



## **Unite – Amicus Section Response to the ‘Commissioning Framework for Health and Well-Being’**

**This response is submitted by Unite the Union - Amicus Section. Unite is the UK’s largest trade union with 2 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.**

Unite – Amicus section is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations - the Community Practitioners and Health Visitors’ Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians and estates and maintenance.

### **1. Executive Summary**

1.2. Achieving high quality services requires staff and their representative bodies to be including as key stakeholders in the planning and future development of services alongside users.

1.3. The stated aims of improving health outcomes and ensuring equal access to services are fully supported, but Unite- Amicus section believe that embedding competition will increase fragmentation and undermine collaborative working.

1.4. Unite- Amicus section support the development of a strategic focus on preventing ill-health, but believe it is important that all community professions are involved in this.

1.5. There needs to be clarification at a national level of the legal position in relation to the sharing of confidential information. This would be beneficial to community nurses who as registrants have to answer to the NMC Code of Professional Conduct

## **2. Introduction**

2.1. Unite - Amicus section warmly welcomes that achieving equality of access to health and social care and improved health outcomes are such major themes of the Commissioning Framework for Health and Well-being. Unite - Amicus section strongly supports these goals and the desire for service users and the wider to be involved in the design and shaping of services. However, there remain grave concerns that the creation of a multi-provider health care system, where providers compete for contracts and income undermines progress towards these aims. Unite – Amicus section believe that fragmenting services between multiple providers and the increased development of competition will further divert vital resources away from frontline services.

2.2. Outlined below are concerns and constructive comments on a number of key issues faced by the NHS in the coming period of time and Unite – Amicus section would be pleased to expand further on any of these areas.

## **3. High quality of service requires the involvement and development of staff**

3.1 High-quality public services require sufficient funding and resources, with motivated, respected and fairly paid staff. This is the foundation of providing responsive, individualised care. To be fully involved in decisions about their care, patients and service users need to have the time and space to develop relationships with staff to discuss their

options. This requires services being designed and resourced to allow staff sufficient time to spend with each individual patient or user

3.2 Unite – Amicus section fully support involving and hearing the voice of users, and believe all stakeholders should be fully involved. High quality public services are the result of staff and users working together, and we reject attempts to pose the interests of users and staff (as a ‘provider interest’) as being opposed. As well as having an industrial interest in representing members employed in the health service, trade unions also have an important role in championing the interests of working people who use and depend on public services. Frontline staff, including health visitors, district nurses, school nurses and midwives, who routinely meet with a broad range of people in their work, professional associations and trade unions have a wealth of invaluable knowledge and experience to contribute to improving services. These staff and organisations should therefore be recognised as key stakeholders in this process, working alongside service users, with an assessment of how all the information can be best co-ordinated and fully exploited.

3.3. Financial pressures have led to large numbers of training cuts taking place, hampering who staff wish to develop their skills to lead and support innovative, and evidence-based service changes, with the raining budgets recognised by the government as taking large cuts, having an adverse impact on morale and staff development<sup>1</sup>. There are no safeguards mentioned in the Framework document to prevent this situation occurring in the future, leading to concerns about the future development of the Knowledge and Skills Framework.

3.4. The government can help enable people to take greater control of care pathway decisions by ensuring that one to one support is available from key professionals, such as health visitors and other community nurses, and by committing to the training of these key staff in sufficient numbers. Recently there has been a drop of 40% in the number of Health Visitor training posts<sup>2</sup>.

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<sup>1</sup> Health Select Committee Inquiry into the NHS Deficits, December 2006, page 66

<sup>2</sup> Information obtained under the Freedom of Information Act, by Amicus revealed more than three-quarters of the Higher Education Establishments (HEIs) surveyed reported cuts in training places. The numbers of health visitors trained in 2005-6 was 554, but in 2006-7, this had dropped to 329 – a 40% cut. This was despite 798 potential students applying for places at the HEIs for 2006-7.

