

Draft Budget Scrutiny 2014-2015 UNISON Scotland

UNISON Scotland's Submission to the Scottish Parliament, Health & Sport Committee on their Consideration of the Scottish Government Draft Budget 2014-2015.October 2013

Introduction

UNISON is Scotland's largest trade union representing over 160,000 members working in the public services. We represent over 60,000 health staffing. We represent occupational groups engaged in the integration agenda including amongst many others: strategic and operational managers, community nursing staffs, social work staffs including social work fieldwork staff, homecare workers, welfare rights staff, housing staff and therapy staff groups (physiotherapists, occupational therapists, podiatrists), who deal on a daily basis throughout the year with all patient/client groups requiring support in the community.

UNISON Scotland welcomes the opportunity to respond to the Health and Sport Committee's scrutiny of the budget.

What are the pressures on health spending and how do we mitigate them?

The biggest pressure perceived by UNISON members working in Health services is that demand for services is rising. This is felt on the ground where staff feel that ever more is being demanded from them in situations of ever tightening budgets. Staffing levels are a sore point in many areas. While on paper while on paper headcount is static, vacancy figures in several areas suggest that actual headcount is declining.

The demographic challenge facing Health and Care services is well known. Whilst these challenges may well be mitigated through more integrated services, preventative measures and better public health, Health and Care staff still need resources to deal with current demand.

Are we spending wisely?

We note that the draft budget contains a provision of £245m is to be set aside to meet payments for PPP schemes contracted by the previous Scottish Government. We repeat our view that every opportunity should be explored to see if economies can be made by buying out or renegotiating such deals. The same process should be gone through with more recent deals.

Whilst UNISON is generally supportive of a greater emphasis on preventative care and spending such an emphasis must also acknowledge ongoing current need and demand. Preventive spend will, it should be hoped, deliver savings in the longer term but whilst political decisiveness around issues is often welcome there is a suspicion amongst staff that high profile announcements (Cancer Drugs or A&E are mentioned by members in in this context) there are questions as to whether these are being fully funded or whether other, less media friendly services, are being cut to provide funding.

How are we ensuring that services are efficient? Are the Scottish Government's targets for health, as set out in the National Performance Framework, appropriate and is progress acceptable?

These questions are linked and point to frustrations being felt in the workforce.

Whilst workforce planning is a feature of the work of virtually all elements of the NHS the experience of how effective this planning is varies considerably across different areas. Much effort has gone in to workforce planning but there is suspicion that the figures provided fail to match the reality on the ground.

There is a widespread view in the workforce that the targets and standards set are often out of synch with the spend associated with delivering them. It goes without saying that there is little point in setting standards without providing these resources to make them a reality.

There is a difference between measuring whether targets have been met and reflective analysis of performance. We are concerned that the emphasis on the former and not on the latter. Effort should be placed on improving and delivering whereas the current framework allows scope seems to allow for devising mechanisms to game the system to meet arbitrary targets.

Health Boards, as staff are only too aware, are constantly trying to do more with less. There is a point where this process drives inefficiencies. For example the commitment to mandatory tools in Nursing and Midwifery, but some Boards appear not to be staffing to the level where these can be made use of, leading to the danger that services may be cut in order to make this possible.

The pursuit of Cash Related Efficiency Savings (CRES) is sometimes counterproductive. Reducing Clerical support on wards for example may realise an on paper CRES – but the net effect is to tie up nursing resources. Similarly an across the Board target of 4% reduction in sickness absence is actually diverting time and effort into taking staff through disciplinary procedures staff where a more flexible approach might be more effective in the longer term.

In a more general sense we would welcome a greater focus in the targets for health on tackling health inequalities. This would require a concerted effort across Government and a willingness to work in a cross cutting manner.

What are we doing to ensure that the quality of service regarding outcomes for patients is protected?

Not enough. There is little sign of the Scottish Government acknowledging that there has to come a point where there are no more realisable efficiencies to be obtained. We have already experienced the situation where managers have tried to impose working patterns in breach of the Working Time Directive.

How are we planning for change (particularly with regard to the integration of health and social care)?

Inadequately. Care integration is not a new concept and various proposals and UNISON members have experience of a variety of previous attempts going back to joint financing arrangements of the 1970's, Local Health Care Co-ops, The community Health and Care Act of 2002 to mention only a few which have been tried with varying levels of success. Because of this experience we feel that estimates for savings through this process, by avoidance of unplanned hospital admissions, and figures as high as £1.5bn have been mentioned, are unrealistic. Savings on a large scale can only be realised if these beds are closed yet Health Boards are currently demanding more acute beds.

Rather than Care Integration being budget driven it should instead be focussed on delivering a higher standard of care. Despite being much maligned the 15 minute care visit is far from being exceptional but fast becoming the best that Scotland's elderly can expect. The service is increasingly being delivered by staff on little more than the minimum wage often on zero hour or nominal hour contracts.

We would have expected, for budgetary, even if no other reasons, that staffing issues would have played a greater part in the consideration of the planning for care integration than they have so far. To be effective new structures and ways of working will need to be developed from the bottom up, rather than the top down. Currently, staff delivering care have their own cultures, systems of governance and terms and conditions. Ensuring seamless working and as such the most effective use of resources will in itself need significant investment; in design, in staff engagement and aligning management and training. A national framework for staff transfer (including pensions) will also be necessary.

We are also concerned that VAT may not be recoverable by integration boards under the s33 exemption – as happened when Police and fire services moved out of Local authority control. This would amount to a £32m going to the Treasury rather than providing care.

We believe that more consideration of the impact of the Self Directed Support Act will have on care integration is needed.

What will be the impact of this budget, in a health context, on (i) equality groups and (ii) climate change policy?

As resources become tighter it is usually the case that the first to suffer are those who are already marginalised. If this is not to be the case then particular efforts will need to be made to address this.

Services are overall still being centralised. This puts people on the road, both staff and patients. For this not to have climate change implications there is a need for greater effort being put into having a joined up transport network.

Mike Kirby, Scottish Secretary