
UNISON Scotland

Introduction
UNISON Scotland welcomes the opportunity to respond to the call for evidence from the Health & Sport Committee regarding Scrutiny of the Draft Budget 2013-14 and Spending Review 2012. UNISON Scotland has over 150,000 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 is the principal public sector trade union in Scotland. We are uniquely and strategically placed at the heart of the agenda in relation to the integration of health and social work services as we represent over 150,000 workers across the Local Government, NHS and community, voluntary and private sectors. We represent several occupational groups engaged in the integration agenda including amongst many others: strategic and operational managers, community nursing staffs, social work staffs including social work fieldwork staff, homecare workers, welfare rights staff, housing staff and therapy staff groups (physiotherapists, occupational therapists, podiatrists), who deal on a daily basis throughout the year with all patient/client groups requiring support in the community.

Budget 2013-14
UNISON Scotland welcomes the fact that the full Barnett consequentials arising from the Department of Health’s 2010 CSR resource settlement have been secured within the Scottish Health Budget.

In 2013-14 the increase in NHS Scotland represents a combination of £214 million (2.8%) base uplift for all territorial Boards and an additional £42 million (0.5%) to support movement to NRAC funding parity to a 2012-3 Budget of £1,040.9 millions overall for all Boards. In 2013-14 £42.9 million will be retained centrally by the Health Department.

There is, however, an overall Scottish Government 32% real terms reduction in capital resources. In NHS Scotland capital spend will shrink for territorial boards from £525.1 million in 2012-13 to £460.9 million in 2013-14 (£580.9 to £527.0 for all Boards). Approval is given to transfer revenue to capital transfers to the amount of £105 million in 2013-14. This means that Boards will be forced to use budgets for daily running costs to undertake the care and maintenance of capital estate, some of which requires much expenditure to meet legal commitments.

Despite these figures there have been very significant cost pressures in NHS Scotland at Board level over the past few years and these will continue and
worsen over the period ahead as a consequence of the ageing population, new technology and the cost of drugs.

NHS Scotland continues to deliver excellent performance in respect of quality patient care and similarly in relation to financial performance.

The main reason for this is the ‘partnership’ system of employee relations in which the NHS Trade Unions and Professional Associations have been engaged thus far and maintained in times of austerity; the workforce measures taken in NHS Scotland over reduction in staff numbers and the non-filling of vacancies; (See Appendix 1); on-going pay cuts for the entire NHS Workforce; and a shifting of costs on to the workforce including significant additional pensions costs and an even higher burden in relation to registration and regulatory fees for staff. Despite the reducing workforce and increasing productivity demands, NHS Scotland staff have delivered excellent public service.

In 2011/12 the NHS Scotland revenue saving target of 3% (£335m) was exceeded by £34.3m (or 10.2%) saving some £370 million in one year. Over the period 2008/11 targets have been exceeded by £80 million or 16% (£596 million against target of £515). Most of these CRES savings have come from workforce spend. Currently through the CRES process in partnership at Area Partnership Forums, millions are being saved, accounted for by Directors of Finance to bring balance (or surplus), but not one penny of those savings is being earmarked towards workforce issues. Effectively those who work in NHS Scotland, as well as being payers of general taxation and users themselves of the NHS (with their families) are actively subsidising the operational running of NHS Scotland.

In 2012-13 a resource under spend of £17-9 million has been achieved overall in NHS Scotland largely as a consequence of the engagement of workforce in cooperating with workforce reductions, increased productivity for no pay, a significant reduction in take home pay.

Prevention
Health Improvement /Public Health have not been immune in recent years from efficiency savings and service redesign. There has been a reduction in investment in prevention in the face of immediate operational demands, which may in the long term be counter-productive. In some respects these services can be seen as a ‘soft target’ in today’s financial climate. There is a national stock take of these services.

Quality, Consistency and Flexibilities of Services
At NHS Scotland level the Quality Alliance board has strategic responsibility to deliver the Quality Strategy and operates in partnership. Sub groups seek to progress programmes of work across Scotland in relation to: Person-Centred Delivery Group; Efficiency Portfolio; Effective Delivery Group; Safe Delivery Group; Infrastructure Delivery Group.
Most Boards operate partnership ‘Modernisation’ Boards which develop, direct and performance manage clinical changes to the way healthcare is delivered, including the evaluation of new service delivery models. There is much innovation and attempts across services to find significant financial savings without harming the quality of service delivery. There are limitations to the speed and scope of such activity in the quest for financial balance in austere times. 2013-14 may see a tipping point where the pressures of demand and shortage of financial resources prompt re-consideration of more radical solutions to the structure of NHS services at a Board, Regional and national level.

The Change Fund has provided limited resources to seek to promote innovation particularly in Care of the Elderly. Lanarkshire Health Board, for example, had an allocation of £4.3 million in 2012/3 (Budget £838 millions). Projects such as the ‘Asset Initiative’ have seen savings by the avoidance of admission to an Acute Hospital. The equivalent of acute geriatric services on a short term basis (up to 6 days) are provided at home through GP referral. Significant revenue savings are claimed against the Scheme.

