HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM SCOTTISH CARE

As the voice of the independent social care sector in Scotland, Scottish Care welcomes this opportunity to give our views on what primary care should look like for the next generation and looks forward to any further consultation with ourselves.

Scottish Care is a membership organisation and the representative body for independent sector social care services in Scotland and speaks with a single unified voice for small, medium and large providers across the independent care sector. This covers private and voluntary sector care home, care at home and housing support services. Independent and voluntary sector providers combined employ nearly 100,000 social care staff, with nearly 71,000 of these individuals working in housing support and care at home services. Each night of the week, home care providers support nearly 50,000 individuals in their own homes, most with increasingly complex needs. The social care sector plays an important part in the Scottish economy, providing employment for over 202,000 people and generating an annual turnover of several billion pounds.

Scottish Care is committed to ensuring that the voice of our members and the independent social care sector are at the heart of national debate in key topics such as health and social care integration and human rights and their realisation. Our aim is to ensure the highest quality care is available to all who need it, with a focus of promoting and embedding a rights-based approach in the work that we do. We are especially interested in issues affecting older adults, the social care workforce, self-directed support, bereavement work, commissioning of services and human rights budgeting.

Scottish Care and our members believe the critical change required in order to meet future challenges is a focus on anticipatory and preventative care approaches, tying this into more integrated ways of working which prioritise the whole system and take a person-centred approach, instead of concentrating predominantly on acute care and short term outcomes which ultimately lead to a ‘firefighting’ approach to care and diminished outcomes for those in receipt of care and support.
Firstly, there is a lack of understanding around the interdependent relationship between the primary, acute and social care sectors. Therefore, when attempts are made to strengthen one element of the system, it can unwittingly undermine another part. The only way to strengthen the long-term future of health and social care services is to prioritise a robust and comprehensive understanding of the system and to not shy away from bold decisions about what is required to deliver quality, best value and support in the right place at the right time.

**What needs to change?**

Scottish Care will focus on the adjustments that we believe should be made by looking at each of the main professionals involved in the primary health and social care sector.

Scottish Care and our members believe there needs to be several changes to the structure and functionality of the primary care sector including the widening of current pathways into primary care and the synchronization of the health and social care sectors with careful consideration being given to the ageing population. The projections of the population for the next 25 years from the Scottish Government show that “The number of people aged 75 and over is set to increase by 85% by 2039 which means that by then, over 800,000 people will be over 75.”

With that in mind, Scottish Care and our members agree with the statement within the report: “Ensuring people who need care are more informed and empowered than ever, with access to the right person at the right time and remaining at or near home wherever possible.”

To make sure this is made a reality the need for a human rights-based approach to care is imperative, to consider the needs of citizens on an individualized basis recognizing that resource led practice does not meet people’s needs at the right time and does not always enable them to remain at home wherever possible. We recognise the critical role that care homes need to play in primary care, but also that a care home environment is not suitable for everyone. Provisions need to be made to support the health and social care sector to be able to provide these essential services to some of our most vulnerable citizens at home thus respecting their wishes and upholding their human rights. If we do not then, we risk a contravention of such rights, not least because citizen choice and control are at the heart of a human rights-based approach. By removing options for individuals in relation to their
social care, or by limiting the range of social care options in service delivery, we would ultimately be removing positive opportunities advancing quality and distinctiveness in the care offering.

Scottish Care and our members strongly believe that the availability of appropriate routes is vital in ensuring people are accessing the care they need when they need it. Gatekeeping is common in both GP surgeries and social work departments as resources and capacity become increasingly limited and eligibility criteria is tightened. The risk is that there is a continued increase in the required level of care needs which some have in order to access supports which results in the stripping out of preventative, enabling support and ultimately means diverting more people into upstream, more resource intensive services. By instead implementing approaches whereby primary and social care professionals work more closely together and share information through linked systems, people can be supported more effectively in familiar surroundings with the lowest levels of intervention required to meet their outcomes and needs.

This therefore requires there to be an availability of robust local community care options which have a preventative approach and emphasis, such as the promotion of self-management, technology wearables, adequate screening for genetic health issues and the ability for voluntary services to work with seamlessly social work to meet the increasing demands. If the only route available is waiting until people reach crisis point where an ambulance or hospital admission is necessary, people will continue to unnecessarily end up in hospital in order to receive a care package.

