



**The Right Honourable John Swinney MSP
First Minister
The Scottish Parliament
Edinburgh
EH99 1SP**

10 July 2024

Dear First Minister

A call to recognise the true value of social care and support in the Programme for Government

As you prepare for your first Programme for Government announcement as First Minister I am writing, on behalf of our not-for-profit social care and support provider members, to urge you to take swift action to address the increasing instability of social care and support provision for people and communities. We have just two more PfG announcements before the 2026 elections and little time to reverse the decline in community support to deliver your government's commitments to the people of Scotland.

You have set a clear focus of your tenure as First Minister on reducing delayed discharge from ongoing unsustainable levels. I agree that no-one who is medically fit for discharge should be forced to remain in a hospital bed because of a lack of supported options elsewhere, appropriate to their needs. But many of these options are provided by our members¹, who are struggling to maintain services in the face of the failure to invest in our sector, and, in particular, to deliver on your commitments to Fair Work in Social Care. Nothing has yet reversed the serious issues I raised with you, in your previous role, in our February 2023 meeting.

Evidence gathered from our members on workforce, resilience and winter pressures over the winter of 2023-24 bears this out:

- Not-for-profit social care organisations consistently operated with a median vacancy rate of around **9%** each quarter through 2023 – higher than the September 2023 data provided for nursing and midwifery of **7.7%**.
- Staff turnover in our sector is extremely high and the disparity with nursing is stark, sitting consistently at **24%** for not-for-profit social care compared to **10.4%** in nursing.
- In December 2023, **82%** of responding organisations described service demand as 'high or 'extremely high' with referrals well beyond capacity to respond.
- In December 2023, **94%** of responding organisations described current capacity to provide care and support as 'stretched / under pressure'.

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- In December 2023, **76%** of responding organisations said they were declining or not taking on new support packages for individuals. In January 2024, over **a quarter** of respondents noted they had handed back one or more contracts to a local authority. By March 2024, **61%** of respondents were in discussion with one or more local authorities about the viability of their current contract(s).
- In March 2024, **83%** of respondents were continuing to deliver a publicly commissioned service despite a deficit budget – a figure which never dropped below **66%** in our study; **44%** of responding organisations were drawing on their charity’s reserves to continue delivery of public services.

Delayed discharge is a symptom of a much wider dysfunction in our integrated system of health and social care. It is not the cause.

The possibilities of our sector to help you address the crisis faced by citizens who need health or social care support cannot be harnessed if the diagnosis of the systemic issues to be resolved is too narrow. Very limited public funds available will not be targeted to good effect. People will continue to be failed.

Certainly, **over 1,900 people should not be constrained in a hospital bed** because our system is broken. Nor, at the hospital front door, should **30% of people attending A&E have to wait more than your four-hour standard**. These figures are overshadowed – by numbers if not by public coverage – of **the 6,436 people estimated to be waiting on a social care assessment** to enable them to live independently at home or in the community, or the **3,130 people still waiting for the care they need**. **Almost one third of all inpatients were re-admitted at least once** in 2022-23 and, given the waits for social care and a focus on crisis-based eligibility, we have to ask how many of these re-admissions could have been avoided with a focus on investing in care outside of the acute sector.

The human, let alone the financial, cost of these delays is being felt every day across Scotland – and witnessed by our members. Both supported people and providers carry considerable risk from the deficiency in our current system. Commitments to prevention and early intervention cannot be delivered. Support needs are not met. Our acute sector cannot cope.

Support is a people-based endeavour, and this is where investment has particularly failed. But there is still time to reverse this and deliver a stronger Scottish health and care system.

In this last year before we expect Sectoral Bargaining to begin in full, we are asking the Scottish Government to fund a 2025-26 pay deal for staff in our sector who deliver public services to the people of Scotland which:

- Values frontline care and support staff appropriately and continues the drive to deliver Fair Work in Social Care by guaranteeing **a minimum pay award for all support workers of the 2025-26 RLW + 10%**.
- Allows timely **distribution of guaranteed funds to providers from 1 April 2025**.
- **Reflects the full breadth of workforce costs** held by providers.
- Stems the loss of managers who are essential to the delivery of quality care by **supporting fair differentials** between staff salaries.
- Embeds **a principle of no-detriment** to staff salaries.
- **Recognises the crucial role of back-office staff** in delivering and monitoring of efficient public services within the sector.


- **Re-instates the £50m of investment planned** to improve terms and conditions.
- **Prioritises Barnett consequentials received in 2024-25 to a mid-year uplift** in social care pay as an investment in delivering your priorities for Scotland as a step towards parity in pay.

You need us to deliver your priorities. But we need you to help us respond.

I would be delighted to meet with you, at your earliest opportunity, to discuss how we can do this together.

I look forward to hearing from you.

Yours sincerely,



A handwritten signature in black ink, appearing to read 'Rachel Cackett', is written over a horizontal line. The signature is enclosed in a thin black rectangular border.

Rachel Cackett
Chief Executive Officer, CCPS

cc

Kate Forbes, Deputy First Minister & Cabinet Secretary for Economy & Gaelic, Scottish Government
Neil Gray, Cabinet Secretary for Health and Social Care, Scottish Government
Shirley Anne-Somerville, Cabinet Secretary for Social Justice, Scottish Government
Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, Scottish Government
Natalie Don, Minister for Children, Young People and Keeping The Promise, Scottish Government
Donna Bell, Director of Social Care and National Care Service Development, Scottish Government
Angie Wood, Director of Social Care and Improvement, Scottish Government
Ian Turner, Deputy Director - Adult Social Care Workforce and Fair Work, Scottish Government
Rachael Thomas, Adult Social Care: Workforce and Fair Work, Scottish Government
Colin McAllister, Chief of Staff to the First Minister, Scottish Government
Jennie Gollan, Special Advisor, Health and Social Care portfolio, Scottish Government
Davie Hutchison, Senior Special Advisor for Finance portfolio, Scottish Government
Programme for Government team, Scottish Government
Councillor Paul Kelly, Spokesperson for Health and Social Care, COSLA
Eddie Follan, Chief Officer, Health and Social Care, COSLA.

ⁱ For example: [Carr Gomm - Demonstrating successful discharge outcomes and reducing unnecessary hospital admissions - Anonymised](#) and [Getting hospital discharge right | British Red Cross](#)