



Draft Budget 2018-19

UNISON Scotland

Introduction

UNISON is Scotland's largest trade union with members across the public, private and voluntary sectors. We are the largest trade union in the services covered by the Committee across three of our service groups – health, local government and the community and voluntary sector.

We welcome the committee's inquiry into the draft budget for the coming financial year. We set out below how the budget could be deployed to address the serious challenges facing the health and care sector in Scotland.

Workforce Issues

As the largest trade union in the health and care sector, our primary focus is in relation to the challenges facing the workforce and the impact on the services they deliver.

The Scottish Government has begun a welcome reappraisal of workforce planning in Scotland and has publishedⁱ the first part of three reports covering its proposals for the NHS workforce. These proposals are largely about the process of workforce planning and it is important that these are strengthened. However, process has to be followed by practical action on issues that get limited coverage in the Plan. We outlined these in our submissionⁱⁱ to the Scottish Government consultation and they include; occupational gender segregation, safe staffing levels, administrative support and of course pay and conditions. All of these will require resourcing in the 2018-19 budget.

UNISON Scotland welcomes the commitment to increase funding to primary care and agrees with other organisations that the application of this funding needs some clarificationⁱⁱⁱ. However, support for primary care is not solely about funding for GPs. Many other staff make a contribution to primary care, directly and indirectly, including administrative staff, occupational therapists and community nurses. In particular, we support the deployment of highly trained specialist nurses to support the work of GPs. We do not regard this as a diminution in the quality of service or a risk^{iv} to patients.

As we set out in our response^v to the Nursing 2030 Vision, attitudes to nursing can be a bit dated. Nurses need the time, the training and the resources to meet the government's vision for the profession.

The Scottish public sector workforce is getting older and this includes the health and care sector. Our latest research^{vi} highlights the scale of the problem and some of the actions needed to address it. For example, staffing numbers in NHS Scotland have just returned to pre-crash levels. However, the age profile has also increased, which implies that younger staff are not attracted to work for the NHS. This may be a consequence of pay restraint, job demand, shifts and working conditions in the NHS.

It has been suggested that some savings could be achieved by reducing severance payments. This is misguided as we set out in our submission^{vii} to the Scottish Government consultation.

Pay is of course a significant element of health and care budgets. The UK government's continued austerity has led to another real term cut in the pay of health and care workers. While our members appreciate the praise from politicians for their work, particularly in emergency situations, they would appreciate it even more if they delivered a fair deal on pay. UNISON Scotland welcomes the Scottish government's recognition that the pay cap is hurting health and care workers and cannot continue. However, it is now time for that recognition to be turned into positive action in the coming budget.

Health and Social Care Integration

We recognise the committee's specific interest, in the call for views, on progress with health and care integration.

As with any major restructuring it takes some time establish the new structures, develop the necessary processes and working relationships. As we have consistently said, this is a challenging approach and all partners are finding their way through the new arrangements.

A key focus for integration has been to reduce unplanned admissions to hospitals and avoid delayed discharges by strengthening social care. Research^{viii} undertaken by UNISON Scotland shows that the new care procurement rules are being poorly implemented. The research shows that very little direct monitoring of home care visits are being undertaken and the weighting given to fair work matters is far too low.

This reinforces the messages our members send in surveys^{ix}. Four in five said they believe the service has been affected by budget cuts or privatisation with carers saying the emphasis was now on "quantity rather than quality". The main complaint is that staff have insufficient time to care.

The payment of the Scottish Living Wage to all adult care workers is an important first step in helping to recruit and retain staff and the funding for this needs to continue, including addressing the pay of overnight staff^x. Surveys undertaken by UNISON and employer organisations^{xi} show turnover rates of around 25% and vacancies at all levels. Social work staff report increasing difficulty in organising care packages at home from a fragmented range of contractors, in what is a largely outsourced service.

The sector also relies heavily on EU and other overseas workers. Brexit is already having an impact^{xii} on nurse registration and there are clear indications that existing staff are looking elsewhere in Europe. The supply of local workers will be unable to meet the increasing demand for care staff.

Important though pay is, it has to be part of a wider package of reforms as set out in UNISON's Ethical Care Charter. This includes training, travel time, ending insecure work and most importantly, time to care. Six Scottish councils/IJBs have now adopted the Charter, but as our procurement research shows, there is much more to be done.

NHS Scotland

Whatever the merits of the political arguments over NHS services, it is simply the case that funding is not keeping pace with the demands placed on NHS Scotland. It is important to emphasise that there is a lot of positive and innovative practice going on in NHS Scotland, even if this is drowned out by the service impact of health boards desperately trying to balance their budgets.

Although the health budget is increasing in real terms, it is not keeping up with growing demand. Between 2010/11 and 2014/15, the annual percentage change in the total health budget has been less than 1% and below the UK inflation rate. Health inflation is generally higher and a good example of this is drug costs. Spending increased by over 10% between 2012/13 and 2014/15 and it is predicted to rise further by 5 to 10% each year.

