



# **Scottish Labour Party Policy Forum**

## **Building Excellent Education and Health Services**

***UNISON Scotland's response to the Scottish  
Labour Party's 1<sup>st</sup> Stage Policy Forum Document.***

***June 2005***

## Introduction

This paper constitutes UNISON Scotland's response on Building Excellent Education and Health Services.

UNISON is Scotland's largest trade union representing over 150,000 members working in the Scottish Health Service, local government, further and higher education and other public sector providers throughout Scotland.

This response has been informed by a major consultation exercise *Scotland 2010*. We circulated some 10,000 copies of a consultation paper encouraging workplace discussion of the key issues in the SPF consultation papers.

## Excellence for All

The provision of health and education services should be underpinned by key principles. UNISON Scotland believes these should include:

- Extending **democratic accountability** to the quango state and the unelected regulators through real participation and involvement of service users and staff.
- Building **capacity** that then allows a culture of **innovation** to flourish.
- The **recruitment and retention** of high quality staff through fair pay and conditions.
- High **performance** assessed by systems appropriate to the complexity of public service provision.
- Cross boundary collaboration through **public service networks** that promote co-operation, not fragmentation and competition.

We should explicitly set out Scotland's model of public service delivery in a similar way to the Wales Assembly government. A model based on partnership not markets.

## HEALTH

### Public Health

The Scottish Executive can be commended for its efforts to foster a step change in Scotland's health. We have made a huge step change in the approach from the Tory years when the links between poverty and health were denied. We recognise that there is still much to be done over the next 25 years to measure the impact in our communities and address new challenges partly caused by increasing affluence and an ageing society.

UNISON recognises the range of topic-based work to improve public health. With so many initiatives however, there is a danger of a fragmented approach and the use of less empowering models. In the interests of joint working a more client-based approach is needed to support the efforts of our members within the local authorities. Community Planning Partnerships should be encouraged to focus on improving the health of specific care groups with the recognition that improving living standards is also an important strand of improving the health of local populations.

## **Smoking**

The Smoking Bill [Smoking, Health and Social Care (Scotland)] is currently going through the legislative process in the Scottish Parliament. The provision of smoking cessation services and the enforcement of the ban on smoking in public places will underpin the success of the legislation. UNISON believes that it is important to recognise that smoking cessation is primarily about tackling a nicotine addiction and not a lifestyle choice. It is recognised that additional money will need to be made available to support and enforce the legislation.

We welcome the ethos behind “adding years to life and life to years”. Interventions for cessation activity should be targeted at young people, young mothers and the elderly. UNISON recognises the rolling programme of monies made available by the Scottish Executive to fund smoking cessation services. This money has been targeted particularly at areas of deprivation but is now part of the NHS Boards’ unified budgets, allowing an appropriate amount to be directed at smoking cessation and prevention needs within each area. Additional funds need to be made available to support expansion of these services and cessation targets should be set with each individual Board to ensure that the funds are being used effectively.

Further monies also need to be targeted at young people to create an anti-smoking prevention service in partnership with Integrated Community Schools and the Health Promoting Schools Unit. This will allow integrated planning for delivery of services around school clusters supported by a central resource within a range of geographic communities.

## **Dental Health**

Dental health in children is a significant priority and should be linked to a healthy diet. Levels of dental caries in under five-year-olds are on the increase. UNISON notes the difficulties faced by many individuals in seeking a NHS dentist. We support the recent comments by the Junior Health Minister for newly qualified dentists to work as NHS dentists for a specific period to address this inequity. We also call for a major expansion of community dentistry services in local health centres, staffed by salaried dentists.

## **Education**

Recent television programmes, such as “Jamie Oliver’s School Dinners”, have placed a spotlight on the quality and accessibility of school dinners. This impacts on the physical and emotional wellbeing and education attainment of our children. UNISON welcomes the higher level of spending on school meals in Scotland than our counterparts in England.

