



Scrutiny of the Draft Budget 2012-13 and the Spending Review 2011

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**

October 2011

Introduction

UNISON Scotland welcomes the opportunity to respond to the call for evidence from the Health & Sport Committee regarding *Scrutiny of the Draft Budget 2012-13 and Spending Review 2011*. UNISON Scotland has over 160,000 members, the vast majority of whom work in the public and voluntary sector. UNISON has more than 60,000 members working in the National Health Service and around 25,000 in the social care sector. Our members pay taxes as well as delivering and using public services and are therefore in a unique position to comment on public services in Scotland.

General Comments

UNISON Scotland accepts that the Scottish Government faced unprecedented cuts to its budget allocation when drawing up its spending proposals for the next three years, due to the UK coalition government's ideological attacks on public services. Expenditure in real terms is due to fall by 11.3% by 2014-15, a massive cut of around £39bn.

UNISON is pleased that the Government has accepted the key themes of the Christie Commission Report on Future Delivery of Public Services. The report is built around four themes: prevention, integration, workforce development and improving performance, most of which will be extremely relevant to the deliberations of the Health & Sport Committee. The Christie Commission report recognises the crucial contribution that public services make to the Scottish economy and belies the myth that far from the public sector "crowding out" the private sector in Scotland, public services play a key role in improving the business environment and that nearly a third of the Scottish budget goes into procurement to the private and third sectors.

Public Health spending

The Spending Review claims to protect the health budget in real terms and pass on the full Barnett consequentials of spending in England. However, "real terms" means a notional inflation rate, not the real costs to the NHS. With even the Government's preferred inflation index, the CPI running at more than 5%, this will still leave a gap in funding which the Government hopes will be met by their current 3% drive for efficiency savings.

In Local Government there will be no increase in revenue funding, leaving councils to make further cuts to address inflation and demand pressures. The Council Tax freeze and small business bonus will restrict the ability of councils to meet local demands which will inevitably cost services and jobs. Many of these will be in the care sector which is facing severe difficulties due to privatisation of many homecare services leading to cutbacks in the amount and quality of care given to many of our elderly and disabled people, and a deterioration in the pay of homecare staff.

In terms of preventative intervention by Health Boards and public education on healthy living, obesity, sexual health etc. recent efficiency savings have fallen heavily on the Public Health service. Indeed plans are being discussed at regional and Scottish level to look at possible new models of public health service delivery, and in some quarters questioning the need for an Executive Director of Public Health on every health board. Whilst there is potential for more collaborative and efficient working, a longer term cost benefit analysis of the public health function is required, rather than a knee jerk reaction to pressures on current Cash Releasing Efficiency Savings.

Preventative Spending

There is widespread agreement that support in the early years will be very effective. The key roles in this area are undertaken by our members in health, nurseries, social work and schools. UNISON members recognise the value of this focus. They have driven this change. However, transition needs adequate funding and training and development for those who are delivering.

For example, Health Visitors now support breastfeeding, run the Positive Parenting Programme, are introducing new family health records and taking on the 30 month check up. The change in direction is positive but the funding and staffing levels are not adequate to do the work that needs to be done. It will be some time before the investment in early years produces the expected savings in terms of health and wellbeing. Unplanned service need will be with us for some time, whether in health care, education or social work.

UNISON Scotland believes that children's services should be provided in a more integrated way. Agencies must work together to ensure that support for children is at the centre of all they do. However, the single biggest hindrance to children and their families receiving the services they need, when they need them, is a lack of resources, especially at the early intervention stage. This occurs across all children's services, but the effectiveness of the Children's Hearing System, and one of the major frustrations for social work, other Local Authority staff and panel members, has long been the lack of resources of all kinds to meet the needs of children. Unfortunately, when resources are mismatched with need, priorities dictate that they are directed towards offending behaviour, often the result of a lack of early intervention, rather than at early intervention itself.

Better support for elderly people and those living with either physical or mental health problems should have been reducing the high numbers of unplanned admissions to hospitals. However, a recent Audit Scotland review of Community Health Partnerships found many deficiencies with the way they are working across Scotland. One of their main aims was to address the problems of "bed blocking", i.e. elderly people stuck in acute hospitals since there was no care package in place to enable them to return home. The review pointed out that improvements made since the start of joint working in 2002 had begun to decline and that statistics for delayed discharges which had declined from 3,116 in 2002 to 434 in 2008 had risen again to 760 by 2011. In addition, emergency 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.

Social Care Procurement

The ability to take a long term approach is hampered by the short term/project based nature of the funding of both health and local authority services. In addition, social care procurement is causing cost pressures in the voluntary sector and private sector as a result of local authorities cutting back on the number of children placed in specialist schools. This has meant employers such as Quarriers are having to ask staff to take reductions in pay of 17% in order to save their jobs. At the other end of the age scale, councils are cutting back on the number of elderly people being placed in residential care, and pegging the amount paid for each client, which is leading to a crisis in the care home industry with private care home groups, such as Southern Cross being unable to remain afloat.

