HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM EAST AYRSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Overview

We recognise there is variance in opinion between professions both nationally and locally e.g. social work, community nursing and acute nursing. There is also a risk between the quality aspirations of the Bill and financial Governance. In our response we have endeavoured to include all feedback and although it may appear contradictory it is important to capture the concerns and feedback from all those who contributed.

In particular, social work do not consider that legislation is necessary to achieve the outcomes specified, however, as legislation is being brought forward, it is important for social work to be included to avoid unintended consequences of:

- Limited resources within integrated authorities being diverted to those staff groups (nursing) where staffing methods are mandatory;
- An unhelpful message to the social work workforce that they are not as valued;
- Workforce planning methods having only a partial, or a distorting, impact in multi-disciplinary teams within integration authorities. This will have the paradoxical effect of undermining integration.

There is consensus that concerns and apprehensions haven’t changed from our previous submission in February 2018 – mainly the possibility of overly regulating and therefore stifling ability to tailor services to suit users locally and incurring additional cost and burden in terms of monitoring, implementing and reporting.

A common concern is where the financial and staffing resource will come from to support/implement/monitor the use of these new or existing staffing methods and to adhere to the reporting requirements in section 121E.

Strengths

Part 2 – The intentions of the Bill are admirable and use of a standardised and robust approach across Scotland should support decision making to be more transparent and allow comparison.

Part 3 – Some areas feel this is a welcome extension and the use of a standardised and robust approach across Scotland will allow decision making to be more transparent and allow comparison. However as noted there is concern not all staffing groups are included.

Weaknesses

Part 2 – 121A ‘Duty to ensure appropriate staffing: It is the duty of every Health Board and the Agency to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for- ...(b) the provision of high-quality health care’. 
There are concerns that high quality is not always achieved currently. For example, the crisis mental health over weekends, primary care mental health nursing and district nursing in hours and OOH is safe and clinically effective but not sure it is always of the highest quality we would aspire to, depending on changing service pressures and capacity to respond at short notice to changes. Clinicians currently feel exposed because of the level of workload. If this standard is to be achieved then additional investment in services is needed.

The tools in Community are not being routinely used across all nursing workforce and even then they only measure workload to an extent. They don’t (yet) measure case load complexity and unlike ward environments which have an explicitly set out maximum capacity against resource required, community services currently have to absorb demand like sponges which drives down quality.

Part 3 – As before what individual practitioners do is “high quality” but we do not have enough people to ensure this is always the case. If funding for Local Authorities and H&SCP is reducing having this duty will be problematic.

There are concerns about the significant powers given to the Care Inspectorate within Part 3 of the bill in respect of both developing staffing methods and recommending their use to Scottish Ministers. The Care Inspectorate, as an improvement service, has a critical role in supporting this process but not leading it.

Unintended Consequences

Not all services are included (e.g. AHPs, GPs, Pharmacists, Social Work). If this is the case, this could have the implication of driving savings in these areas to move to areas which are covered by the Bill.

It is also true to say that because we can provide more ‘evidence based’ data through use of the validated tools in some staff groups we run the risk of investing in these areas where risks are identified to the detriment of taking a whole workforce perspective.

Financial Memorandum

Section 2 of the Financial Memorandum outlines that the focus is on direct costs associated with the legislation. It is acknowledged that there may be a consequential impact on staff numbers but this is dependent on staffing decisions taken by Health Boards and care service providers and will, therefore, not be covered in detail by the Memorandum.

There are concerns around the Bill conflicting with existing workforce planning tools with the potential to stifle local flexibility. The duty is on commissioners of services to ensure safe staffing in areas such as nursing and social care (care homes only at this stage i.e. excluding care at home services). This relates to only new commissioned services at this stage however the Coalition of Care and Support Providers Scotland (CCPS) have expressed a wish for the Bill to apply retrospectively with stronger duty on commissioners. This represents a significant financial risk as does the extension beyond residential social care services. The Financial Memorandum focuses on the development of the staff staffing model as opposed to consequential costs. We suggest ensuring that the additional consequential cost burden requires to be considered.

The Financial Memorandum notes that while there may be an impact on staff numbers The Scottish Government do not anticipate that this will result in an overall increase to the total
cost incurred and in this Financial Memorandum the opportunity for the Bill to maximise the effectiveness of utilising total resources available is outlined. This represents a significant financial risk for the IJB including externally commissioned services. A clear example is the commissioning of nursing/residential care beds which is wholly outsourced within East Ayrshire with price uplifts presently aligned to the National Care Home Contract. Section 63 outlines that the Care Inspectorate will be given a function to lead and facilitate work with relevant stakeholders on the development of tools and methodology for care homes for adults should there be an identified need to do so. It is anticipated therefore that the initial focus would be on developing a tool and methodology for care homes for older people.

Within section 49 it has been recognised that the use of agency staff can impact on the quality of care and represents an ineffective use of funding. It is also recognised that the effective use of tools and methodology as required by legislation may identify staffing deficit in current funded establishment which is currently being met through agency staff. The potential reduction in overall staffing costs as noted in the Financial Memorandum is the aim however this is dependent on the availability of alternative staffing resources. Section 80 includes recognition that many care providers are facing difficulty in recruiting staff.

Section 50 reaffirms that it is not anticipated that the introduction of the Bill will significantly increase overall staffing costs, but may in fact provide the opportunity to reduce spend on supplementary staffing, enabling a reallocation away from supplementary staffing towards funded establishment. It should be noted that increasing demand for services (at the same time as having to deliver cash releasing efficiency savings) has impacted adversely on baseline staffing budgets. It is important to consider that there is a difference between cost reductions from better use of funding and releasable budget savings to contribute towards the safe staffing requirements outlined in the Bill.

In summary, stringent monitoring of all elements staffing budgets will be required to ensure that consequential costs arising from the requirements of the Bill are identified noting the concerns as outlined above. The view outlined in the Financial Memorandum is that improved management of budgets in respect of higher cost agency staff can be applied to fully or partially offset additional costs however the risks highlighted above require to be considered. This is particularly relevant given that the Care Inspectorate will be given a function to lead and facilitate work with relevant stakeholders on the development of tools and methodology for care homes for adults should there be an identified need to do so. It is anticipated that the initial focus would be on developing a tool and methodology for care homes for older people. Section 82 recognises that the tool may support the need for an increased number of staff with Section 83 outlining that there are a number of factors which could contribute to the need for an increased number of staff.