



Public Bodies (Joint Working) (Scotland) Bill - Response to the Call for Written Evidence from the Scottish Parliament Health & Sport Committee

The UNISON Scotland Submission to the Scottish Parliament's Health & Sport Committee

August 2013

Introduction

UNISON Scotland welcomes the opportunity to respond to the call for evidence from the Health & Sport Committee regarding the Public Bodies (Joint Working) (Scotland) Bill. UNISON Scotland has almost 160,000 members, over 90,000 of whom work in local government and 50,000 in the health service. We represent community health staff as well as social workers and social care staff who are all part of the adult health and social care workforce, most of whom will be affected by this Bill

General Comments

UNISON members in Scotland have been involved in various proposals to improve joint working between health and social care workers over many years and we accept that joint working has not worked well in all parts of the country. This is despite improvements that have been achieved during this time with reductions in the number of elderly people kept in hospital due to lack of care plans which would allow them to return home. We also accept the current emphasis on the potential increase in the number of elderly people which will drive up demand for care services in the future. We are aware of the excellent initiatives that have arisen from the Change Fund programme which have introduced preventative and personalised services in community settings, rather than in acute hospitals and we supported its inclusion of housing and leisure services

When we responded to the consultation on Health & Social Care Integration in September 2012 we expressed several concerns about the Scottish Government's proposals and we are pleased that some of our concerns have been addressed in the Bill. In particular we welcome the intention to focus on local implementation of joint outcomes for care integration, rather than top down structural reorganisation, which studies have shown, does not achieve the required aims of service improvement.

For these reasons we were quite clear that we did not favour models that involved the wholesale transfer of staff across councils and health boards, as in the Highland Model. Our members in Highland have experienced many difficulties with terms and conditions of staff, pension arrangements, etc., and we believe that major issues, such as the status and situation of Mental Health Officers, still remain to be resolved.

http://www.unison-scotland.org.uk/response/IntegrationofAdultHealthandSocialCare_response_Sep2012.pdf

We remain concerned at the transfer of local authority democratically controlled services to the NHS as well as at the potential for privatisation of health service functions as outlined in Part 3 of the Bill. This will allow health boards to form companies and to act on behalf of other health boards to allow, for example the management and disposal of property and assets and to form other "corporate structures" under the Joint Ventures initiatives, led by the Scottish Futures Trust.

Questions:

UNISON does support several of the general principles of the Bill as it is set out so far. However, we believe there is still more detail needed on the nationally

agreed outcomes which will be set out by the Scottish Government and the scope and arrangements for local implementation of the outcomes. However, the Bill will only achieve its desired objectives if it allows genuine involvement of all parties, including staff and service users in locality planning and implementation of the strategic plans.

The Bill is being introduced at a time of reduced resources being allocated to local authorities in particular, leading to reduced staffing levels, which is affecting social care services. In addition, the Self Directed Support (Scotland) Act recently passed in the Scottish Parliament will be coming on-stream at the same time as it is proposed to implement this Bill, both of which could have an adverse effect on how well integration can be progressed. Joint budgets will need to be sufficient to deliver the services that are needed, despite these restrictions.

Lack of resources is currently causing fragmentation of care, where many care staff are being employed on zero hours contracts. This causes problems for the care worker, who does not know from one week to the next whether or where they will be working. However, it also makes it more difficult for the service user to receive a continuous service they can rely on with the same carer that they get to know. It can be confusing for many to have different staff arriving to care for them at different times. We also believe that the 15 minute visit appears to be becoming the norm which is a totally insufficient amount of time for a carer to perform the tasks that are needed for vulnerable people, often with complex needs, before they rush off to their next client, often not being paid for the travelling time between visits. This practice does not deliver a proper service to people who need to be cared for at home and should be addressed further in the Bill's progress through Parliament.