We must not be complacent however and should have clear plans on how we will support local authorities to increase the nutritional value of school meals and to review access arrangements to nutritious options during the school day. We note the limitations on increasing the nutritional value of school meals imposed by a contracted out school meals services. The Parliament should also investigate opportunities for economies of scale to be used to fund improvements in school dinners, recognising the important part that nutrition plays not only in improving health, but also in tackling discipline problems. UNISON Scotland believes free school meals should be available to all children, which would reduce the stigma faced by those currently entitled to free school meals.

UNISON values the contribution made by teachers, health and community education staff and others to support health promotion within schools. We support a multi-disciplinary approach to working with young people in a range of different settings. UNISON recognises the need for investment in staff development at all levels to develop skills mix necessary for individual and group support activities and to promote a positive experience for young people trying access services to deal with their health issues. A school nurse in every secondary school and its primary cluster should be the minimum provision.

UNISON believes that sex and relationships education is a community and family responsibility which should involve a range of agencies that have different but complementary roles, including school based programmes. They should be grounded in broad-based learning that builds on a wide range of life skills including self-esteem, respect for others, communication and emotional intelligence. Where young people have the necessary confidence they should access sexual health services as a couple. Growing levels of sexual infection require positive programmes.

In addition to initiatives based in schools further support should be given to nursery staff and child and family centre staff to work with children and engage with adults to empower them to raise health issues with their child. Particular emphasis should be on supporting changes in behaviour with children and how families can help children live more active and healthier lives.

### **Food**

UNISON recognises the improvements in food labelling. However, the food industry should be encouraged not to use excessive amounts of sugar and fat in prepared foodstuffs, and salt should be excluded altogether where practicable. The amount of each of these elements must be clearly labelled on all food and drinks. We recommend further work with the food industry to address literacy and to promote informed decision making by consumers who want to improve their diet and nutritional balance. We urge the Executive to work with the Food and Drinks Industry (and if necessary legislate) to disclose the percentage of fats, salt and sugar contained within their produce.

We recognise that fluoridation in water is an emotive issue. We encourage the circulation of the evidence for and against this type of intervention to encourage a mature debate on the subject.

### **Physical Activity**

Physical activity is an independent variable for coronary heart disease and stroke. We support the recommendations of the national strategy for physical activity, in particular the steps to challenge the decline of girls and young women participating in organised physical activities.

The national recommendations are that:

- *All children and young people, including children with disabilities, should be physically educated in nursery, primary and secondary school by taking part in at least one hour a day of physical activity. This physical activity should include physical education, play, sports, exercise, dance, outdoor activities, active travel and support to be active in their daily tasks at home, at school and in the community.*

- *Activities for adults should include a range of things: environmental changes, social support networks, education and using local media – these should be planned together as community-wide campaigns.*
- *Employees should have opportunities to be active at work and through activities organised by their workplace. This could be developed and supported through initiatives such as Scotland's Health at Work (SHAW).*
- *Adults later in life, who are able, should be supported and encouraged to stay active in the community for as long as they choose and those living in residential care should have opportunities for physical activity in line with the Care Home Standards 2001.*

## **Mental Health**

UNISON welcomes the national programme for improving mental health and well-being which aims to raise public awareness and promote positive mental health and emotional well-being; to eliminate the stigma of mental health; prevent suicide and support recovery. Scotland has a rising rate of suicide, particularly amongst young men and the rates of self-harm are also high and give cause for concern, particularly amongst teenage girls and younger women. Implementation of initiatives like “Choose Life” and “Breathing Space” must be rolled out throughout Scotland to tackle these problems. We recognise that mental health is a foundation for well-being and improved quality of life. However significant investment is needed to sustain and mainstream development.

Mental health spending is often the first to be cut from a budget in times of financial constraint. We recognise contribution made by colleagues within the Voluntary Sector, in particular to mental health services. The Voluntary Sector offers a different and more locally tailored service for a community or community of interest. There is a need to raise awareness within the public sector of the range of services available.

## **Health at Work**

There is increasing evidence that many of our most intractable health problems are linked to the long hours culture and the increasing complexity and pressure many workers are placed under. A recent survey indicated that some 60% of the workforce feel they are not coping with their job and this is reflected in UNISON surveys. There is a view that health conditions such as alcohol abuse, obesity, sexual and mental health, that are all rising in Scotland, are causally linked to this problem. We therefore need to consider a new wave of public health solutions. These may be linked to addressing ways of working and self esteem. There are many aspects of Scandinavian society that may offer pointers to the way ahead.