Audit Scotland has highlighted UNISON's concerns over the routing social care funding through the NHS. When social care money is deducted, the remaining £12.6 billion of the NHS budget equates to a 0.3% real-terms reduction in the revenue budget. As one of our senior finance members put it to us, "I cannot spend every pound twice. My English counterparts get the same increase, but they don't have to fund the extra demands on social care as well". That is not to say that social care isn't the right priority, given the huge cost to the NHS of delayed discharges. However, it does mean that the NHS in Scotland isn't getting the resources it needs.

Many health boards are struggling and the books are only balanced by payments from the Scottish Government and savings plans, many of which are not recurring. Short-term measures don't deliver long-term financial viability. The total savings that boards are aiming to make has increased in real terms and this will be extremely challenging.

Staffing levels have now recovered to pre-crash levels, but we are still coping with high vacancy rates and inadequate staffing in many parts of the service. Nursing vacancy rates have been growing and currently stand at 2566 WTE. There are similar proportional problems with doctors and allied health professions, including Occupational Therapists. Spending on agency and temporary staff increased to £166m last year, placing a further unnecessary burden on health board budgets. There is too much reliance on bank nurse shifts to deliver core services with many bank staff working in the same wards on the same shifts every week.

Non-registered nurses have taken on greater responsibilities in recent years as workplace demographics, staffing levels and service delivery mechanism have changed. This change is not being recognised at corporate levels and they feel undervalued.

Radical reform, such as a shift from acute to community services, is desirable, but very difficult to deliver in practice. It will also require resources to fund the transition, over and above existing budgets. We also need to invest in staff skills as set out in UNISON Scotland's Health Skills Charter^{xiii}. The same applies to services that get less attention such as building maintenance, administrative, ancillary and IT systems.

One way of saving resources would be bring expensive PPP schemes (PFI, NPD and Hub) back into the NHS as set out in our 'Combating Austerity' toolkit^{xiv}. NHS Scotland has made some important first steps in improving the monitoring of PPP schemes, but more can be done.

In this context, it is hardly surprising that NHS Scotland struggles to meet national performance targets. The NHS is underfunded, not overspending, and staff are under great pressure to bridge the gap.

Sport

Most local sports facilities in Scotland are now delivered through trusts or other forms of arms length organisations. These were primarily established as tax avoiding mechanisms, but are still almost entirely reliant on diminishing local authority budgets. Cuts in council funding are also resulting in many leisure trusts putting up hall hire prices or cutting back on financial support mechanisms. This will hurt many small local clubs who rely on member fees and cheap lets.

UNISON Scotland has surveyed^{xv} our members working in leisure trusts about their experience of delivering culture and leisure services. The picture they paint is one in which a shrinking workforce are under increasing pressure. This while delivering highly valued services which contribute massively to the public good.

Conclusion

The health and sport budgets make a huge contribution towards well being in Scotland. We should not forget that the main challenge facing Scotland remains health inequality and that requires cross cutting solutions across almost all the Scottish budget headings. None the less, the budget pressures facing health and care in Scotland are acute and need to be addressed in the coming budget plans.

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ⁱ <http://www.unison-scotland.org/library/ebrief-health-and-care-workforce-planning-Part1-June-2017.pdf>

ⁱⁱ <http://www.unison-scotland.org/library/health-and-care-workforce-planning-response.pdf>

ⁱⁱⁱ <http://www.bbc.co.uk/news/uk-scotland-40602386>

^{iv}

<http://www.heraldscotland.com/news/15410051.Doctors-warn-patients-at-risk-as-nurses-hired-to-carry-out-GP-work/>

^v <http://www.unison-scotland.org/2016/12/12/2030-nursing-vision-unison-scotland-nursing-sector-response-dec-2016/>

^{vi} <http://www.unison-scotland.org/2017/06/14/the-ageing-workforce/>

^{vii} <http://www.unison-scotland.org/2017/06/22/severance-policy-scotland-2/>

^{viii} <http://www.unison-scotland.org/2017/03/13/delivering-quality-social-care-procurement/>

^{ix} <http://www.unison-scotland.org/2016/08/16/home-care-workers-ask-we-care-do-you/>

^x <http://www.scotsman.com/news/opinion/theresa-shearer-our-carers-are-all-highly-skilled-so-why-is-night-work-paid-at-a-lower-rate-1-4466390>

^{xi} <http://www.scottishcare.org/scottish-care-news/new-research-on-care-home-workforce-highlights-critical-recruitment-retention-and-sustainability-concerns/>

^{xii} <http://www.unison-scotland.org/2016/08/26/implications-of-brexit/>

^{xiii} <http://www.unison-scotland.org/2016/09/29/health-in-unison-skills-charter/>

^{xiv} <http://www.unison-scotland.org/campaigns/public-works/combating-austerity/>

^{xv} <http://www.unison-scotland.org/2015/06/13/while-we-work-you-play-leisure-staff-survey/>