Staffing Issues

In our response to the September 2012 consultation, we expressed our disappointment that workplace issues had been given scant consideration in the proposals. We believe that one of the greatest challenges for implementation of the proposals will be the difficulties of bringing together two large groups of staff who have their own cultures, systems of governance, terms and conditions, all of which have the potential to create massive problems when implementing the plans. We continue to be disappointed that these issues have not been addressed and would strongly urge that a provision for staff and their trade unions to be involved in the integration and planning process should be included in the Bill.

Some of the following issues were highlighted in our response to the initial consultation and still need to be addressed:

Staff transfer: There is an urgent need for a legislative framework for staff transfer. Statutory reorganisations are not treated in a consistent manner in legislation. Local reorganisations operate without consistent guidance leaving management and unions to reinvent best practice in a complex legal context. A legislative framework should include a standard staff transfer order that covers

the essential TUPE+ issues. In the model proposed for Health and Social Care Partnerships the employment relationships are unclear and this could lead to complex legal issues including defining the employer.

Pensions: While the public sector transfer club operates for individuals, large scale staff transfer requires regulations for block transfers. The NHS and LGPS pension schemes in Scotland have many different elements and while service is protected on a year for year basis other factors may be important to individual staff. Again a consistent approach is required.

Secondment: Not all options in the Bill require the permanent transfer of staff. A short term transfer may be a more flexible option. This approach has also been used in circumstances involving a non public sector provider. A secondment framework for temporary or short term transfers would again ensure some consistency and guidance.

Staff employed by different employers: The Joint Future initiative introduced working arrangements where staff from different employers work together. In addition a worker can be managed by someone from a separate employer on different terms and conditions and with different professional codes of conduct. For example, a nurse being line-managed by a social worker, or vice versa, where the person from the other discipline may not understand the other's professional codes can cause misunderstandings and friction. There have been problems with different procedures such as discipline, grievance, training and development review. Professional boundaries, ethics and codes of conduct can also be an issue. Recent legal decisions (Weeks) have highlighted employer responsibilities in these circumstances. Some agreed national protocols to cover these issues would be helpful.

Procurement: There is little consistency in approaches to public service reform that involve procurement. The Two-Tier workforce provisions including the PPP Protocol and s52 have been under review for years with no real progress. Existing provisions are not well understood and certainly not consistently applied. A common procurement framework agreement would assist everyone involved in organisational change.

Equality duties: Organisational change almost always requires an equality impact assessment. Our experience is that this process is often not understood and inadequately implemented.

Governance: Different governance arrangements can be complex and confusing. This also applies to the governance of workforce issues. Christie therefore recommended the development of "an appropriate set of common powers and duties". We believe there should be a single statutory staff governance framework. There are also different approaches to, for example, health and safety, asset management between health and local authorities, and we believe a staff governance framework that offers a system of industrial democracy ensuring the opportunity for staff and their trade unions to be fully involved, from an early stage, will assist with the formulation and implementation of change between the different groups of staff. The perceived problems of the different systems of industrial relations currently in place cannot be over-emphasised

Statutory Roles: We are pleased that the Bill confirms that the status of statutory roles, such as the Chief Social Work Officer, Chief Financial Officer, Chief Public Health Officer, etc. will remain but their position alongside that of the new Board Chief Officers needs to be clarified. In addition, the status of Mental Health

Officers needs to be recognised, as the need for impartiality is of paramount importance.

Conclusion

UNISON accepts that care services face major challenges and we believe strongly that service users must be able to easily access services which will enhance their lives and enable them to live safely in their own homes and we believe the some of the principles of this Bill will assist this aim.

Our members have participated in many instances of organisational change over the years and many may be sceptical about the merits of any further major structural change. The body corporate model may lessen some of the difficulties experienced through structural reorganisations; nevertheless, significant questions still remain over how this will operate in practice.

The 15 minute visit by home carers and the practice of zero hour contracts for low paid staff must be addressed to ensure that high quality care is available to vulnerable people who rely on these services.

We have emphasised our concerns at the questions that also remain over the workforce issues outlined above which we believe are crucial to ensuring that the aims of the Bill are able to be implemented satisfactorily to the benefit of both service users and the staff involved.

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