3.5. The outsourcing of services from the NHS means staff will be removed from nationally agreed frameworks leaving providers free to bear down on terms, conditions and pensions to reduce costs. There is no recognition of this within the Framework document when discussing the commissioning process and the potentially widespread scale on which NHS services will be outsourced. Terms and conditions for transferred staff would be covered under TUPE legislation, but these are not set in stone. A provider would only have to ensure a 'broadly comparable' pension for staff transferred across from the NHS. There would be no such guarantees for new staff, raising the spectre of a two-tier workforce developing. A reduction in staff numbers, and staff terms and conditions will work against the drive for high-quality services locally and nationally, clearly having a damaging impact on the quality of care experienced, reducing the available staff time for each individual, negatively impacting on staff morale and hampering recruitment and retention, jeopardising the long-term development of services. De-moralised, over-stretched and under-resourced staff will find it difficult to deliver service changes, innovations and developments that users may wish to see implemented.

#### **4. Involvement of users and the community in services**

4.1. As Unite – Amicus section have previously stated the involvement of service users and communities in the shaping of services and individuals experiencing greater control over their own health care is fully supported. This empowers people and helps to prevent basic problems arising in areas such as patient dignity.

4.2. In the development of any mechanisms to increase user and community involvement and provide people with greater control over their care there must be recognition that access to facilities such as libraries and the internet varies widely, and some people may face higher costs in gaining access. It also requires easily accessible information, guidance and support being available to everyone.

4.3. Unite - Amicus section believes in flexible arrangements for local engagement to best suit local population needs and supports there being underpinning national duties and standards. There remains no duty on LINKs to ensure that under-represented groups in society – such as women, lesbian and gay, disabled, Black, Asian and Minority Ethnic

people<sup>3</sup> – are actively engaged with or for LINKs to be representative of the local population as a whole. Those in deprived areas are least likely to participate in such engagement processes<sup>4</sup>, with young people also likely to be under-represented. It is acknowledged that the membership 'Patient Forums' are "drawn from a relatively narrow section of society"<sup>5</sup>. The absence of such a duty is especially concerning given the role of LINKs in sifting and assessing information and informing local priorities. Under-representation must be pro-actively combated or it will continue to result in people's voices being marginalised in service assessment and development and the consideration of the health needs of the local population. For example, there have been many broad references to PCT prospectus' flagging up gaps in service but there is still no detail on who will feed into this process and how.

4.4. While the Framework recognises the need to ensure that the needs of vulnerable sections of society are met, there also needs to be proper attention given to policies and practices which pro-actively combat discrimination that staff and users can experience on grounds of race, sexuality, gender, disability, age or religion. This must be fully tackled, going beyond statutory duty, if equality of access to services is going to be achieved and staff enabled to develop their skills fully.

4.5. The recent Health Select Committee report stated that "Worryingly, a number[of LINKs]...known as 'early adopters'...were established in December 2006, after the Bill was introduced, implying that the establishment of LINKs was not an evidence based decision"<sup>6</sup> and that in respect to the changes to Section 11 they were "... not convinced that this will strengthen rather than weaken the consultation process"<sup>7</sup>. Unite-Amicus section share these concerns and do not believe they have been addressed by the Government.

4.6. As part of providing people with more involvement in their care, Unite – Amicus section support more easily accessible, extended self-care through the effective use of the full range of healthcare professionals who work in the community, including community

<sup>3</sup> 'Sex and Power - Who runs Britain? 2006', Equal Opportunities Commission, 2006, 'Gender and Political Participation', the Electoral Commission, April 2004, Disability Rights Commission

[http://www.drc.org.uk/about\\_us/leadership\\_strategy/evidence/statistics\\_representation\\_of.aspx](http://www.drc.org.uk/about_us/leadership_strategy/evidence/statistics_representation_of.aspx) and 'An Audit of Political Engagement (3) – Research study conducted for the Electoral Commission and Hansard', MORI, 2006

<sup>4</sup> 'From Access to Participation: Cultural Renewal', IPPR, Emily Keaney, 2006

<sup>5</sup> 'Concluding the review of patient and public involvement: Recommendations to ministers from Expert Panel', Department of Health, May 2006.

<sup>6</sup> House of Commons Health Select Committee report on 'Patient and Public Involvement in the NHS', 2007, page 3.

<sup>7</sup> House of Commons Health Select Committee report on 'Patient and Public Involvement in the NHS', 2007, page 91.

pharmacists, community nurses and GPs. Each has their own strengths in providing different services and can access different parts of the population.

