

## **WINTER PLANNING 2023 – SCOTTISH PARLIAMENT HEALTH, SOCIAL CARE & SPORT COMMITTEE**

### **1. Winter Resilience Overview 2022-23**

- Please describe how effective government actions were in supporting winter resilience across health and care systems last year?
- What additional priorities should inform actions to support winter resilience across our health and care system this year?

CCPS is the voice of not-for-profit social care providers in Scotland. We represent our members in national forums on winter resilience; our providers deliver support and care throughout the year in communities and families across Scotland.

Before answering the first question, it is important to go back to the 2022-23 Winter Resilience Overview itself. The publication, which was purportedly about an integrated, whole system approach to health and social care through the winter was, in content, decidedly not. The words “social care” were scattered through the document, but the actions committed to were almost exclusively focused on ensuring the resilience of the NHS.

This clearly set the tone for the Scottish Government’s entire response which, in our experience both as a member of the national resilience group at ministerial level, and through our members’ experiences locally, focused resource and effort into attempting to prop up an NHS system creaking at the seams.

In a large part, social care representatives were partners in this endeavour only in so far as they might have been able to reduce capacity pressures in the acute sector.

Almost no conversations in which we were involved were focused primarily on investigating, or investing in, capacity and resilience among social care providers on the terms in which they provide a crucial service to people who require care and support to remain independent, to maintain connection, to participate in their communities, work or school, to underpin their wellbeing. COVID clearly showed the impact of ignoring these fundamentals through a time of crisis.

The irony, of course, is that without these underpinnings the pressures on the acute sector increase; but it seems that ensuring a whole system in which people receive the support they need, in the place of their choosing, in ways that underpin their core rights will require a Copernican transformation in perspective. Social care does not exist to keep the NHS on its feet; it is there to support people who need it to stay on theirs.

We would like to give a few examples of how far we were last winter from a whole system response which respected social care for its unique contribution and ensured people received the services and support they needed:

- At the start of the process in autumn 2022, CCPS published a survey of members highlighting the serious pressures services were under and the decisions faced by providers in relation to ongoing delivery. We found that:

*63% of CCPS members who responded to our survey told us that they are considering taking emergency measures such as reducing service or handing back contracts. This is while 41% of our members are also trying to plan for increased demand because of the impact of the cost-of-living crisis on people. (CCPS 2022)*

We followed this report up with a short “Winter Manifesto” setting out key proposals to support immediate sustainability of a social care system facing extreme pressure. This was sent to the then-Cabinet Secretary in early November 2022. Despite attending weekly meetings to discuss a crisis in the integrated sector, and repeated requests for a response in those meetings, it took two months to receive a letter which justified much but gave very little.

- Second, over the winter we attended weekly meetings with ministers and partners which set out the reality of very high numbers of people awaiting packages of social care support in the community, or care home places – and we should remember that this does not even begin to address unmet need in our communities. We also saw record-breaking numbers of people delayed in hospital unnecessarily, or waiting in A&E. Despite these data, we saw no concerted plan to invest in sufficient additional capacity in social care provision.

In fact, quite the opposite.

At the height of the crisis in December, the Scottish Government made the budget announcement which set the base rate of pay for registered, adult care staff from April 2023 at £10.90 per hour. This removed the small differential that frontline staff briefly received when, for a matter of months, the Scottish Government considered their contribution worth more than the Real Living Wage – the sum required to “get by”. At the same time the government announced multiple public-sector pay awards that outstripped anything on offer to our sector (though we note many of these consolidated awards come from an integrated health and social care budget).

When the government committed to deliver Fair Work in Social Care in 2019, the difference between a new frontline social care support worker and an equivalent band 3 support worker in the NHS was around 7%. By April 2023 it stood at nearly

20%. The political allocation decisions made during the winter crisis, skewed an unequal labour market even further to the detriment of a largely female, low-paid workforce, the people they support and the not-for-profit providers of social care we represent.

And, as a result, during a cost of living crisis we saw more and more staff leave our sector. Our latest Social Care Benchmarking Report 2022 (see [ccpscotland.org](https://ccpscotland.org)), published this week, shows that in that reporting period, almost three quarters of providers saw a significant increase in staff turnover and of those people who moved jobs, more than half left the sector altogether. From such a difficult baseline, through last winter our members spoke again and again of the significant challenges they had to keep staff in post, or recruit, and therefore keep services running. We raised this directly in a meeting with the then-Deputy First Minister and Cabinet Secretary, but no action on the key issue of pay differentials in our system was forthcoming.