Integration
UNISON has long supported the principle of the integration of health and social care to the benefit of patients. As mentioned in the introduction to this paper, our members deliver the whole spectrum of work associated with this agenda, with the exception of medical and surgical services.

This paper has described how NHS Scotland has sought to manage financial austerity, largely through workforce measures. As well as similar workforce reductions, vacancy freezes and pay cuts, local authorities have applied in this arena another policy lever to effect financial efficiencies through outsourcing and privatisation. UNISON Scotland has grave concerns that Integration will see an expansion of the role of the voluntary and private sectors as a means of achieving financial savings as opposed to modernising service delivery models or improving quality of service.

We fear this will be achieved through the creation of a wage economy for the provision of community based health and social care services, based on minimum wage rates and a driving down of terms and conditions of employment.

Our experience in this sector over the past few years and currently has been miserable from a workforce perspective and other investigations have cast doubt on the quality of service secured out of public expenditure. Redundancies, draconian cuts in pay (up to 17%) and hours, dilution of conditions (e.g. unsocial hours, travel between clients) have been commonplace. Large providers in this sector (Quarriers, Capability Scotland, the Catholic Archdiocese of Glasgow) resorted to these measures due to the pressures on the procurement processes and the passing on of financial pain by commissioning authorities.
A domestic in an NHS hospital is paid currently £7.42 per hour. It would be unacceptable if the care of the most vulnerable adults and old people in the community was to be discharged by a workforce whose pay rates can be as little as £6.00 per hour.

Integration for these client groups should not be turned into a market economy driven by finance. Investing public money in services run for profit or in increased substitution for directly provided and accountable public services would be a major disservice to the vulnerable and elderly among future generations of Scots.

UNISON’s Submission on the recent Scottish Government consultation on Health & Social Care Integration can be found here: http://www.unison-scotland.org.uk/response/IntegrationofAdultHealthAndSocialCare_response_Sep2012.pdf

Questions:
1. Are levels of Health Spending adequate?
Despite passing on of Barnett consequential, year on year ‘salami slicing’ of board expenditure against demand will be difficult to deliver in 2013-4 and beyond. The Workforce has borne more than its fare share of pain and attention needs to focus on other areas for securing cost savings, particularly on the Drugs Budget which many boards find difficult to control.

The ‘partnership’ approach to planning and decision–making at National, Regional and Board level allows for workforce debate and engagement on how services can be taken forward and run as efficiently and effectively as possible. Demographic change, new drugs and prescribing patterns, internal inflationary costs of NHS goods and services, means there are real cuts taking place. Attempts are being made to reform services without impacting on quality. Much of this depends on the goodwill and flexibility of staff at all levels which is being severely harmed by the growing impact on their take home pay, workload demands, and career prospects. The Workforce itself is aging and being required under Pensions proposals to work for longer (67/8 years of age).

6. (i) Equality groups
In 2005 the SGHD launched an Equality & Diversity Impact Assessment Toolkit to seek to ensure services are equitable, accessible and fair irrespective of gender, disability, race/ethnicity, religion/faith/belief, age and sexual orientation. UNISON Scotland has no evidence that financial restraint is causing difficulties in these areas.

(ii) Climate Change
NHS Scotland has a strategy for seeking to ensure efficient buildings and Industrial processes seeking cost savings in utility bills and reduced carbon
emissions. NHS Lanarkshire, for example, in May 2012 won the internationally recognised Carbon Trust Standard.
APPENDIX 1: WORKFORCE REDUCTIONS 2012

The number of nursing and midwifery staff in post as at 30th June 2012 is 56,183.7 (WTE), compared to 56,467.3 (WTE) as at 31st March 2012. This is a decrease of 0.5% (283.7 WTE). The corresponding headcount figure as at 30th June 2012 is 65,324 compared to 65,674 as at 31st March 2012, which is a decrease of 0.5% (350 Headcount).

The number of Allied Health Professions staff in post as at 30th June 2012 decreased by 0.7% (69.5 WTE) to 9358.7 (WTE), compared to 9,428.2 (WTE) as at 31st March 2012. The headcount of Allied Health Professions staff in post as at 30th June 2012 is 11,324 compared to 11,390 as at 31st March 2012, a reduction of 0.6% (66 Headcount).

The number of Administrative services staff in post as at 30th June 2012 is 24,089.8 (WTE), compared to 24,297.8 (WTE) as at 31st March 2012, a decrease of 0.9% (208 WTE). The headcount of Administrative services staff in post as at 30th June 2012 decreased by 1.0% (278 Headcount) to 28,104, compared to 28,382 as at 31st March 2012.

The number of Support services staff in post as at 30th June 2012 is 13,713.8 (WTE), compared to 13,710.1 (WTE) as at 31st March 2012, which is an increase of 3.7 WTE. The corresponding headcount figure as at 30th June 2012 is 18,794, compared to 18,753 as at 31st March 2012, this is a decrease of 0.2% (41 Headcount).

(Ref: ISD NHS Scotland Workforce report, 28 August 2012)

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