Public Health Priorities: Comments from Scottish Care
March 2018

Who we are

Scottish Care is the representative body for independent social care services in Scotland. This encompasses private and voluntary sector providers of care home, care at home and housing support services across the country. Scottish Care counts over 400 organisations as members, which totals over 830 individual services. Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. Our aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

In relation to older people's care, this sector provides 89% of the care home places in Scotland and over 50% of home care hours. There are more older people in care homes any night of the week than in hospitals - as at 31st March 2016 there were 873 care homes for older people providing support to 33,301 residents any night of the year, with 89% of these residents located within the independent sector.

The independent sector, which Scottish Care represents, employs over 100,000 professional paid staff which constitutes the largest health and care workforce in Scotland next to the NHS and around half of the total social services workforce.

Introduction

This submission puts forwards views for consideration as part of the current public engagement exercise being undertaken by the Scottish Government and COSLA on the development of public health priorities for Scotland.

Scottish Care would completely concur with the conclusions and recommendations made within the *2015 Review of Public Health in Scotland: Strengthening the Function and Re-Focussing Action for a Healthier Scotland.*[1] In so doing we would particularly affirm our agreement of the need to recognise the changed context, especially the clear emphasis on partnership and integration and the importance of community empowerment and engagement. We agree that the major public health challenges such as obesity, mental health problems and inactivity, together with the persistence of health inequalities cannot be addressed solely through treatment.

Therefore as section 10 of the report recognises, the role of the independent care sector, with a workforce of over 100,000 staff, is central to addressing these inequalities and public health concerns. This submission is developed within that overall context and towards that contribution.

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[1] Scottish Government (2016) *2015 Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland* http://www.gov.scot/Publications/2016/02/8475

Summary of main points

We would summarise our main comments as follows:

1. 'Adjusting to the needs of an ageing population' should be a public health priority.
2. Public health reform discussions need to give greater focus on issues of specific concern to the ageing population, namely mental health needs, dementia and delirium, and frailty for older persons.
3. Greater emphasis needs to be placed on the potential for the integration of health and social care to positively impact upon a focus on prevention and early intervention.
4. The importance of recognising the role of the third and independent sector workforce in the delivering and achievement of Scotland's public health outcomes.

Issue 1: 'Adjusting to the needs of the ageing population' should be a public health priority for Scotland.

Along with other commentators, we would wish to underline the importance of public health priorities being adjusted to better reflect the needs of a population which, whilst living longer, is living with many more co-morbidities. The challenge is to increase the years of life that people live in good health. In our work, Scottish Care recognises the crucial contribution of the independent care sector workforce and services in ensuring a greater proportion of the population live with better physical and mental health.

Scottish Care has consistently sought to challenge the stereotype and cultural narrative that has tended to be used to describe the increase in life expectancy as a negative issue. Language such as 'demographic time-bomb' and 'age Armageddon' serve only to continue and consolidate negative stereotypes around age. At the heart of our work and that of others, including the new Health and Social Care Standards, is a human rights-based approach to care and health which promotes autonomy, individuality and non-discrimination.

We acknowledge the report's analysis that as a result of significant progress, we are evidencing:
- increasing life expectancy (and a smaller increase in healthy life expectancy);
- increased prevalence of long term conditions and multi-morbidity;
- more people dying in advanced old age.

At the same time, we have evidenced a significant shift in the nature of treatment and care across Scotland. Social care has changed over the last few years. For instance, we have seen a sharp decline in the level of preventative and non-personal care homecare support being delivered in Scotland, from a rate of 67% when Free Personal Care for the over 65s commenced to 3% in 2015.[2] The loss of time flexible,

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[2] Scottish Care (2017) *Bringing Home Care: A Vision for Reforming Home Care in Scotland* http://www.scottishcare.org/wp-content/uploads/2017/05/SC-Bringing-Home-Care-FINAL-LoRes.pdf

relationship-based and prevention focussed home care has had a significant impact. Whilst undeniably there has been a necessary alteration to reduce dependency the sharp elevation of eligibility criteria has had, we would contend, a significantly adverse public health impact on the ageing population in Scotland.