- As a final example: To reduce pressures on acute beds, the Scottish Government instigated a temporary measure to discharge some people who were stuck in hospital unnecessarily into available beds in care homes for a short period of time until an appropriate onward journey could be secured. CCPS members raised a number of concerns at the guidance to accompany this policy – for example, we were unclear of how the policy would ensure people reached the most appropriate destination when assessment capacity and community support was so thin; and we were unsure how the financial risk to providers would be managed after the short-term funding came to an end, if there were no onward journey secured.

We raised concerns with less than 24 hours to respond to draft guidance through CoSLA, but none of our concerns were directly addressed. So instead, we repeatedly and unsuccessfully asked to see data to understand whether people who did transfer to interim beds reached their preferred and most appropriate destination within the set timescale. We note that people who were placed in an interim placement no longer appeared in hospital delayed discharge figures.

However, it should also be remembered that CoSLA and our local government colleagues take responsibility for local delivery of social care – as has been re-stated in this week's announcement on the National Care Service. Locally, we heard the frustration of providers who – when dealing with public sector partners under pressure – experienced the cessation of any dialogue to solve significant problems. Conversations, where they did happen, often became transactional and focused on providing more for less. Too often commissioning and procurement partners did not capitalise on the potential of collegiate approaches to problem-solving and the

pooling of resource, and the potential of not-for-profit providers in finding creative work-arounds, directly with communities, families and individuals.

To address this in 2023-24 (and we should be clear the issue of resilience is far from confined to the winter) we would suggest, as a start:

- A radically different approach to whole system planning which respects, and invests in, the specific contributions of social care to support people to thrive, even when the economy and public service system is in distress.
- Better data on social care resilience and people's outcomes. CCPS is keen to use funding we receive from the Scottish Government at pace to produce, with providers, some test measures this winter that will begin to give voice to social care when decisions on resource and reform to manage capacity are being made.
- Genuine evaluation of tests of change, particularly in terms of their impact on people using services and their carers
- Investments in pay, terms and conditions that do not skew workforce supply in ways that, quite clearly, reduce capacity in key parts of the system and drive short-sighted and expensive fire-fighting responses. Backdate a pay award of £12ph, at a minimum, as a first step and publish a plan to deliver Fair Work in full, from the autumn.
- A willingness for national and local government to step into to take emergency measures, much as we did during COVID, that would remove bureaucracy and ensure cash flows reach the right places to underpin services under extreme pressure. For example, we unsuccessfully called for providers to be paid on full contract value as they had been through COVID to allow a level of flexibility and reductions in bureaucracy among providers.
- Top down support, and promotion of, whole sector collaboration and problem solving in times of serious crisis in sustainability. Involve 3<sup>rd</sup> sector providers in contingency planning from the start.
- Ensure that where funding is provided to support resilience to our sector that it is spent with transparency. An extra £200m was given to local government for social care providers last year and we have never received assurances that this has reached the sector in its entirety. Even in July 2023 we are still battling for some councils to commit the full funding given to them for the £10.90 uplift and to transfer those funds to providers. With the Verity House Agreement in place and the tripartite accountability arrangements reached on the NCS, this level of transparency becomes even more important.

## **2. Capacity and system flow**

- What were the key factors limiting capacity and delivery in the NHS and social care last winter?

- Please describe to what extent the flow through the NHS and social care systems was adequately maintained last year?
- How can capacity be maximised to meet demand, and maintain integrated health and social care services, throughout the coming autumn and winter?

We addressed many of the relevant points here in question 1. We would make two additional points here.

1. Flow through the system is not the priority for many. Consistent, relational support in a system which matters to the individual is. If we could address this, and the right to independent living genuinely, flow in relation to the NHS would be far less of a pressure.
2. Effectively harnessing our sector's contribution in supporting people to maintain independence and wellbeing could be achieved by far earlier conversations for effective planning. For example, last winter CCPS brokered discussions between Scottish Government and providers of housing and housing support through the Housing Support Enabling Unit who were clear that, with engagement and collaborative planning over the summer, there is far more they could have contributed in relation to supported accommodation options. This omission should not be repeated.

### **3. Workforce and staff wellbeing**

- What factors affected the wellbeing of those providing health and social care support, including both paid and unpaid carers, over the 2022-23 autumn and winter periods?
- What should be done this year to ensure staff wellbeing, and ensure those providing support are able to continue to do so?

Third sector staff entered last winter after working through two years of COVID and facing, themselves, significant cost of living pressures on low salaries. The first step to supporting the wellbeing of staff is to recognise and reward their contribution fully. The Government could start by genuinely initiating the promised journey to Fair Work and improving terms and conditions (see #4StepsToFairWork).

