

## **PE1710/A**

Scottish Government submission of 6 August 2019

Thank you for the opportunity to respond to petition PE01710, from Edward Archer, regarding concerns about the provision of community hospitals and council run care homes.

We recognise that people want to live as independently as possible, for as long as possible, in their own homes or communities. Good quality, sustainable care and support for individuals at home or in a homely setting requires a whole system approach to planning and designing services based around local communities. With that aim in mind we have legislated, (the Public Bodies (Joint Working) (Scotland) Act 2014) to integrate health and social care services in Scotland. Each Health Board and local authority must bring together some of their statutory functions, and associated budgets, under the direction of an “Integration Authority”, which is then responsible for planning and delivery of services to ensure people have access to care that addresses their needs at the right time, in the right place.

Under these integrated arrangements, responsibility for community hospitals and care homes now sits with Integration Authorities, which have real power to drive change by managing over £9 billion of resources that NHS Boards and Local Authorities previously managed separately. Pooling budgets in this way gives local systems greater opportunities to maximise the use of all of their resources to improve people’s health and wellbeing. Redesigning health and social care services to better meet the needs of our ageing population also requires a greater focus on the availability of preventative care in communities, and this year our package of investment to support innovation in integration exceeds £700 million.

The petition refers particularly to the role of community hospitals in Scotland, which occupy a unique niche in the Scottish health and social care landscape which in many cases pre-dates the creation of the NHS. Community hospitals have continually evolved and, we recognise, remain important in providing integrated health and social care services for local communities.

Effective community hospitals have much to offer the people who use them in terms of improving their outcomes, and also to the wider health and social care system by balancing use of services in different settings according to need.

There is also a clear role for care homes within the context of integration, which is changing as people living in care homes have increasingly complex needs and with a higher incidence of dementia. A major Care Inspectorate report published in 2017 showed good progress over the last ten years in the quality of dementia care in care homes, particularly in the area of personalised care planning. We are working with Scottish Care and others nationally to help build on that progress as part of our 2017-2020 National Dementia Strategy. Considerable work has been done locally to support and redesign care home services so that they better meet the needs of the local population both now and in the future. However we recognise that more can be done to support a sustainable care home sector as part of the wider health and social care landscape.

Our priority is to improve people's experience of health and care services and the outcomes that services achieve across Scotland, so that people and carers have a similar experience of services and support, regardless of where they live, while allowing for local approaches to service delivery. We encourage all health and social care professionals to take a 'Home First' approach to assessing, and providing care for people. We also support the development of a range of intermediate care services across Scotland, which are provided in a range of settings including community hospitals and care homes. Intermediate care provides safe, effective and person centred care that delivers good outcomes for people and improves flow through acute hospitals. A variety of professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing the care plan will depend on the individual's needs at that time. For example, the Aberdeen City Integration Authority commissions twenty beds within a local care home to provide step-up and step-down intermediate care to adults who require a short-period of assessment and enablement following a hospital admission, or crisis in the community. A specialised rehabilitation and treatment suite, with a practice kitchen and bathroom is available to support people moving back into the community. Integration Authorities that use intermediate care services like this are showing greater reductions in their use of emergency hospital bed days and delayed discharges.

We want to build on and learn from these excellent examples and use community hospitals appropriately within that context, and within the context of our next major refresh of the system, through our work to reform of social care.

Regarding care for dementia patients, there are currently 86,000 to 90,000 people estimated to be living with dementia in Scotland, with a small number – between around 1,000 to 1,800 - in specialist NHS dementia care units at any one time. They have advanced dementia care symptoms, in combination with other complex care needs including palliative care needs, that cannot be met in any other care environment. The number of old age psychiatry beds has been reducing gradually year-on-year. Dementia patients account for the majority of these bed occupancies. The trends are in line with broader Scottish Government policies, including the three National Dementia Strategies and the integration of health and social care, to shift the balance of care, strengthen integrated community care and enable more people with dementia to live a good quality of life at home or in a homely environment for longer.

Last year the Scottish Government published a first major independent expert report on specialist NHS dementia services. The report made a series of recommendations, mainly directed to Integration Authorities, on further medium and long term modernisation of this sector of dementia care and the further strengthening of community-based services. Based on 63 of the 92 care units that provide specialist NHS dementia care, it reported that a dedicated and skilled workforce is often working in outmoded physical care environments and that at least 60% of patients have no clinical need to be in the units. The Scottish Government backs the principles in the report and we are providing national service improvement and expert advice as well as workforce development support to support local reforms. These reforms complement wider work in the 2017-2020 National Dementia Strategy

focussing on increasing diagnosis rates, access to post-diagnostic support and developing models of integrated and palliative and end of life dementia care. Finally, the Scottish Government is also taking forward, in partnership with CoSLA, a national programme to support local reform of adult social care. One of the reform work streams will focus on the models of care and support that will enable person-centred and outcomes-focused support for people, sustainably, into the future. Part of this will be to develop and support a future vision for a sustainable care home sector. Working in co-production with people and partners, it will seek to identify the actions required by national and local partners to enable a sustainable care home sector as part of the wider health and social care landscape to improve the wellbeing of local populations.

I hope this information is helpful in setting out the wide range of improvement work we have underway that will help shape our future health and social care services, including community hospitals and care homes.