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**Points to ponder (PtP)**

**National Care Service …or is it a National Social Work Service?**

I gave evidence to the Health, Social Care and Sport Committee on 17 November. That was a useful exercise in articulating the aspirations for a healthy social work profession, able to have positive and meaningful relationships with people who need social work, ensuring that early support, trust and community foster the outcomes we all desire.

One of the most serious concerns about the NCS for social workers, particularly those employed by local authorities, is the power in the NCS Bill allowing Ministers to transfer staff from local authorities into the NCS.

My reading (only slightly between the lines) of the National Care Service (NCS) Bill around the transfer of staff has in the last couple of weeks evolved.

**Social work in the Feeley Review**

Derek Feeley’s Independent Review of Adult Social Care expressly said he was not considering social work. Firstly, this is akin to not including GPs in any review of healthcare but secondly, “not being addressed by the Feeley report” is the reason cited by justice social work and children and families social work for further consideration, research and review.

PtP 1: Hang on – social work wasn’t in the independent review at all! Whilst we may be beyond any meaningful argument about this in the Bill process, it’s pertinent to how well social work is considered in the development of a NCS.

**NHS workers**

Section 31 of the Bill talks about the transfer of staff from local authorities to care boards. Ministers will have the power to move people whose functions move into the NCS. Except not NHS staff. Community health (yet to be defined) functions are headed for inclusion in the NCS. So what will be the mechanism that will enable staff currently employed by the NHS to deliver these functions to their communities?

I see two options:

1 A health and social care partnership model where staff within the care boards have separate employers and terms and conditions. This model could enable a single shared budget to come from Ministers/Scottish Government directly to care boards which could mitigate the potential for the complexities around devolving functions and budgets through the Integration Joint Boards as currently. However, funding the care boards directly from the Scottish Government instead of indirectly via health board and local authority allocations, as in the IJBs, will not resolve issues of different employers, diverse governance and divergent terms and conditions within teams trying to work in an integrated way.

PtP 2: What would the impact of this be on current frontline staff? And would it make any visible different to people who need support?

2 The other option is that the care boards commission staff from the NHS in their geographic area.

PtP 3: The clear risk here is not only that we create additional commissioning bureaucracy but that community health is commissioned on the old time and task model.

**Who is most likely to transfer in?**

Meantime, local authority staff can be transferred into the NCS/care boards. I myself was transferred out of local authority once. There was the same anxiety and concerns across the transferring workforce then as now. However, I ended up with better terms and conditions, more flexible working arrangements and opportunities for professional development and for national and collaborative work that I would not have had otherwise. That experience, of course, is not a given, but the experiences of social workers in local authorities over the last decades has not been a poster for wellbeing and conditions.

Which staff are likely to transfer? Unless the Government is seriously planning to nationalise care provision, which does not seem to be the mood in the policy memorandum, we are not talking about local authority employed or commissioned care workers. Who then?

Social workers, paraprofessional social work staff, commissioning team staff and administrative support for these teams and workers, most probably.

PtP 4: Does this look like what one might call a national social work department, albeit without the direct delivery of social care which is still provided by many local authorities?

**The role of social work in the NCS**

Social work, in numbers of staff, is a small cog in the health, social work and social care landscape. But it sits smack bang in the middle of everything: hospital discharge, issues of personal capacity, mental health officer responsibilities and support and protection for all. It should also sit in the midst of early support and community development. Social work holds the understanding about local met and unmet need; what communities need to strengthen their support nets; it provides the assessments and works with commissioning colleagues to develop the resources that are required by people who need support and sets off (especially where public funding is in play) the much larger social care system cogs.

PtP 5: The connections between social work and social care are important, necessary and will drive how people experience their support. But given who is likely to be employed and the transfer of functions from LAs to the NCS, does this begin to look like a National Social Work Service?

To be clear, the possibility that this is in fact a national social work service is not necessarily a problem as long as there are local arrangements that enable flexibility of approach, tailoring to the needs of local communities. However, if this is the case, those creating the NCS need to understand and be clear that this is what is happening. A national approach to social work is an exciting idea. It could hold massive potential in making better services as long as strong local connections remain and are nurtured. And it could invigorate and protect a workforce that is now beyond stressed and at risk of further harm unless we take a radical and innovative approach.

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