There is a tendency to focus heavily on figures around delayed discharge from hospital without joined up reporting of what leads to someone being in hospital in the first place and what could be changed or improved to prevent someone requiring a hospital stay in instances where alternative routes might be better for them. This latter approach, we believe, would not only support more effective and efficient use of NHS resources but would also lead to better outcomes for an individual.

Therefore, GP’s should have the option to refer for short term support packages in care home settings and in an individual’s own home that can meet an individuals’ care needs. There needs to be closer working and professional recognition between district nurses, care workers, GPs and allied health professionals in general. If an individual requires a more
intensive level of monitoring and support, there should be professional recognition of the different knowledge and expertise which professionals possess including that of social care staff who are a skilled and effective workforce, providing support for over 200,000 people at any given time. By utilizing our skilled social care workforce and training them to identify decline and support people’s needs before they need more intensive forms of support we could lead to wider opportunities and free up GP’s and reduce the pressures on the NHS. This involves resourcing better pay, terms and conditions and related issues in order to support a stable and motivated workforce, insisting on fair commissioning of services to enable fair work, publicly articulating what the role of modern care work really looks like and the high levels of skill, expertise and dedication that go into it and ensuring that we have a proportionate regulatory and qualifications system which professionalizes without being restrictive or disincentivizing.

The training of primary care professionals such as pharmacists, occupational therapists and physiotherapists in the community, including placements or being based within social care settings, would be a way to learn and therefore better support the population they will most regularly be engaging with. There are nearly 38,000 care home beds for older people and approximately 30,000 people supported at home with care needs relating to frailty and dementia. Most of these individuals will be supported by these services up to and including palliative and end of life care and as the population ages, the number of individuals who will be supported at the end of life will likely increase further. It is therefore impossible for hospices alone to support these individuals, but they instead represent one important area of palliative and end of life care provision within a much broader support sector. In order to ensure that all of Scotland’s citizens are supported to live and die in a setting of their choice with high quality support and their needs and wishes met, we need to prioritise equal investment across all areas of palliative and end of life care provision. For example, if an individual has a DNA CPR or does not wish to be admitted to hospital, these wishes should be upheld and not be restricted due to a lack of resources or feasible options.

The aspiration should be that anyone who requires this type of intensive and sensitive support should have a range of options available to them in their local area, where they can access high quality care including in hospices, care homes and at home. This involves broadening learning and development opportunities for staff across different care settings
and investing in community supports, including care home and home care services alongside hospices.

Social prescribing is also one preventative mechanism that could be utilised to enhance individual activity and the self-management of conditions through physical activity. This in turn addresses loneliness through the promotion of walking groups, social groups and making use of green space. Social care services are already providing essential services within our communities, keeping people safe and helping them to access their local community through a variety of third and independent sector social care services.

It is also vital that changes are implemented at Integration Joint Board level to address the supports and routes that communities need. Integration authorities are informed of and engaged with services in their local areas. This can be best achieved by giving the independent and third sectors an equal voice within Integrated Joint Boards, providing the opportunity to utilise their expertise and their ability to innovate. Where we already see this happening, there are clear ways in which these areas are already taking positive steps towards addressing the changes required to meet future needs, in a way that showcases best practice in integrated partnership working.

Furthermore, technology and ‘wearables’ are currently being used as a form of self-management, helping to reduce the number of falls and identify symptoms before they lead to hospital admission. Technology enables more people to stay in their own homes and can also be utilised in terms of better collection of data and synchronizing this information sharing across the varying parts of the system. Moving away from the outdated view of patient confidentiality means we need to ensure the individual is at the heart of decisions around their data and their care and we achieve this by giving control back to the person including about who they want to share their information with. This means adopting a human rights-based, ethical approach to the development and utilisation of technology, which prioritises person-centredness and building trust. Scottish Care has recently developed a Human Rights Charter for Technology and Digital in Social Care which outlines key principles and has been created in partnership with service providers, individuals who receive care and leading figures and organisations in social care and technology arenas. In order for technology to meaningfully improve health and social care provision, there needs to be focus on the inter-operability of systems, appropriate
information sharing, suitable data collection and the use of such data to continuously inform and influence change.

All of this would need the possibility of a national communication campaign to help citizens to be supported to understand how to use services reasonably and appropriately.