## **5. Competition and collaborative working**

5.1. The embedding of competition and financial pressure as a driver for service improvement works against collaborative and partnership working. Unite – Amicus section members in the not-for profit sector working for Save the Children, NCH, Children’s Society, Bernardos and NSPCC report that competitive funding has led to a reduction in collaborative working amongst the major children’s charities. Workplace representatives report a new culture of fear that information sharing could lead to them losing funding to another organisation<sup>8</sup>. Such a culture creeping into the health service would clearly be to the detriment of users, and Unite – Amicus section do not believe the government has recognised this impact of the current reforms.

5.2. Unite – Amicus section believe that underpinning many of the proposals in the Framework document is a false belief in a division between a bureaucratic public sector and an inherently innovative third and private sector. As mentioned in the introduction, Unite – Amicus section support a focus on health outcomes i.e. measuring the benefits to service users, but do not believe this can be de-coupled from the mechanisms put in place to deliver outcomes, as highlighted by the discussion above. Mechanisms and reforms must be evidence based and fit for purpose.

## **6. Strategic focus on preventing ill-health**

6.1. The government should honour its pledge (from *Choosing Health*, 2004) to provide (as a minimum) one full year round qualified school nurse to every secondary school and its cluster of primaries. There are currently only a quarter of the school nurses who are needed, and investment is required turn this situation around.

6.2. Unite – Amicus section believe that just educating young people in areas such as healthy food, alcohol, smoking and so on is not enough – their healthcare needs to be seen in a holistic way, such as is envisaged in the Healthy School Programme. This

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<sup>8</sup> See the Amicus submission to the Public Administration Select Committee Inquiry: Commissioning Public Services from the Third Sector.

programme needs to be taken seriously as a blueprint for the future health of children and young people. We also wish to raise that when discussing co-ordinating services used by children and young people the only health professional mentioned are health visitors and midwives, neglecting the vital role that school nurses play in providing most of the public health care in schools<sup>9</sup>.

6.3. To properly develop a strategic focus on preventing ill-health there is a need for in-depth public health knowledge to underpin the development of services and initiatives at every stage, whichever the mechanism used to decide what services are needed and how they should develop. There is also a need to fully include the broad range of stakeholders at each stage of service/initiative development and implementation, and when discussing how to support individuals, as no single profession will have all the necessary skills or knowledge across all relevant areas, for example, GPs are not necessarily conversant in social care.

6.4. Financial pressures and the need to demonstrate efficiency and reduced costs can also act to the detriment of public health services, where savings are not immediately felt but occur in the longer term. It must also be ensured that investment is not switched to services that are needed in the short term, at the expense of longer term public health initiatives.

6.5. A holistic approach to improving the health and well-being of the whole community also means considering issues such as improving health and safety in the workplace and flexible working. Again, trade unions are key stakeholders in this wider approach to improving all peoples working lives, and therefore preventing ill-health and improving well-being.

6.6. A process such as the Joint Strategic Needs Assessment included in the document needs to be a co-ordinated approach by all stakeholders, including input from frontline staff, for example health visitors, community nurses, GP's, social workers and AHPs alongside users and the wider local community. It requires sufficient supporting resources to facilitate this, for example, for example access to IT resources. Community nursing practitioners still experience difficulty in accessing adequate IT provision.

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<sup>9</sup> Commissioning Framework for Health and Well-being, Chapter 2, page 19.

6.7. A correct balance needs to be struck in any process between medical and social considerations, the examples of questions for a JSNA in the Framework may be useful indicators of need but are very narrow in their focus, concentrating on a medical model approach.

## **7. Electronic Care Records and Confidentiality**

7.1. Unite- Amicus section has concerns that in going forward electronic care records will not fit the particular clinical needs of community nursing practice, instead having a more medically orientated, acute care focus. This needs to be addressed.

7.2. There needs to be clarification at a national level of the legal position in relation to the sharing of confidential information. This would be beneficial to community nurses who as registrants have to answer to the NMC Code of Professional Conduct. We would require clarification and re-assurance that staff such as community practitioners receive adequate support and guidance in the shared information process. This is of particular relevance when in the course of their work they may become aware of criminality such as the ill- treatment of vulnerable people in society. With the police having access to joint information this knowledge may result in clients being more hesitant in having open communication with their community nurse, to the detriment of a positive health and well being outcome. These aspects of shared information need further debate and clarity at national level with joined up working between the NMC, other registrant bodies and the relevant government departments regardless of the wider reforms taking place.

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