HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP

1. Do you think the Bill will achieve its policy objectives?

The bill can deliver its policy objectives in regard to safe staff levels for nursing, however this needs to take account of rural and community settings and the governance responsibilities of NHS Boards and IJBs.

The development of a staff tool for adult care home staff needs to take account of the potential impact on ongoing work in regard to the National Care Home Contract and the development of the dependency tool.

2. What are the key strengths of:

Part 2 of the Bill?

The duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for
(a) the health, wellbeing and safety of patients, and
(b) the provision of high-quality health care.

3. What are the key weaknesses of:

Part 2 of the Bill?

Part 2 which is focused on staffing in the NHS does not take cognisance of the significant overlap of governance responsibilities between Health Boards, Integration Joint Boards and Local Authorities so would require to be accompanied by clear guidance.

Part 3 of the Bill?

There is a real risk that Partnerships will be unable to deliver on any new legislative requirements should they not be fully funded. Alternatively, resources may have to be diverted from other frontline services in order to deliver on these requirements.

is a risk that a legislative requirement to use particular tools could stifle innovation in the development of new ways of working, and that such tools are not sufficiently dynamic to meet changing demands in the integrated health and social care landscape, nor sophisticated enough to respond to the significant diversity across Partnerships in terms of geography, scale, needs and demand.
The development of a staffing method for social care must take into account the diversity of the workforce and the range and scale of providers. A ‘one size fits all’ approach to workforce planning simply will not work.

Regarding the initial focus on a staffing tool for the adult care home sector; there is work ongoing in relation to the National Care Home Contract to develop a dependency tool (focused on measuring the individual’s level of need) which will assist in the delivery of high quality, person centred care. A staffing tool being developed in conjunction could be overly complex.

The guiding principles which are being developed should be aligned with what is already in place including the new Health and Social Care Standards and the National Workforce Plan.

There must be acknowledgement that there is already a statutory requirement, articulated in Integration Schemes, that Integration Joint Boards should produce a workforce plan which is developed in line with local needs and local requirements. We must reiterate our concern that additional legislation requiring the use of specific tools set at a national level runs the risk of removing the scope for plans to be tailored locally.

4. What differences, not covered above, might the Bill make? (for example: will the Bill have any unintended consequences, will it ensure that staffing levels are safe, does the Bill take account of health and social care integration, how are 'safe and high-quality' assured/guaranteed by the Bill?)

The social care workforce is already experiencing significant challenge in terms of recruitment and workforce maintenance. Legislation will add another process and pressure on the system which is not time or cost effective and lacks robust evidence that it would have a positive impact on outcomes.