## **The NHS in Scotland**

### **Hospitals**

The acute sector suffers from capacity constraints in terms of beds, nurses and doctor availability. Recruitment and retention of staff remains an issue, despite an increase of 10% more doctors and 5% more nurses since 1998. However, the European Working Time Directive and the new Consultants' and GPs' contracts have resulted in reduced working times for medical staff. This is complicated by additional workforce development needs and funding long-term activity. UNISON recognises these difficulties but we feel that short term funding decisions should not be the basis of deciding between

centralised or local care. Care decisions should be made on the basis of clinical outcomes, for example, time taken to recover from illness rather than distance travelled or cheapest option.

UNISON welcomed the National Framework for Service Change in the NHS, published by Professor David Kerr in May 2005 which found that “the basic ethos of the NHS in Scotland – free comprehensive care to all – still commands universal public support. The future of our health service needs to be built from that base.” Health care needs to be “fair to all” and “personal to each of us”. UNISON supports Professor Kerr’s view that health services should be delivered predominantly in local communities, not in hospitals, and that preventative, anticipatory care, rather than reactive management should be the aim. The report followed widespread protest at the prospect of closure of local hospitals and the withdrawal of key services, in favour of specialist treatment in the larger hospitals. Professor Kerr recommended that specialist treatments, such as heart by-passes and major cancer treatments should be undertaken in specialised centres. He also supported the Executive’s strategy of an increased use of day surgery which is seen as a key strategy to cutting waiting lists. UNISON Scotland supports these proposals as being a sensible way forward for the NHS in Scotland whilst recognising that there will be many challenges in implementing the framework..

UNISON Scotland supports the Executive’s strategy to decrease the amount of hospital acquired infections (HIAs), such as MRSA, which are causing great distress to patients and their families. UNISON has long campaigned for an end to the use of private contractors in the NHS which have been responsible for the huge decline in the number of cleaners over the past 18 years. We believe that direct employment of more and better-trained cleaning staff is the key to improving standards of hospital cleanliness, contributing to the eradication of these HIAs. We welcome the progress made in Scotland to bring cleaning services back in-house.

UNISON Scotland has produced an NHS *Food for Good Charter* which aims to ensure that food consumed in hospitals in Scotland is nutritious and locally sourced and prepared. The charter covers such topics as Organic Food; Animal Welfare; Meat Quality; Fair Trade; 5 portions a day; Real Food, etc. It also recommends better and fair pay for NHS catering staff. UNISON believes the Executive should adopt the recommendations in the Charter, which would lead to better health and quicker recovery times for patients and would improve the diets of thousands of health service workers.

UNISON Scotland is opposed to current proposals from the Health Minister to involve the private sector in the delivery of health care in Scotland. We accept that these proposals are modest, compared to other countries, nevertheless we believe this is wrong in principle and practice and instead, would support initiatives such as the nationalisation of the Golden Jubilee Hospital as the way forward.

UNISON Scotland believes that long waiting times for treatment are a continuing problem for patients and as a political indicator of good practice, undesirable from any point of view. However, what matters to patients is not how many other people are on a list but how quickly they will be treated. Too many patients are still waiting far too long. This has been an issue of capacity but it is also an issue of organisation. The solution is service redesign together with growing capacity. There are many local examples of good practice that need to be better shared as we end the market culture that has fragmented the service for so many years.

## **Prescription Charges**

UNISON Scotland supports the current Bill in the Scottish Parliament for the Abolition of Prescription Charges and urges the Scottish Parliament to follow the lead of their colleagues in the Welsh Assembly and bring forward proposals to support this initiative. This would help those on low incomes and the chronically sick, who often forgo buying much needed medicines, due to the cost, which can often result in them requiring hospital treatment as their conditions worsen. UNISON believes that the cost of this can be met by tackling the ever-rising drugs bill. Drug companies make a lucrative income from NHS Scotland and rising drug costs is swallowing up much of the additional government cash for the Health Service. In addition, the current initiatives for a streamlined procurement strategy for the purchasing of drugs across Scotland should release considerable savings which could cover the cost of the free prescriptions.

