and support services.

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