HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM Royal Blind

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

Royal Blind welcomes the guiding principles for health and care staffing which are set out in Part 1 of the Bill. As Scotland’s largest vision impairment organisation, we believe it is imperative that our health and social care services are equipped to meet the challenge of a growing number of people living with sight loss in Scotland. The number of people with vision impairment in Scotland is projected to double over the next two decades, to almost 400,000.

We support the guiding principles stating that services are to be arranged “taking account of the particular needs, abilities, characteristics and circumstances of different users.” If vision impaired people in Scotland are going to have access to health services which will meet their needs, there needs to be both adequate staffing of services and within that staff complement an appropriate level of skills and awareness of providing care for people living with sensory impairment.

Royal Blind also supports guiding principles in statute applying across both the health and social care sectors, although we believe there should be further reflection on the mechanism for how this commitment in statute is fulfilled in social care. We recognise the importance of social care in supporting people with sight loss, both through engagement through those people using our services and as a provider of care through Scotland’s only two specialist care homes for people with sight loss. A recent survey of vision impaired people conducted by Royal Blind and our sister charity Scottish War Blinded found many wanted greater provision of local vision impairment services, and a greater number of staff in health services being provided with vision impairment awareness training.

Legislation can have an important role as a driver of performance improvement in public services, but it remains to be seen whether the legislation will achieve its policy objectives simply through its introduction. We note the Financial Memorandum specifies the costs of training to promote learning and development around workload and workforce planning toolkits, but clearly there are still significant pressures on staffing even with these toolkits currently being applied within services. There will always be broader issues involved in the shape and size of the health and social care sector in Scotland, including overall staffing budgets, training, and ability to recruit new staff. Underpinning the operation of the toolkits through legislation will help provide a focus on safe staffing levels, but for the promotion of high quality services which meet the needs of a population with increasing requirements for specialist support, including for vision impairment, the legislation can only be effective as part of a range of policy measures and wider investment in services.
2. **What are the key strengths of:**

- **Part 2 of the Bill?**

  The first key strength of Part 2 of the Bill is the introduction of the duty to ensure appropriate staffing. We also support a number of the elements which the Bill states must be taken into account when following the common staffing method, including comments by patients and employees. NHS staff organisations are well placed to highlight areas of concern around staffing. They also monitor other important issues, including ensuring staff are provided time and opportunities for professional development, and Royal Blind believes promotion of vision impairment awareness training for staff should be an important aspect of the provision of high-quality health care. It is a strength of Part 2 that 12ID makes provision for the training and consultation of staff, but we believe that this requirement should go beyond provision for the common staffing method alone.

  It is also vital that health boards take account of the views of patients in their workforce planning. The experiences and opinions of patients are vital as a source of information for where provision is successful or requires improvement.

  The introduction of “a staffing level tool” to provide quantitative information relating to workload could also be of significant benefit for workforce planning if the process and data collected are robust. A “professional judgement tool” can ensure workforce planning is informed by expertise in areas of health care provision.

  The provision for “reporting on staffing” is also welcome to ensure there is transparency around staffing levels and plans.

- **Part 3 of the Bill?**

  Extending the duty to ensure appropriate staffing to care service providers is welcome, and as a provider of care services Royal Blind is committed to the principle of safe staffing for community care services. This duty in statute builds on existing statutory requirements to ensure workforce planning in social care, including the role of the Care Inspectorate in this area.

  While we believe further consideration is required over fulfilling the statutory duty through a staffing method rather than other approaches, if this proposal proceeds it is welcome that at 82A 2, provision is made for SCISWIS to collaborate with representatives of the providers and users of care services. Engagement with the sector is vital in the development of any approaches to promote effective workforce planning.

  It is also vital that staffing method which is developed takes into account the local context in which a care service is provided.
3. What are the key weaknesses of:

- Part 2 of the Bill?