Current guidance on procurement in social care is based on the idea of using procurement as a way to squeeze more provision from falling budgets. However, it provides little or no protection on workforce issues and is leading to a race to the bottom in respect of pay and terms and conditions.

UNISON's view is that it is better to retain services in-house and seek improvements through involvement of users and staff in service redesign. Major expenditure savings are incompatible with maintaining and improving the quality of care. Reforms should always be predicated on the idea of better care – cheaper care should be secondary to this. UNISON awaits with interest the Audit Scotland report on social care procurement in early 2012 and further debate on the risks to the quality provision of service to the most vulnerable in our society occasioned by the current procurement system.

Self Directed Support/Personalisation

One factor putting pressure on social care budgets is the drive towards Personalisation and Self Directed Support. UNISON Scotland is committed to the principle of the right to independent living for all care users. However, we have concerns about the long term future of core services which we believe should be maintained at a sustainable level, to provide real choice for people who do not want to use direct payments or individual budgets. Choice means that those who do not opt for self directed support should have facilities available to them. We are also concerned at the implications of self assessment for the services that are needed.

We also have fears that personalisation will be used by cash-strapped local authorities as a mechanism to cut costs. Glasgow City has led the way with plans in its 2011 budget for the wholesale introduction of personalisation for people with learning disabilities, and will soon be rolling this out to other services, starting with mental health, in the belief that this will achieve a 20% saving over the two years 2011-13. Disability groups have warned the personalisation agenda could be halted altogether if it is seen as simply a cost-cutting measure, rather than a genuine empowering process.

Care Integration policy

UNISON Scotland is currently awaiting the Government's Policy Document on Health and Social care Integration. UNISON is concerned about initiatives like that currently underway in Highland which see the reform of major services being attempted top down and in parallel (Children & Young People, alongside Older persons & Adult services) within a very short timescale. We are concerned at models of reform which see the potential of thousands of workers TUPE transferring between public sector organisations in Scotland. There is a need for a way forward in this key social policy area which brings evidenced based improvement to the quality of service and is not driven solely by affordability criteria in the face of demographic pressures. As the Christie Commission recognised, services and communities should work together to decide what outcomes they would wish to see and then seek innovative solutions to produce these desired outcomes. Communities, however, do need to be empowered to develop these approaches, including through legislation if necessary.

We do realise that service integration will be challenging in many ways, not least in the tensions between national and local priorities. Workforce development will help staff develop bottom up solutions with service users, again using the outcome approach.

UNISON would wish any commissioning strategy to set an expectation of packages of remuneration for all workers in this field to receive broadly equivalent pay, terms and conditions to those working directly for Councils and Health Boards, to avoid a “race to the bottom” for those workers in the voluntary and private sectors.

Efficiency drives

In 2010/11 NHS Scotland outstripped its efficiency target by £165.18m. The lion's share of those saving came out of workforce costs, including major savings on the peripheral workforce (e.g. bank and agency usage for nursing). For the first time total staffing in NHS Scotland reduced against increasing inpatient and day patient activity. UNISON would strongly urge support for the work streams under the Efficiency and Productivity section of the Quality Strategy looking at savings in procurement of goods and services, and in particular on the expenditure on drugs. Staff have been squeezed hard over the last few years and there is a need to redouble efforts to address the considerable proportion of Health Board expenditure which goes on non-workforce items and the potential for savings.

Poverty

There is a clear causal relationship between poverty and health. Economic poverty and social inequality cause poor health and health inequalities. These in turn mean high economic costs including lost working time, expensive treatment for preventable illnesses and costs of dealing with increased social problems. Any economic strategy must address health inequalities.

Life expectancy remains lower in Scotland than the European average by almost a year for men and almost two years for women. Meanwhile, within Scotland, the gap between the council areas with the highest and lowest life expectancy has not decreased at all over the last ten years. For men living in East Dunbartonshire average life expectancy is 78.0 years, whereas in Glasgow City it is only 70.5 years.

The Scottish NHS must be allowed and encouraged to continue developing a model of co-operation to enable joint work with other agencies and tackle the whole social environment, so that we can finally begin to close the health gap between well-off areas and deprived areas.

UNISON firmly believes that poverty in Scotland is not created by a shortage of resources. It is the uneven distribution of these resources that leaves people living in poverty. Eradicating poverty is therefore about reducing inequalities and ensuring a fairing distribution of wealth. This means that the government has a key role to play. UNISON Scotland welcomes the Scottish Governments' commitment to meet the target set by the UK government and the previous Executive to half child poverty by 2010 and eradicate child poverty by 2020.

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