Health and Social Care Integration

Introduction

This statement covers UNISON Scotland's position on proposals for the integration of care services in Scotland. 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.

Background

Proposals for the integration of health and care services go back at least to the 1970's when the first joint finance arrangements were introduced as a way of facilitating better joint working. In Scotland there have been a range of developments including:

- 1999 - Local Health Care Cooperatives (LHCC)
- 1999 – Modernising Community Care: Action Plan
- 2000 – Joint Future Group – managing & financing services and 'single shared assessment'
- 2002 – Community Care and Health (Scotland) Act – power to direct joint working
- 2004 – NHS Reform (Scotland) Act – established Community Health Partnerships

Despite these policy and legislative developments joint working has not worked well in all parts of the country. In addition demographic change has resulted in a new impetus for change. Before the 2011 elections Scottish Labour proposed a National Care Service and the SNP a lead commissioning model.

Recent developments have included:

- Reshaping Care for Older People (2011) – called for increase in prevention and personalised services with support in community settings rather than acute hospitals.
- Christie Commission (2011) - recommended greater integration of health and social care.
- Integrated Resource Framework (IRF) – aims to enable local partnerships to understand patterns of spend and activity. They have mapped data and support test sites in Highland, Tayside, Ayrshire and Lothian.
- Lead agency model – this is the model in Highland IRF test site. This involves the local authority transfering adult social care to NHS Highland, and NHS Highland transfering childrens community services to the local authority. This has involved wholesale change of employment for affected staff, and associated budgets. The new arrangements were implemented in April 2012. While this has now happened, major issues remain to be resolved in terms of actually providing fully integrated services.

Context

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 immigration can make to rebalancing dependency ratios.

The financial pressure on social work and NHS budgets is already intense following cuts in recent years. Many local authorities have or 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.

The Scottish Government has also introduced the Social Care (Self-directed support) Bill that, while sound in principle, could also lead to a further race to the bottom in social care.

The evidence from a range of studies indicates that structural integration in itself does not deliver anticipated levels of service improvement. Petch (2011) states:
"Differences in culture and in values and differentials in power tend to distort any blueprint and to undermine any projected model. Moreover major financial and time resources can be absorbed by attempts to implement such structural change without demonstrating effective outcomes." (p 6).

These studies also show that local implementation is the key to effective service delivery across health and social care and that depends on culture, leadership, local history, context, time and vision. This is reflected in a critical Audit Scotland report on CHPs in June 2011. Despite IRF, Audit Scotland found few examples of good joint planning and recommended a review of the various partnership arrangements.

Scottish Government proposals

On 12 December 2011, the Cabinet Secretary for Health announced the Government's outline plan to integrate adult health and social care and this has been followed by a consultation paper (see UNISON Bargaining Briefing 24). The key elements of the proposed new system are:

1. Nationally agreed outcomes across health and social care, with performance management focussing at first on improvements in outcomes for older people
2. Joint accountability via the Chief Executives of the Health Board and Local Authority to Ministers, NHS Chairs, Council Leaders and the public for delivery of outcomes
    - CHP committees taken off the statute book and replaced by Health and Social Care Partnerships – joint and equal responsibility of the NHS and Local Authority
    - Jointly appointed accountable officer will report to the Chief Executives of the NHS and Local Authority
    - Annual accountability meetings will enable accountability to Ministers, Leaders and NHS Chairs
3. Integrated budgets
    - budgets for community health and social care, and for some acute hospital services
4. Strong clinical and professional leadership, and engagement of the third sector, in commissioning and planning of services
    - Locality service planning groups will strengthen the role of clinicians and social care professionals

UNISON welcomes the Cabinet Secretary's statement 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, this is not consistent with the approach being taken in Highland. In addition to the consultation paper there are a number of working groups developing the proposals and this will lead to legislation in the new year. The Scottish Parliament Health & Sport Committee has also recently reported on this issue.

Issues for UNISON

Our reaction to proposals that involve structural change is not enthusiastic, particularly when they involve the transfer of services from local democratic control to the NHS with its limited democracy. Democratic accountability is a key principle for UNISON Scotland. 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. Some benefits for staff (and services) have been achieved in Highland, for example an agreement to pay the Living Wage to relevant former local authority staff, and the extension of the NHS no compulsory redundancy policy to all staff transferred to NHS Highland. The likely effectiveness of any proposals in protecting services will therefore be a factor in our consideration.

We have set out below some of the key issues we believe need to be addressed in the current outline proposals.