## **Staff**

The consultation paper rightly identifies that the NHSiS depends on all its staff to deliver an effective service. The NHSiS must engage with its entire staff, develop their vision and utilise their unique experience of delivering health and social care. The Scottish NHS partnership approach to industrial relations acknowledges the depth and strength of the commitment of all NHS staff to the ethos and values of public service.

Increasing the supply of well-trained and qualified nurses, allied health care professionals, social workers, care assistants, and ancillary workers will make a huge difference to the provision of equitable services across all parts of the health care system. Encouraging the large pool of qualified nurses doing other jobs, or not working, to rejoin the service could increase the supply of nurses relatively quickly. Raising the status of nurses, and changing the medical culture that treats them as second-class citizens will take longer, but clear signals should be given now. In the meantime, better pay and conditions, and more attention to team building and morale will be popular with both the public and the nursing profession.

There is particular concern over spending on agency nursing. The cost of which has risen by more than 80% in four years. This is not only poor value for money, but as highlighted by the Accounts Commission the use of temporary staff could affect quality of care.

The drop-out rate of student nurses could be as high as 50% at some universities with millions of pounds is being wasted on training nurses who do not stay the course. Drop out rates in Scotland range between 19-35%. Much higher than other professions such as teaching with drop out rates as low as 8%. Among the reasons for the problem, are accommodation costs, child-care costs, the lack of professional support while on placement in hospitals and even a lack of academic support. UNISON launched its *Pay Not Poverty* campaign, which calls for nursing and midwifery students to be given a proper salary rather than the meagre £5,700 bursaries they receive now. Also reinstating nurses homes (or providing key worker housing support), many of which have been sold off, instead of forcing students to find expensive accommodation away from the hospital.

Over recent years, there has been a significant increase in the number of nurses working in Scotland from overseas, due to shortages in Scotland. However, many have experienced bad practice and discrimination, particularly in the private care sector. If the Fresh Talent initiative is to have real meaning we must provide better protection for staff recruited from

abroad. Of course overseas recruitment must be based on ethical principles so that developing countries do not lose skilled healthcare staff.

For most people, the image that immediately springs to mind when they think of the NHS is doctors and nurses working in hospitals. But this isn't the whole story. The modern NHS team is made up of many different people working in different jobs and different settings. All play a crucial role in ensuring patients receive the best care available.

Far from obstructing the work of doctors and nurses, managers and support staff are vital if clinicians are to be able to deliver first-class services to patients. Accusations that there has been a proliferation of 'pen-pushers' may make irresistible headlines. But, the claims are not only misleading, they are hugely damaging to the morale of hardworking NHS staff, and to the quality of the health debate.

Whilst Agenda for Change provides a modern pay system for the NHS there remains a need to finance compensation for the historic pay discrimination against women in the NHS.

The NHS Pension Scheme is considering changes including; raising the retirement age to 65, changing the way in which pensions are built up, and changing the age at which benefits can be withdrawn from the scheme. A proper pension is an important incentive to the recruitment and retention of staff. UNISON believes that any changes to the scheme should only be introduced after the fullest consultation, negotiation and agreement of the NHS trade unions.

## **Community Care**

With the emphasis in public debate on the role of hospitals it is often overlooked that most health and social care is delivered in the community. 90% of patient contacts with the NHS in Scotland take place in primary care, increasingly with practice and community nurses as well as GPs. As highlighted in the Kerr report, this situation is likely to increase. Scotland's ageing population is key to the need for a change in the way health is managed. The NHS of the future must focus on managing the care of the vulnerable in the community to prevent their condition deteriorating leading to patients requiring hospital care. The NHS should also focus on preventative health to ensure that there is less demand for acute services as the current working population moves into old age. With an extension of staff roles, service redesign and technology far more services can be safely delivered in community settings including local diagnostic and treatment centres.