Further as part of the continuing emphasis on ensuring individuals remain independent for as long as possible, there has been a marked decrease and change in the nature and use of residential and nursing care home settings. Individuals are entering care homes much later in their life journey and with a much higher level and complexity of dependency and need. In many instances, individuals entering care homes are unlikely to leave as this will be their last home in life. The increase in dependency levels and co-morbidities has had a dramatic effect on the nature of care and support in such settings.

As a society we remain heavily dependent upon informal and family care but the nature and availability of this care has changed significantly, with more and more individuals having to prioritise employment over informal care responsibilities. One of the inevitable consequences of living longer is that the needs of the individual later in life can become sharper and most intense, especially towards the end of life. Many individuals will have direct contact with independent sector care staff in the later months and weeks of life. The majority of palliative care, for instance, is delivered by often social care staff who have not had specific training in this area.

All of this is happening against a backdrop of declining resources, huge workforce pressures and challenges to the sustainability of the independent care sector across care home provision, home care and housing support. Scottish Care has argued consistently and urgently for the need for strategic investment in the social care of older persons, recognising that the laudable objectives of health and social care integration are unachievable without such commitment.

Issue 2: Public health reform discussions need to give greater focus on issues of specific concern to the ageing population, namely mental health needs, dementia and delirium, and frailty for older persons.

Scottish Care recognises that a lot of traditional public health messaging and priorities have focussed on improving health. In any re-articulation of priorities, we would like to see a greater emphasis upon *wellbeing* as opposed to potentially narrow health definitions. Living longer should also be about living better into older age. However, we also recognise the reality for many individuals is the perpetuation of the health inequalities they experienced in their early and adult years.

In particular we acknowledge the work on diagnosis and treatment which has been embedded within the early national dementia strategies. However, Scottish Care would like to see greater emphasis in public health priorities around the lived experience of older people with dementia and delirium. Whilst clinically we have made significant strides, we are concerned that there remains inadequate prioritisation around supporting individuals to live well with their dementia, in some cases for a good number of years. We would make the same plea for a prioritisation of public health work around physical fitness, falls and frailty.

In addition, Scottish Care applauds the emphasis upon mental health as a key determinant of wellbeing and health within public health priorities. We are, however, concerned that the appropriate level of attention upon child and adolescent mental health has resulted in a lack of focus on the mental health needs, most especially of the older age population.

Scotland's population projections indicate that the number of people aged 75 and over will increase by 86 per cent in just a quarter of a century to 360,000 more than today. Inevitably, this will mean a higher proportion of those with mental health needs being over the age of 65 and also a higher proportion of these individuals requiring the support of older people's care services.

There are approximately 33,000 older people living in care homes in Scotland any night of the year, and nearly 1,000 other individuals living in care home services for adults with mental health issues. Additionally, 61,500 individuals receive support through home care services, over 50,000 who are over the age of 65. Given these figures, it is crucial that we ensure high quality mental health care and support is built into the provision of these services, which nearly 100,000 people across Scotland access.

Research undertaken over the last two years by Scottish Care has focussed on discovering what it is like to work at the frontline in social care services, whether within care home, care at home or housing support services. That research was published in *Voices from the Front Line*[3], *Voices from the Nursing Front Line*[4], *Trees that Bend in the Wind: Exploring the Experiences of Front Line Support Workers Delivering Palliative and End of Life Care*[5] and *Fragile Foundations: Exploring the mental health of the social care workforce and the people they support*[6].

These reports have all served to highlight a range of particular challenges relating to both the mental health and wellbeing of those older citizens being supported but also the mental health and wellbeing of the workforce. We would suggest these need to become key public health priorities. Our reasoning is that:

a) There are particular factors relating to older people and social care which may prompt or exacerbate mental health conditions. For instance, older people are more likely to experience bereavement through the loss of friends, spouses and relations which can require mental health support. The negative mental health consequences of social isolation and loneliness are therefore more likely to be experienced by older people. Additionally, individuals who go through transitions such as moving into a care home or another care setting

