



Commission for the provision of Quality Care in Scotland

**UNISON Scotland's Submission to the Scottish Labour Party on its
Commission for the Provision of Quality Care in Scotland**

September 2014

Introduction

UNISON is Scotland's largest trade union representing almost 155,000 members working in the public sector. We represent health staff, social workers, social care staff, education staff, and many of those from the third sector, who are involved in caring for Scotland's population.

UNISON Scotland welcomes the opportunity to contribute towards the issues raised in the questionnaire issued by the Scottish Labour Party's Commission for the Provision of Quality Care.

General

UNISON Scotland has long campaigned for the quality of social care to be raised. We have been involved formally in various forums dealing with health and social care integration since at least 1999 when the first Local Health Care Co-operatives (LHCCs) were introduced using joint finance arrangements as a way of facilitating better joint working. In Scotland there have been a range of developments including:

Modernising Community Care 2000; Joint Future Group; Managing & financing services and „single shared assessment“ 2002; Community Care and Health (Scotland) Act, which gave power to direct joint working 2004; NHS Reform (Scotland) Act, which 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) which called for an increase in prevention and personalised services with support in community settings rather than acute hospitals.

The Christie Commission (2011) which recommended greater integration of health and social care.

Integrated Resource Framework (IRF) aimed at enabling local partnerships to understand patterns of spend and activity.

Most recently, since the 2011 elections, there has been the Social Care (Self Directed Support) (Scotland) Act 2013 and the Public Bodies (Joint Working) Act 2014. In addition, in 2013, the Scottish Government Finance Committee published its final report looking into Demographic change and an Ageing Population, having taken evidence from a variety of sources, including UNISON.

The report looked at the population growth in Scotland and the projected increase in the number of elderly people which are to rise by over 82% over the time period 2010 – 2035. Clearly there are wide financial implications of this and

the main areas that needed to be addressed were social care, housing, pensions and the labour force. The report focussed on both healthy and non-healthy life expectancy, and UNISON's own evidence highlighted the opportunities as well as the challenges arising from the increasing number of older people. Many older people are living healthier lives to a greater age which will decrease the number of years that they require care. Clearly more long term planning is required to address this issue.

REPOSE

The Social Contract

UNISON does not have a formal position on whether a social contract is necessary to establish citizen's entitlement to social care in Scotland. However, we are aware that this is happening in councils, particularly in England. There contracts are being established with citizens and communities which means individuals taking more responsibility for their care whilst supporting families and communities to enable these individuals to be as independent as possible, whilst living healthier lifestyles, hopefully reducing their need for formal social care services. This opens up the need for citizens having a duty to contribute as well as a right to receive support.

To enable this to happen requires a shift in the expectations of individuals, communities and staff and service providers which would need very sensitive communications to ensure this is seen for the good of the individuals, rather than cost cutting, due to financial exigencies. We would also be concerned that this approach could be discriminatory against working women, raising expectations that they should substitute paid work and careers for caring.

Free Personal Care

UNISON is a long-standing supporter of free personal care. Spending has increased by more than 160% since the policy was introduced, reaching almost £350m in the last financial year. Clearly the funding of the policy needs to be reviewed, to ensure that Scotland's councils are able to afford the necessary costs, without having to stretch their ever-decreasing budgets further.

In 2012-13 47,680 people benefited from the policy, receiving an average of 8.4 hours of care per week, compared to 32,870 people receiving care in 2003-04. Elderly people in care homes also benefit from this policy.

The Scottish Government gave an additional £40 m, but the total bill, including packages provided to care home residents is now £465m, an additional increase of £41m since 2009-10.

A COSLA spokesman recently commented that council's social work budgets were under huge pressure, with some almost at breaking point. UNISON is concerned that any further financial cutbacks will only exacerbate the race to the bottom in social care provision. Our research has found that staff are facing measures to reduce time spent with clients, whilst many are on zero hour contracts and working on salaries just within or below the minimum wage.

We continue to support the principle of elderly people being cared for in their own homes, but within a properly funded scenario. The current pressures are responsible for bed blocking in hospitals, with 837 patients in hospitals assessed as being able to return home finding themselves stuck, whilst care packages are arranged for them.