UNISON Scotland believes that greater use should be made of salaried GPs, which right in both principal and practice, as there are many doctors who wish to focus on health care and are not interested in running a small business.

Community Health Partnerships should develop into the primary delivery mechanism for local care including all the staff and user interests including GPs. However, much more consideration is required to develop the appropriate structures based on local need.

UNISON Scotland fully supports the concept behind NHS24 as providing real support to many patients requiring help out of normal hours. We welcome the interim report of the NHS Review Team into NHS24, and urge all concerned to co-operate to reduce the pressure on staff. NHS24 was not originally intended to substitute for the withdrawal of

GP out-of-hours cover, and we expect the final report to address this change in role and remit. The public must be fully aware of what they can expect from this service.

Social care cannot be considered separately from health care, and greater co-operation between the NHS and social services is essential. More resources are needed to keep people in their own homes. Personal care contributes greatly to keeping people out of hospital, yet the role of carers is neglected. They also need proper support and resources.

We welcome the 21<sup>st</sup> Century Review of Social Work, which is aimed at improving the image of social workers and countering the negative and unfair media coverage they often receive. This contributes towards the low morale of social workers who are carrying out a difficult job in often dangerous circumstances. We support the recent initiatives between the trade unions and the Scottish government to attract more people into social work and develop a workforce capable of meeting new challenges.

We support Joint Future as a positive way to facilitate joint working between a range of providers, from the voluntary and public sectors to ensure a seamless service for clients. There are substantial challenges in providing services across different professional cultures but this approach is more flexible than structural change.

However, we continue to oppose joint ventures with private companies running health centres on a profit basis. We totally reject the proposals in the Smoking, Health and Social Care Bill to allow joint venture companies to run health centres.

We reject the Private Finance Initiative as being costly method of borrowing and note the apparent weakness within the Scottish Executive, which has not explored an alternative model despite a significant number of failures.

Direct payments are a significant issue for community care users. We recognise the impact that control over service provision can have in the enhancement of the independence and well being of many service users including, for example, disabled or elderly people. We are also aware that many people with significant care needs struggle to source a personal assistant or care provider for reasons connected to race, gender, location and other factors. However, in general we believe that appropriate user-focused care services should be delivered flexibly by public sector care providers and that employment under direct payments cannot be on terms any less favourable than those offered in the public sector. We do not wish to see a two-tier workforce carrying out the same duties at different rates of pay. We see an important role for the Care Commission to monitor standards and to report to the Scottish Executive any concerns.

## **Health Boards**

UNISON welcomes the abolition of Health Trusts and their absorption into Health Boards and the establishment of the new Community Health Partnerships with the contribution they can make to improve local delivery of healthcare services. We now need to introduce more democratic and responsive structures into the NHS in Scotland, based on genuine public participation in decisions about how health services are delivered. We support greater democratisation of the NHS and Health Boards to ensure that such bodies are fully accountable to the communities that they serve.

A key element of increased accountability must be direct elections to health boards and to this end we support the private members Bill promoted by Bill Butler, MSP. Direct elections would improve public confidence in difficult decisions and create a legitimacy currently lacking in current structures. We also wish to see effective consultation arrangements within Community Health Partnerships, based on existing arrangements with partner organisations.

Health boards require adequate funding to perform their many responsibilities. Whilst Agenda for Change will introduce equality proofed pay systems there will be a substantial bill for historic pay discrimination. In similar vein proper pension provision is essential for the recruitment and retention of staff.

## **Private Finance**

Since PFI was introduced into the Health Service, there has been concern that once services are run for private profit, the quality of care is reduced and the public service ethos is replaced by a hard-nosed profit motive.

We now also know the cost of PFI with its more expensive borrowing costs, profit margins and contractor failure. The extremes of massive wealth and commercial failure reflect the reality of how the market works. It should be no surprise that this is the outcome of introducing the market into the delivery of public services. The problem is that the public sector loses either way. The huge profits are draining the public sector of money that should be going into public service delivery and improvement.