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[3] Scottish Care (2016) *Voices from the Front Line* http://www.scottishcare.org/wp-content/uploads/2016/06/Voices-from-the-Front-Line.pdf
[4] Scottish Care (2016) *Voices from the Nursing Front Line* http://www.scottishcare.org/wp-content/uploads/2016/11/SC-Voices-from-the-Nursing-Front-Line-.pdf
[5] Scottish Care (2017) *Trees that Bend in the Wind: Exploring the Experiences of Front Line Support Workers Delivering Palliative and End of Life Care* http://www.scottishcare.org/wp-content/uploads/2017/02/PEOLC-Report-final-.pdf
[6] Scottish Care (2017) *Fragile Foundations: Exploring the mental health of the social care workforce and the people they support* http://www.scottishcare.org/wp-content/uploads/2017/11/Mental-Health-Report-November-2017-.pdf

may experience difficulties in adjusting to a loss of home or a perceived loss of identity if adequate support is not present.

b) There are risks to good mental health associated with transitions where individuals cease to be part of adult services and move to older people's services at the age of 65. It is common for services to become less accessible or even denied, and for resource levels to be reduced at this time. This raises issues around how the human rights of older people in relation to their mental health needs and right to access essential supports are being protected and promoted. The needs of an individual are often overlooked and replaced with a focus on age and systems. It is recognised that transition phases can lead to a breakdown in communication and quality of care and support, leading to further uncertainty and anxiety for individuals at the centre of that support.

All of the above indicates the necessity, we believe, of a particular requirement to focus on the mental health needs of older persons.

Issue 3: Greater emphasis needs to be placed on the potential for the integration of health and social care to positively impact upon a focus on prevention and early intervention.

The *2015 Review of Public Health in Scotland: Strengthening the Function and Re-Focussing Action for a Healthier Scotland* clearly recognised and affirmed the changing landscape of the delivery of health and social care services which is being brought about by integration. There is a still a great deal of work to undertake to ensure that Health and Social Care Partnerships (and their Integrated Joint Boards) properly reflect the realities of a joined up pathway of health and care in our communities.

Scottish Care is concerned that the appropriate emphasis on the processes of enabling the establishment of the Integrated Boards has led to a diminution on the necessary focus on public health priorities. In particular, we are concerned that there is insufficient emphasis in strategic commissioning plans on the role of prevention and self-management. If we are to achieve many of the aims of public health priorities, then there needs to be a critical development of the under resourced areas of prevention and self-management. This is not just at individual level but critically must involve those who provide and deliver the majority of social care support to our citizens. This will involve a robust examination of the inadequacies of much procurement and commissioning practice for home care which serve to emphasise a 'time and task' approach to care support, which critically vitiate against any likelihood of achieving wider public health priorities and aims.

Issue 4: The importance of recognising the role of the third and independent sector workforce in the delivering and achievement of Scotland's public health outcomes.

69% of the total social services workforce registered with the SSSC comes from the third and independent sectors[7]. 74% of the registered adult services workforce is from these two sectors (largely care at home and care home services) – this latter figure represents nearly 106,000 staff[8]. On any calculation this is the largest workforce in health and social care outside the NHS. It is therefore critical that not only the contribution of the independent sector workforce is recognised, but that it is harnessed to ensure the achievement of Scotland's public health priorities. We have already referred to the work which Scottish Care has and is still undertaking with the front line workforce. Whether it relates to palliative and end of life care, dementia support, work in falls and frailty or on the mental health wellbeing of older people, the contribution and critical role of the independent care workforce cannot continue to be marginalised and ignored.

Conclusion

Scottish Care is pleased to contribute the above comments to the review process. We would be eager to continue to contribute and it is our hope that the critical and distinctive role of the independent social care sector is recognised in the further development and articulation of Scotland's public health priorities.

Scottish Care is happy to be contacted if further information is required.

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[7] SSSC (2017) *Scottish Social Service Sector: Report on 2016 Workforce Data*
http://data.sssc.uk.com/images/WDR/WDR2016.pdf

[8] SSSC (2018) *The Adults' Services Workforce 2016*
http://data.sssc.uk.com/images/WDR/ASW/AdultsServices_2016_FINAL.pdf