



Scottish Care
Voice of the independent care sector

Public Audit and Post-legislative Scrutiny Committee

Dr Donald Macaskill Transcript

“I don’t think Scotland is short of exceptional leaders, I don’t think we have difficulty in attracting them, despite the scale and the extent of, in my sector, the social care sector. But I do think we have a crisis around leadership, particularly in social care, and it has to do with terms and conditions. It has to do with the fact that 70 percent of our workforce in social care in Scotland is non-statutory and the nature of that dynamic and relationship is not always healthy.”

I think we need to very quickly at this committee meeting define what we mean by leadership and you described high flyers and yes some of them have flown off, but a lot of them have stayed, but what has not altered is the nature of the nest and we need to have a very different view of leadership. So, for me, leadership starts frontline, it is the care worker who goes into somebody’s house, who is able to exercise autonomy and is trusted to do that, but we are not enabling that to happen with our systems at the moment. It’s the front-line nurse in a care home who is able to exercise her ability or his ability to make decisions on a clinical basis, but we are not enabling that to happen because we remunerate them at an insufficient level. And yes it is the leadership of a social care organisation at local level and particularly in an integrated environment, it is the leadership of integrated bodies, so the fact that we have lost so many of our chief officers in the last 2 or 3 years, is a matter of some concern. I don’t think that it’s the fault of their ability or capacity, but it is the fault of the system. The process and the legislation which set up integration created a role which is virtually impossible for anybody to undertake. So I with respect would want to positive position that in Scotland we have exceptionally capable individuals from front line to senior management, but we, and that’s the collective we in the system need to enable these individuals to lead rather to restrict their ability.”

“If I take the two primary pieces of legislation with which my sector in acts, one is the public body legislation which has created the integrated joint boards and primarily that’s the focus for most care home provision and home care provision. I think that is some of the most progressive legislation that the parliament has passed, nobody will disagree with the vision of creating a single pathway for the citizen to be enabled to have continuity of care and support from the first point of contact to the end of life. But what we’ve created is a piece of legislation which has not fully appreciated the

nature of the dynamic culture change, which needed to take place primarily in the two statutory bodies of health and social care.

I think we've expected women and men as chief officers to do a virtually impossible job, to be responsible to two Mr's, Masters or Mistresses and two systems. We did not appreciate just how difficult it would be to manage that culture and we did not appreciate the power exercise, which is at the heart of the system, whether it is at local authority level, or at the NHS. The desire to retain authority, power, influence and primary to retain resource. Now, the third and the independent sector are almost the children at the end of the queue in that dynamic, which is pretty perverse considering that the majority of social care in Scotland is delivered by the third or the independent sector.

So that's a piece of legislation that could be adjusted and adapted to make it easier for chief officers to exercise and the other one is self-directed support. So, the failure to progress on the most progressive piece of social care legislation in Europe has been clearly down to the lack of leadership, the retention of power, the failure to engage in the culture change that is necessary to embed that progressive legislation. And that clearly lies, not at the fault of the independent and third sector, but at the statutory sector of social care at local authority level and the NHS centrally."

"This relationship, communication, engagement, collaboration and where those are evident then we see integration working at grass roots. We see leadership working in organisations, and we see that collective shared vision and determination. But as Dave has already highlighted, those don't come easy and at the moment the third and independent sector in homecare were stripping out by up to 18 percent in commission contracts, learning, training and development budgets. We are not going to build leaders who can talk, who can share, who can listen and who can learn if we don't train them. So, that would be our lesson to the statutory service and sectors. Listen, learn, share, collaborate and dare I say, ask."

"Undoubtedly the biggest challenge facing the social care sector in Scotland, whoever provides that care is workforce, so we have major, major, potentially catastrophic issues around recruitment and retention.

The independent care sector at 67 percent of the total social care workforce, is probably reflective of others. So, we have 9 out of 10 providers struggling to recruit with vacant posts. Theresa has already referenced nursing, 1 in 10 Scotland nurses work in the social care sector. We have an average vacancy level of between 25 and 30 percent but in some parts of Scotland, particularly the North, that goes up to over 40 percent. That is simply unsustainable, now there are various reasons for these. One is, we sit here in Edinburgh, if you look last night and I'll not mention the newspaper, you will see an advert for a dog walker in Edinburgh paying 17 pounds an hour. You will see alongside an advert from a very well performing independent sector homecare provider offering 12 pounds an hour which is still more than the average Scottish Living Wage of £9.40 an hour. We cannot delude ourselves any

longer, in Scotland we are trying to purchase care on the cheap. There is no other argument for the way in which we are commissioning social care services. UKHCA have evidenced independently that the wage should be around £21 + an hour for quality commissioned homecare, we still have parts of Scotland where a provider in the charitable or independent sector is being paid £15.45. We are deluding ourselves, if we think it's possible to recruit and retain the best, if we are quite frankly, paying them peanuts.

So, that's one factor, another factor and I would commend the work of Professor David Bell from Stirling University who submitted to the Health and Sport Committee, who has analysed in real depth, probably for the first time in Scotland, some of the social care gaps. He makes reference to the fact that the national statistical body has highlighted our lack of social care data. He's argued that we will need 20,000 more social care staff in the next 10 years. And he's argued that we will need to triple spend in terms of social care provision, a very thorough piece of work. But we are deluding ourselves if we think that we can continue to keep the system going at the present rate.

Most of the workforce are female (86%) and the majority are over the age of 45. The majority are choosing to leave the sector. There are other additional sectors, we are over regulated. The process of registration and qualification is driving particularly experienced women over 50 out of the care sector and we have been inflexible in the adoption of new registration criteria. We need to take seriously the fact that the end of this year, the proposal by the Westminster administration will massively impact our ability recruit individuals from outside Scotland, we are massively dependent in social care on our international workforce. The immigration proposals will be cataclysmic because it will shut that door. And I could go on, but we must be starting to be honest, that this is a whole system and if social care disintegrates as it might very well do if we cannot recruit, then the NHS will follow next week."