In Scotland a huge amount of money is being wasted on the additional cost of PFI over conventional procurement. Most public authorities have no choice other than to use PFI, as the Scottish Government has consistently only provided funding to public bodies if they use PFI. This must end and be replaced by a system that provides a genuine level playing field between PFI and conventional borrowing.

## **Alternative Medicines**

NHS should expand the range of alternative treatments, which are available on the NHS as these are now accepted as having a significant role to play in the treatment of health problems. We are all individuals when it comes to our health and our bodies respond differently to certain treatments. The success of the Glasgow Homeopathic hospital is a good example of provision that should be supported and we welcome the commitment of the Scottish Executive in supporting the retention of in-patient beds. We believe it is important for the NHS to offer a range of options as alternatives to prescribing.

## EDUCATION

UNISON Scotland represents the majority of support staff working in early years establishments, schools, Further Education Colleges and Universities. Our members include managerial, administrative and technical and support staff. This includes nursery nurses and other early years workers, school administration staff, school librarians, classroom assistants, school nurses, catering staff, janitors, finance, personnel staff, support services, admissions, information provision, advertising, board secretaries, librarians, staff in flexible study centres, careers staff, nurses, drivers, general administration, secretarial and clerical staff, janitorial, cleaning, catering and maintenance staff. These staff do not command the same salaries and development opportunities as those afforded to teachers and lecturers and are often treated as second class citizens. We believe that proper training and a decent pay structure should be available for all staff working in the education environment.

Some employees are classed as term-time workers which means they do not get paid for holiday time, but as they are still classed as employed, do not have access to unemployment benefit during these breaks. This inequitable practice must end.

UNISON welcomes the development of integrated community schools providing a range of services for young people and local communities in one building.

UNISON Scotland believes that the Executive should provide free, full-time childcare and early years learning for all ages from 0+. Currently, there is provision for part-time, free pre-school education for all 3 and 4 year olds and whilst we welcome this, we believe it is inadequate and should be extended. Free, universal childcare would assist lower income families, as it would take the stigma away from those who are granted provision because of their lack of means. We support an integrated childcare and early years' strategy because, as is widely acknowledged, a child learns more in the first five years of its life than in any other five-year period. To support this position we believe that early years' staff should receive pay and conditions commensurate with their responsibilities.

We support good practice in schools that seek to understand children who have behaviour problems, which lead to anti-social behaviour in schools to avoid unnecessary exclusions. We are however concerned about the personal safety of staff including classroom assistants who provide support to these sometimes-challenging individuals.

We note the Executive's proposals to introduce Schools of Ambition, for which 43 schools applied for the first phase and note that those chosen will receive £100,000 a year during the time they remain on the programme. As well as using the cash to improve their own performance, the schools will help set new national standards in excellence. However, we remain convinced that Scottish schools should be funded on a fully comprehensive basis as the best way of ensuring equal treatment for every child, irrespective of background. We strongly support all children experiencing a wide diversity of experiences and that they should receive greater experience of multiculturalism in their education to enable them to reach a higher level of understanding and tolerance of those from different cultures. Mixing vocational and academic qualifications within the school curriculum offers more choice for young people to meet

their aspirations and participate in a work setting. This choice should not however be at the expense of reducing the range of current provision within schools.

We support the campaign for free school meals and its aim of provide a free nutritious meal for all children in local authority schools in Scotland which would assist in tackling poverty as it would remove the stigma from those currently entitled through means testing.

We remain unconvinced that the Executive's proposals for PFI in schools, is the way forward for education in Scotland. As well as our general criticisms of PFI, with its more expensive borrowing costs and profit margins, there have been high-profile disasters in Scottish Schools. For example the collapse of Ballast PLC caused massive problems in East Lothian and Renfrewshire, and this had a knock-on effect with other contractors being deterred from work on future schemes. We reiterate our previous comments that this situation must end and be replaced by a system that provides a genuine level playing field between PFI and conventional borrowing.

We support the Executive's endeavours to enhance the learning opportunities by increased collaboration between schools and further education colleges, and are confident that the Executive will appreciate that there are the staffing and resource implications. We also support the moves to increase the professional development of staff employed in colleges and hope this will be extended to support staff as well as the teaching staff.

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