Whilst free personal care is currently only used for support to elderly people over 65, UNISON believes that consideration should be given to extending it to those under 65 and to disabled people who need support and care.

Charging for Care

UNISON Scotland is very concerned at the increased charges being made by councils for services such as housing support, domestic assistance, as well as leisure services and others that are all necessary to enable elderly people and others to enjoy rounded lives in their communities. We believe that these services should be provided for free as those people who cannot afford to pay for them, are probably the people who need them the most. In addition, the amounts being charged vary widely across the country.

UNISON believes that health and social care services should be determined as closely to the places they are delivered as possible. This was the Christie Commission's firm view when considering the provision of services in Scotland. This means that people and carers can exercise greater choice and control over how they are delivered in the community.

The Workforce

UNISON Scotland supports the principle of health and social care integration, but has had serious doubts about the Public Bodies (Joint Working) Act 2014. We were concerned from the first consultation that the proposals were very light on staffing, and firmly believe that health and social care integration will not succeed if it fails to focus more on the people who are expected to implement it.

Many reviews have looked into what works in care integration and most highlight some key factors, such as:

- Building a shared culture between organisations
- Relationships between staff and a willingness to share information
- Respecting professional identity
- Shared budgets
- Aligning staff management and training
- Investment in staff engagement
- Team building and physical integration
- Strong, enabling leadership

The success of any reform has to take care of the staffing context because this is a people led service. Workers who have to deliver these changes are already operating under budget cuts with major job losses and a race to the bottom in quality, caused by outsourcing in the care sector without proper funding. Staff

suffering from a real terms cut in their pay and conditions are unlikely to be highly motivated.

We accept that structures, systems and budgets have to be right, but at the end of the day, staff deliver the service. Part of the solution is to establish a national and then local workforce strategies. A national framework for staff transfers, including pensions is very much needed. There also needs to be consistent advice on the legal issues around secondments and managing staff on different conditions, as the legal consequences of some decisions that local partnerships will have to make are exceedingly complex.

Also needed are a solution to procurement issues, consistent equality impact assessments and most of all, a staff governance framework which would set out how all staff should be treated in the new structures.

A recent UNISON Scotland study, Scotland, it's Time to Care highlighted massive deficiencies in care services being provided to our elderly population. Our report gave staff at the front line of care delivery the opportunity to tell their own story. A majority of workers believed that the service was not sufficient to meet the needs of the elderly and vulnerable people they cared for both from the time they could spend and the quality of care they could provide. Almost half said they were limited to specific times to spend with clients. One in two were not reimbursed for travelling between client visits, while three out of four expected the situation to get worse over the coming year. One in ten were on zero hours contracts.

Worryingly, many staff on zero hour contracts said they wouldn't dare raise health and safety issues or even care abuse if they saw it, for fear of not being asked back. This kind of employment leads to greater stress and high turnover of staff, which in turn creates additional confusion for clients.

We believe the report enforces that all care provision should provide:

- The Scottish Living wage which will help the recruitment and retention of staff and support continuity of care
- Improved training to ensure that care is delivered by properly qualified and trained staff
- Proper employment standards which would eliminate the abuse of zero and nominal hour contracts
- Adequate time to care in every care visit

Funding of Social Care

Public services across the UK, including Scotland, require proper funding, and this applies to funding health and social care in Scotland. Integration of health and social care in Scotland needs a realignment of the health and social care budgets which the chief officers are meant to solve, although so far this is at an early stage and results so far unknown as to how this will develop. Austerity has meant cuts to many services, although, since the Scottish Government maintains it has protected the Health Service, most of these have been made by local authorities.

Outsourcing social care has been a large part of attempts to save costs, and UNISON would not wish to see this carry through into the health service.

There are huge implications for public finances of the aging population. The elderly population is expected to increase by 82% up to the year 2035. There has been little progress in preventative spending, joint planning or a shift in funding.

There is a need for more suitable housing for the elderly population and rethink of how housing with care for this age group is planned and provided.

UNISON favours fully funded health and care services, free at the point of need, paid for through taxation. We do not have a favoured option at this point. We do, however, believe that a Commission on funding social care in Scotland is needed and should be instigated as soon as possible.

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