

2<sup>nd</sup> March 2020

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Dear Commissioning & Procurement Lead for Older People,

We are writing this letter to every Health and Social Care Partnership, Local Authority or Lead Agency which funds social care to describe the current and critical concerns for the care at home and housing support sector and in order to highlight the urgency of taking the views of the independent care sector into account when budget setting.

In Scotland, the independent care sector delivers most of the care and support to older adults. Nearly 60,000 individuals access home care support, which totals almost 700,000 hours of care delivered annually. The independent sector contributed to the support of 31,290 of these clients, and 69% of the total care hours. The independent sector contributes to the support of 53% of all home care support provided to adults. We know that they deliver quality support services because the Care Inspectorate have given give 89% of providers grades of 'good', 'very good' or 'outstanding'.<sup>1</sup>

We believe that social care promotes the human rights of some of our most vulnerable citizens, supporting them to stay at home and healthier for longer. This improves their wellbeing and makes it easier for them to get involved in and contribute to their local community, as well as reducing the number of times they may need to see an NHS professional.

As a whole social care brings more money to Scotland than agriculture, forestry and fishing. It provides jobs for 6% of the total workforce in Scotland, as well as supporting the businesses who supply the products which social care staff use and enabling unpaid carers to work or take time away from caring duties. The Scottish Government is currently looking to support more small and medium sized businesses in Scotland, which is what most of our social care companies are. It is clear that social care, therefore, does not only benefit those who are directly cared for.

Most social care is paid for by the public purse. For several years now, there have been many policy and practical changes which have resulted in increased costs for the delivery of a service. Some of these decisions are positive such as paying our staff the Scottish Living Wage. Yet we also know that as our population changes, there are more people who need social care which means that the amount of money available to spend on social care is less. In an effort to save money, decisions have been made by those who fund social care which at times have made the situation worse.

#### 1. Planning services

Sometimes the way that services are planned means that there is not enough information or time given to the people who provide social care and support to make any changes they need to. There is often an expectation that care will be delivered at very short notice, often without enough time to make suitable arrangements before care begins. For instance, if the organisations who provide care

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<sup>11</sup> [https://www.careinspectorate.com/images/CI\\_Stats\\_Report\\_Qtr3\\_19\\_20.pdf](https://www.careinspectorate.com/images/CI_Stats_Report_Qtr3_19_20.pdf)

know that more people who will need their service live in one area, then they can plan to recruit and train staff where they are needed. Social care staff are registered with the SSSC and have to achieve qualifications – this means that it takes time to make sure that we have the right skilled people available.

## 2. Supporting our social care workforce

It now costs more to support our valuable workforce. Some costs are required by law, others include changes such as those recommended by the Fair Work Convention<sup>2</sup>, Unison's Ethical Care Charter and Scottish Government's Living Wage policy. Social care employers value their staff and want to be able to fulfil these positive requirements, but some of these aspirations are not covered by the money allocated by the local authorities which pay for social care. This means that social care employers have less money left to pay for other running costs such as electronic equipment or staff registration. Additionally, employers also require increased training resources as the people who social care staff support increasingly require end of life care, or other specialist support for an illness or disability as people with more complex care needs are supported at home.

## 3. Funding services

In December, the United Kingdom Homecare Association (UKHCA) launched their updated Minimum Price for Homecare 2020 which explains how much it costs to deliver care and support services. They recommend that in Scotland it costs a minimum hourly rate of £21.99<sup>3</sup> to deliver care at home services. Some funding authorities pay as little as £15.65. As this has been happening for many years, providers are finding that they cannot manage the difference and are having to close their services or withdraw from care provision in certain areas. The rate of £21.99 is still much less than it costs the Local Authority to provide a similar service, which can be as much as £45 per hour in some parts of Scotland.

Timeliness can affect the sustainability of the organisations who deliver care and support. Some funding bodies are lengthening the period of time between payments meaning that it takes longer for them to get paid.

Delays in agreeing to fund the Scottish Living Wage also cause challenges of sustainability. Care organisations are expected to pay their social care staff from the start of the financial year in line with Scottish Government Guidance. However, the funding to support that might not be agreed by local Governments until much later – in one instance up to 6 months later. In the worst of cases, the funding is not backdated making matters worse.

## 4. Electronic Call Monitoring and billing for services

The introduction of practices which pay by the minute and the roll-out of systems such as electronic call monitoring (ECM), has caused at least two providers to close in the last six months. This obviously has great effect on the people who might have been receiving care and support from

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<sup>2</sup> <https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/>

<sup>3</sup> <https://www.ukhca.co.uk/downloads.aspx?ID=434#bk1>

them. Our social care workforce is valued and skilled and for some the experience of ECM can be likened to electronic tagging, but we recognise that when used appropriately, it can provide piece of mind to employers and staff who might be lone workers. ECM also has benefits in planning the routes which care workers take to carry out home visits, making this easier, faster and better for the environment.

Problems occur when funding authorities use the system to measure and pay for contact time with a person. This is problematic firstly because the difference that you make to a person cannot be measured simply by the time that you spend with them.

Secondly, when funding authorities use the time spent delivering care as the basis for calculating care providers' fees it means that the funding authority may not be paying for the time which a care worker takes to travel between visits. We know of instances where care staff are turned away from their scheduled visit, for example perhaps because the cared for person has a family member visiting them at the time, but this is not paid for by the funders. In these instances, the care providers find themselves paying staff, but not receiving payment to cover this. There are also more and more people being given very short social care visits, such as 15 minute visits which means that there is more and more time spent travelling. Again, care employers are paying staff, but not getting paid for travelling time which is a necessary component of delivering care to multiple people. Where care staff need to adjust the length of their visit (whether staying for shorter or longer than expected), penalties can be incurred regardless of the reason for that change. We know of one example where a care provider was refused payment for the extra time they waited with the spouse of someone whose partner had just died. This inflexible and often punitive system is not compatible with the delivery of person-centred, high quality care.

At worst, the examples outlined impact those who access care and support, but the impact they have on a care provider's ability to operate or to fairly employ their staff is also critical. Many of these concerns were highlighted in the Scottish Care report<sup>4</sup> 'A Care Twilight Zone' and in our Care at Home Contracts and Sustainability report<sup>5</sup>, both launched in 2019. These reports are just as relevant today, but the situation is made worse by the need to pay for and staff any changes required to be compliant with the new 'Framework for Inspection' being introduced by the Care Inspectorate, and the unknown costings related to EU Exit and the risks of proposed immigration legislation on the workforce.

This letter is an **urgent request** for Health and Social Care Partnerships, lead agencies and local authorities to take into account the context and practicalities outlined above when setting their budgets for the coming years and in their approach to strategic planning, commissioning and procurement. The sector needs more than just the money required to be able to pay the Scottish Living Wage as happened in most parts of Scotland last year. There needs to be immediate action to collaborate with the social care sector to address the challenges outlined above.

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<sup>4</sup> <https://scottishcare.org/reports-publications/#1577458240045-043650bb-63fd>

<sup>5</sup> <https://scottishcare.org/wp-content/uploads/2019/11/Care-at-Home-Contracts-and-Sustainability-Report-2018.pdf>

**This is a critical call to address immediate and longer-term challenges for the sector, and to value and recognise the vital role which the homecare sector plays.**

Signed

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Policy Director, UKHCA