Policy and governance

- What will the strategic aims be? We are concerned that central direction through outcomes will be too prescriptive, undermining local solutions to local circumstances.

- The governance and democratic accountability arrangements in the new Health and Social Care Partnerships look too weak for the major implications their decisions could have for health boards and councils. Decisions on acute services could impact on the viability of acute hospitals and typically 15% of council budgets will be transferred with consequences for remaining services. Such decisions require much stronger democratic scrutiny. We are also unclear how will the Jointly Accountable Officer will balance conflicting accountabilities?

Finance

- There is limited information in the consultation paper on 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.

- It is unclear how joint budgets will operate and the financial accountability of pooled or integrated budgets. This has not been achieved to date.

- It also also unclear how will the impact on other services be managed. For example, as acute hospital costs are included, how will the health board fund the consequences of potential long stay and general ward closures in hospitals?

- The figures for delayed discharges are not reflected in the experience of front line staff in hospitals and social work. There needs to be a more rigourous study of this issue to ensure that there is consistent practice and statistical recording.

Practice

- The consultation states that there is to be a central role for professionals. However, it is unclear how legitimate different professional approaches are to be reconciled. In lead NHS approaches there is a risk that a medical model will dominate and vice versa in local authority led models.

- The staff management arrangements in circumstances when the budget, but not the staff transfer is unclear. 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?

- How is the role of the Chief Social Work Officer to function in the context of the new organisations?

- There are different approaches to health and safety and asset management between health and local authorities – how are these to be reconciled?

Procurement

- How will the personalisation policy be addressed within the new organisations? In many areas this is being used as cover for budget cuts and privatisation and under these proposals that could be extended to NHS care.

- One of the aims is to have more patients who would have been admitted to hospital placed in social care settings to reduce unplanned admissions and delayed discharges. NHS care is free but social care can involve charges. The consultation paper is not explicit enough in explaining that this proposal will shift costs onto individuals.

- The paper refers to partnership with the third and independent (private) sectors. This strongly implies the privatisation of services and more challenges under procurement regulations. How does this fit with Scottish Government policy in relation to NHS privatisation?

- 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?

Impact on other services

- These proposals do not ensure that the essential links which exist between any 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 adaptions, community support for learning disability with Leisure services, etc. There is similar concerns about the viability of some acute hospitals when wards are closed.

- It is unclear if 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 support the delivery of the "community development approach?"

- Where will public health responsibilities sit in the new structures

- We are concerned that these proposals will have a serious impact on the viability of local government. It looks like a further attempt to centralise control of council services following on from the reintroduction of ring fencing and the centralisation of police and fire. The involvement of the third and private sectors together with housing stock transfer, trusts and arms length organisations, all leads to the fragmentation of service delivery. Not dissimilar to the 19th century mess that local government was created to resolve. Therefore these proposals need to be viewed in the context of defining the future of local government in Scotland.

Workforce Strategy

In addition to the above there are a range of workforce issues that appear to have been given very little consideration in these proposals to date. These issues are not unique to care integration and need to be addressed as part of the wider public service reform agenda - if the Scottish Government is serious about workforce development as one of its pillars of service reform. The issues that need to be addressed include:

- **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.

- **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 reorganisation requires 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. There are also some complex legal issues with secondments following the Celtec judgement. A secondment framework for temporary or short term transfers would again ensure some consistency and guidance.

- **Staff employed by different employers**: Joint Future introduced working arrangements were staff from different employers work together. In addition a worker can be managed by someone from a separate employer on different terms and conditions. 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.

- **One public service**: Christie also identified a destination for reform of local partnership working that all public service organisations see themselves as part of a common framework for public services in an area. The report suggested that this could lead to collective public identity and branding (e.g. Public Services South Lanarkshire). The current arrangements do not address issues like staff moving voluntarily between employers. We believe the time has come to develop the one public service concept from a workforce perspective.

Conclusion

This statement outlines our initial concerns and the issues that need to be addressed under the outline proposals for care integration 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. The looser arrangement being proposed may offer a better way forward, but significant questions remain over how this will operate in practice.

We accept that care services face major challenges and it is important that service users are able to easily access services. In practice this has been achieved in parts of Scotland without another major upheaval that could have unforeseen consequences for both councils, the voluntary sector and the NHS. There are also many cultural, professional and managerial issues that are not simply resolved by structural change.

We have deliberately put a focus on workforce issues that are given only cursory consideration in the consultation paper. These issues are not limited to health and care integration and we believe the time has come to consider a consistent staff governance framework for public services across Scotland.

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July 2012

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