One knock-on of this would be fewer vacancies, with existing staff facing less pressure to cover shifts or stretch their ability to meet need. It would ensure managers are not diverted from their jobs of providing supervision, guidance and support in order to fill rotas. (It would also of course reverse the increase reliance on expensive agency staff to plug service gaps, which was highlighted in our benchmarking survey).

And too often contract funding does not allow providers to support staff to take time away from direct service delivery to engage in wellbeing activities – a small concession we called for in our Winter Manifesto, but which was not delivered. In the context of ethical commissioning and procurement we urge this investment in staff to be a priority.

#### **4. Outcomes**

- How were patient outcomes affected last winter, either positively or negatively?
- What recommendations would you make to ensure services best support vulnerable communities and achieve positive outcomes this year?

Outcomes for people (not just patients) were put under serious pressure.

As noted above at the start of last winter, 41% of providers answering our winter pressure survey anticipated an increase in service demand in year of, on average, 18%. At the same time 63% of responding organisations said they were considering one or more emergency measures. Forty-five per cent of respondents thought they may have needed to reduce service delivery, with 37% considering no longer taking new referrals. Service closure and the handing back of contracts were also under consideration in 26% and 22% of cases respectively, leading to a reduction in workforce hours and the possibility of redundancy despite the known staffing issues.

Since this survey was undertaken in autumn 2022, CCPS members have raised ongoing and increasing concerns about their ability to meet need. The impact on people who require support, on top of impacts already felt by people who relied on social care and support through COVID, is profound.

However, when assessing data in national forums, people's outcomes – even through proxy measures – were not at the forefront of consideration. For example, repeat admission data is a crude proxy measure, but does provide some indication of appropriate discharge and/or the availability of appropriate care and support in communities. These data were not routinely reported, though we repeatedly asked. Similarly, available data on contract hand-back, which could give a crude indication of pressure on service availability in social care with the potential to impact negatively on outcomes, was not considered.

We do not yet have a system that prioritises genuine outcome measure over performance management of process. Over the next 2-4 years, CCPS would like to see genuine outcome measures developed and collected (not proxy process measures) to demonstrate the impact of funding and policy decisions on people – both in times of crisis and in the day-to-day assessment of any future National Care Service.

#### **5. Do you have anything else to tell us?**

We recently wrote the Permanent Secretary, following an offer for us to share immediate resilience measures for the sector and are looking forward to engaging with the Government constructively on the issues we have raised which will directly impact on sector resilience through this time of intense pressure. Particular calls in that, beyond those already set out in this response, included:

- Implement now the First Minister's promise of a minimum of £12 per hour for social care staff, backdated to 1 April 2023.
- Publish a timetable by this year's Programme for Government to deliver fully on commitments to Fair Work in the social care sector.
- Pay all uplifts to all staff, not just those in adult social care, to ensure equal pay for equal work.
- Pay all uplifts on 100% of contract value so that pay awards can be determined locally which value staff at all grades, making social care an attractive career choice.
- Urgently hold local government to account for distributing the entirety of funds made available to them, by you, for the £10.90 uplift to our staff from 1 April 2023.
- Ensure that the government review of pay sustainability over the summer is focused on funding of *public service*, not *public sector*, pay.
- Set up discussion through the NCS review on how to make a shift to prevention investment within an integrated health and social care landscape. The 2014 Act has not delivered on this; the NCS must.
- Where direct government funding/resource is being made available to support the whole system to adapt and change, ensure that this is designed to be relevant *outwith* the public sector and is open to application from / distribution to all those funded to deliver public service, including third sector providers.
- Address with urgency the disconnect our sector experiences in the structure of Scottish Government, which undermines a genuine whole-system approach to integrated care and support. The consistent focus on adult social care in the whole-government approach to Fair Work is just one example.
- Too often CCPS members fall down the gap as local and national government debate responsibility and accountability for funding and decision-making. Convene a Chatham House discussion between leadership in national government, local government, third and independent sector providers, Chief Officers and Scotland Excel (and others as appropriate) to address the serious issues being reported in basic functionality in the system. This would support both immediate improvement and thoughts on a reformed approach to the NCS.
- Involve third sector providers in the discussions on public service reform which will influence this autumn's spending review. Our voice as innovators, as much as providers, will support you in delivery; leaving us out won't lever the step change you need given budget constraints.
- Change the message that the priority for the NCS is consensus with local government and the unions; the implication currently is that the deal will be done before the rest of us - who have tried to be constructive, to date - are left to suggest marginal change during the NCS pause.
- Challenge the imbalance inherent in many current outputs, thereby providing a valuable leadership message from government. In particular, ensure that the next winter / surge pressure plan genuinely provides vision and support across the integrated sector.