Crucial to Part 2 of the Bill is the development of the common staffing method, and as we have highlighted previously the existence of Nursing and Midwifery Workload tools as part of the Triangulation Process has not in itself resulted in an end to pressures on staff numbers or anxieties over workload. The fact that the staffing level tool will be prescribed by regulation (as stated at 12IB (3) ) means that, at this point, there is not full clarity on which data, requirements and approaches which will be involved in the final common staffing method which will be used. Local application of the common staffing method by health boards will not remove the need for policy development in this area at an NHS Scotland-wide level and the pre-eminent importance of resource allocation for staffing. This is vital if local boards are to be able to implement effectively common staffing methods for their own services and localities. A national service level approach is also key to meeting the specific challenges of an ageing population in regard to the provision of healthcare, and increased provision to support people with sensory impairment must be an important element within this. It is not clear to us how the implementation of Part 2 of the Bill, without progress in these other areas, will help drive this important work at a national level for NHS Scotland.

- Part 3 of the Bill?

Royal Blind supports the statute requiring providers of care services to ensure appropriate staffing. We believe this is an important principle for vision impaired people who receive care in the community, whether in residential and nursing homes or in their own homes. It is vital to ensure that both provision by Integrated Joint Boards and private providers is taken forward to ensure the necessary provision of appropriate levels of staffing and skills.

However Part 3 potentially makes important omissions. Firstly, the provision of adequate numbers of social work staff have important knock-on effects to the provision of high-quality services, not least in relation to delayed discharge, and yet there is no provision for inclusion of social work staff in the staffing method outlined in Chapter 3A. There is also no reference to Self-Directed Support and whether those who employ their own staff in line with Option One for Self Directed Support will be affected by this legislation.

Another weakness of Part 3 is that while local authorities and integration authorities are to be consulted by SCISWIS in the development of staffing methods, the duty to ensure appropriate staffing is placed only on providers and not on commissioners. In reality, the funds made available for care providers through the National Care Home Contract is vital to staffing levels and the ability of providers to recruit and retain staff. Through our experience of running Scotland’s only two specialist care homes for vision impairment, Royal Blind is keenly aware of the budgetary
pressures around the care home contract and the difficulty to secure agreement between local authorities and providers on a contract which can provide long term sustainability for the sector. Royal Blind has been ambitious in developing provision through establishing a new specialist vision care home in Paisley, Jenny’s Well, for which we were pleased to hold the official opening in March, and through recruiting new staffing positions in our care homes including Meaningful Activities Assistants. However, it is our work as a charity which has allowed us to develop provision in this way, and we recognise other providers have withdrawn and closed services. This is the context in which any new formula for safe staffing will be agreed, far from one where the sector feels confident of a future where it can seek to increase staffing levels significantly. A duty placed on both commissioners and providers would help to drive a collaborative approach, and potentially also an informed national debate on how we resource a rights based social care system in the context of an ageing population and challenges in recruitment of care staff.

Another weakness of Part 3 is a lack of detail on how the proposed staffing method will be defined, agreed, implemented and amended in the future, given these are matters which will be the subject of regulatory powers for Ministers, rather than being placed on the face of this Bill or identified as a matter for future primary legislation. If the proposal for a staffing method is to proceed we would seek greater detail on whether relevant regulations would be subject to negative or affirmative procedure. It would also be desirable for there to be further detail on what opportunities there will be for public consultation and parliamentary scrutiny of any new staffing method.

This also raises the question of whether in the context of community care services a staffing method is the best way of ensuring appropriate and safe levels of staffing. Royal Blind does not demur from the proposal that there should be a duty on care service providers in statute, and we are supportive of this duty because we believe it has the potential to benefit vision impaired people in receipt of care services. But there are reasonable questions about the practicality of introducing a staffing method in what is an equally important service as acute care but nevertheless very different.

We believe it is worth reflecting further on whether the existing requirements in statute which relate to workforce planning and provision should instead continue to provide the legislative basis for the provision of safe staffing in social care. As the National Care Standards state at National Standard 5, Clause 7: “You are confident that at all times the number of staff who are trained and who have the necessary skills will be sufficient to meet your support and care needs. The levels are agreed between the Commission’s inspectors and the home owner or manager.” We support measures in statute to promote safe staffing in social care. However, it is difficult to see how the proposal for a staffing method in Part 3, rather than effective enforcement of provisions in the existing inspection framework, will be of practical benefit either for providers or those they provide care for.