

## **Care Integration**

### **Comments to Health & Sport Committee**

#### **Introduction**

UNISON Scotland was pleased to be asked for written views by the Scottish Parliament's Health and Sport Committee on its Inquiry into Integration of Health and Social Care which will inform its report to present to the Scottish Government in advance of their consultation and future legislative process.

#### **Proposals**

We understand that at present the Government intends to integrate health and social care primarily through legislation to replace Community Health Partnerships (CHPs) with Health and Social Care Partnerships (HSCPs) which will be the joint responsibility of the NHS and local authority, working with the third and independent sectors. The HSCPs will be accountable to Ministers, local authorities and the public for delivering improved outcomes for older people, including a reduction in delayed discharges, a reduction in the number of unplanned admissions to hospitals and having a greater number of older people living in their own homes, rather than in care homes or hospitals.

UNISON appreciates that the drive towards this has gone on over a number of years, with variable degrees of success but we are very supportive of the aim towards achieving better outcomes for older people.

We welcomed the commitments of the Health Secretary, Nicola Sturgeon, when she announced her proposals in December 2011 that the changes would not involve 'centrally directed, large-scale structural reorganisation and staff transfer' and that any changes would be 'designed and agreed locally' to suit the needs of local people. However, we did not agree with her comments that this applied to the approach being taken in Highland.

#### **Context**

The drive towards integration is taking place in a difficult financial period with intense financial pressures on social work budgets following cuts of around £400 million over recent years. These reductions are resulting in care home and day centre closures, wardens being removed from sheltered housing at weekends and the introduction of charges for services that were previously free. Many local authorities are outsourcing care services and expanding personalisation in an effort to cut costs. The impact on the Community sector has been particularly severe, with job losses and cuts in pay and conditions right across the care sector.

Other policy developments that will impact on the delivery of care services include the forthcoming Self-Directed Support Bill and any implications arising from the Commission on the Future Delivery of Public Services in Scotland (Christie Commission) which was published in 2011.

We are aware of many successful examples of integration of health and social care services which are being delivered without major structural change and hope the forthcoming consultation and legislation will take account of and aim to build on these.

#### **Issues for consideration:**

##### **1. Highland**

Our experience so far with the Highland situation has not been positive and we are very pleased with assurances that Highland would not be used as a pilot scheme and that the proposals for the rest of Scotland are more likely to be locally based, without major staff transfers. At the end of 2011 we requested that the proposals be put back to allow further discussions on the wholesale transfer of staff and functions to take place. Unfortunately, this request was not acceded to and we continue to have serious doubts on particular issues such

the timetable, staff pensions, TUPE transfers, the risk of outsourcing through the procurement process, professional support and accountability.

## **2. Democratic Accountability**

Democratic accountability is a key principle for UNISON Scotland and we welcome the acceptance this will continue through the partnership arrangements of the HSCPs. We would strongly oppose any weakening of this principle.

As outlined above, we are concerned that social care in local authorities is being cut and outsourced at a pace that is likely to seriously undermine the delivery of services over the coming years. The likely effectiveness of the proposals in protecting services will therefore be a factor in our consideration of these proposals.

## **3. Health and Social Care Partnerships**

In June 2011 the Audit Commission published a damning report on the operation and results of many Community Health Partnerships, following a detailed review. The report pointed out that improvements made since the start of joint working in 2002 had now started to decline. Statistics for delayed discharges (bed blocking) which had declined from 3,116 in 2002 to 434 in 2008 had risen to 760 by 2011. In addition, emergency hospital admissions for older people had increased over the same period as had the number of older people admitted to hospital on more than one occasion. The report concluded that the Scottish Government, NHS and councils needed to show stronger shared leadership and support for CHPs to improve people's health and to move more services into the community.

UNISON believes that the deficiencies apparent in the Audit Commission report must not be replicated in the proposed Health and Social Care Partnerships.

One way to improve the working of the HSCPs would to include staff and trade union engagement from both the NHS and local authorities.

## **4. Professional Issues**

UNISON is concerned about how the different professional approaches would be reconciled. For example, where HSCPs are managed by the NHS we would be concerned that there could be a risk that a medical rather than social care model would dominate. In addition, we would wish to know how conflicting professional values and responsibilities would be reconciled in one organisation. Previously, under Joint Future and subsequent models, tensions have arisen where nurses were managed by social workers and vice versa. We would also wish to know what role GPs and Consultants would play and whether they would have access to the Care budgets.

We would also wish to know how the various pieces of legislation governing the NHS and Social Work in Scotland would sit with the new procedures. For example we would want assurances that the role of the Chief Social Work Officer would continue to be replicated within the new organisations and clarification of what would happen to the role of the mental health officer.

## **5. Self Directed Support/Procurement/Privatisation**

We would require clarification on how the personalisation policy will be addressed within the new organisations and whether the proposed HSCPs will focus on commissioning or whether they will be significant delivery organisations. For example, if they were to have a delivery role we would want to know how this approach would defend against contestability and EU procurement regulations. In particular we would require assurances that a role for voluntary sector providers would not simply open the door to private sector providers, leading to the subsequent privatisation of services.

We would also wish clarification on what changes might be envisaged to the Scottish Government's Guide to Strategic Commissioning in Social Work Services and Guide to

Procurement of Care and Support Services. We are aware that the “*Statutory Guidance to Local Authorities on Contracting*”, issued by the Scottish Government on 10 August 2006 (hereafter referred to as the Section 52 Guidelines) was aimed at preventing the creation of ‘two-tier’ workforces when staff were transferred to a new contractor. It looked to ensuring that the terms and conditions for new recruits post-transfer were “no less favourable overall to those of transferred employees”. UNISON Scotland firmly believes that any workers transferred to new employers through the transfer of services should not be subject to inferior terms and conditions.

We accept that there is no proposal in our current understanding of the Government’s plans to transfer staff, but we are concerned that in future there could be further transfer of care services to the third and voluntary sectors. Social care services provide essential care in a variety of ways to some of the most vulnerable people in Scotland. They require well-trained, qualified staff which cannot be provided on the cheap. We are aware of some care providers paying vastly inferior wages to those employed by the local authority and would again want assurances that this will not happen to current health and local authority staff under the new arrangements. UNISON has long supported the campaign for fair funding for the third and voluntary sectors to ensure equitable wages and conditions between front line voluntary sector workers delivering public services and public service workers.

However, UNISON would be seeking to retain current care services in house, as is the case in the NHS.

#### **6. Other Council services**

Consideration must also be taken of the existing links between care services and other council services. For example, mental health, criminal justice, children’s disability services, housing services, community support for learning disability and leisure services, can all link in with services to the elderly at different aspects of their care. We would want clarification of how these services would continue to dovetail with care services. Local authorities currently have responsibility for the promotion of social welfare and we would wish to ensure that councils could continue to invest in creating stronger supports in communities across these different services.

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