

UNISON Scotland - Scottish Committee

Care Integration

Introduction

This statement covers UNISON Scotland's initial response to proposals for the integration of care services in Scotland either through a National Care Service as proposed by Scottish Labour or through lead commissioning as proposed by the Scottish National Party. UNISON is the largest trade union in Scotland covering the groups of staff in NHS Scotland, local government and the voluntary sector, delivering services likely to be covered by these proposals.

Proposals

Our understanding of the proposals is limited to the outlines in press releases issued by Scottish Labour and the Scottish Government, supplemented by discussions with politicians and officials.

The NCS is intended to be managed as part of the NHS although with local governance led by councillors as part of a reformed CHP structure. It will include the transfer of adult care staff to the NHS. There is a clear commitment that there will be no compulsory redundancies and transferred staff will be included in NHS terms and conditions including organisational change arrangements.

The Scottish Government proposal is the lead commissioning model where the NHS will lead on adult care services and local government will lead on services for children. This is to be piloted in Highland and again will involve the transfer of staff from local government to the NHS.

Both proposals are likely to require complex primary legislation, preceded by consultation even when they have been worked up in more detail. This process means that any implementation will take considerable time after the May elections.

Context

There are other policy developments that impact on the delivery of care services including the Self-Directed Support Bill and the Commission on the Future Delivery of Public Services in Scotland.

The drivers are demographic change that may increase the demand and therefore arguably the cost of delivering services over the next ten years or so. We would urge some caution over these projections. There is some evidence (Sanderson et al) that whilst the population is getting older it is also getting healthier. This is used to justify an increase in the pension age but is ignored when it comes to public service provision for this age group. We should also recognise the positive contribution inward migration can make to rebalancing dependency ratios.

The financial pressure on social work budgets is already intense following cuts of around £400 million over the past three years. According to Audit Scotland, the Scottish Government spent £3.2 billion on social work in 2007-08, but this fell to £2.8 billion in 2009-10. The reduction for next year is likely to be even greater with more care home and day centre closures, removing wardens from sheltered housing at weekends and introducing charges for services that are currently free. Many local authorities are planning to outsource care services or expand 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.

Issues for consideration

Our initial reaction to both proposals is not enthusiastic given the transfer of services from democratic control to the NHS with its limited democracy. Democratic accountability is a key principle for UNISON Scotland as set out in our manifesto for the Scottish Elections and our evidence to the Christie Commission. A balancing consideration for UNISON Scotland is 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 these proposals in protecting services will therefore be a factor in our consideration of these proposals.

We have set out below some of the key issues we believe have not yet been fully addressed in either the NCS or lead commissioning models.

The issues we would want more clarity on include:

- What will the strategic aims be? Will there be central direction on issues like avoiding health problems that lead to hospital admission, intensive treatment of elderly people, spending on preventative services etc?
- How much will the proposals cost, including set up costs, staff transfer etc. In the current financial climate there would need to be a robust cost benefit analysis.
- How the local democratic accountability be ensured?
- What will the governance arrangements be with health boards and the existing Community Health (and care) Partnerships? Will this be determined locally or be decided nationally?
- How will different professional approaches be reconciled? If managed by the NHS is there not a risk that a medical model will dominate? How will conflicting professional values and responsibilities be reconciled in one organisation?
- Would nurses be managed by Social Workers and/or vice versa? What role would GPs and Consultants play and would they have access to the Care budgets?
- Would the role of the Chief Social Work Officer be replicated within the new organisations?
- Our understanding is that staff in the new organisations would be employed under NHS Scotland terms and conditions. This will be a massive staff transfer of some 35,000 staff. How will the large number of staffing issues be addressed including equal pay and pensions?
- How will the personalisation policy be addressed within the new organisations? Is it intended that the new organisations will focus on commissioning or will they be significant delivery organisations?
- If they will have a delivery role how will this approach defend against contestability and EU procurement regulations? In particular will a role for voluntary sector providers simply open the door to the private sector providers and the subsequent privatisation of services?
- What changes are envisaged to the Scottish Government's Guide to Strategic Commissioning in Social Work Services and Guide to Procurement of Care and Support Services?
- If all care services are transferred from Councils, what are the implications for remaining Social Work services?
- How do these proposals ensure that the essential links which exist between the care services transferring and other Council services are not put at risk? (For example, Mental Health and Criminal Justice, Children's disability services and Adult services in relation to transition, social care and Housing services, community support for learning disability with Leisure services, etc.)
- Will the new arrangements inherit or share the local authority's responsibility for the "promotion of social welfare?" Why would Council's invest in creating stronger supports in communities if they have no responsibility for providing care?
- Will the new organisations employ Community Development staff in order to deliver the "community development approach?"

- What impact will these proposals have on the viability of local government after the loss of care services? Recognising that many councils have transferred their housing stock, leisure and cultural services for financial reasons. In addition there are other centralising proposals e.g. education. This could all lead to local services being run by a range of quangos and other delivery organisations, not dissimilar to the 19th century mess that local government was created to resolve.

Conclusion

This statement sets out our initial reaction to the NCS and lead commissioning proposals in the context of UNISON's approach to public service reform. Our long experience of organisation change means that our members will inevitably be sceptical about the merits of major structural change. We accept that care services face major challenges and it is important that service users are able to easily access services. However, there are many cultural, professional and managerial issues that are not simply resolved by structural change.

We trust that by setting out the range of issues that the published proposals have not yet addressed it will assist in developing a more coherent set of proposals that we and other organisations can seriously consider.

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