



## SBAR – National Care Service Consultation

**Date:** 6<sup>th</sup> September 2021

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**Area:** Planning and Performance

<p><b>Situation</b></p>	<p>A national consultation is underway concerning the proposed establishment of a National Care Service. This was a recommendation of the Independent Review of Adult Social Care<sup>1</sup> (IRASC) and has implications for the powers and duties of IJBs.</p> <p>The consultation was due to end on 18<sup>th</sup> October 2021. However, following lobbying by a number of organisations, the closing date is now 2<sup>nd</sup> November.</p>
<p><b>Background</b></p>	<p>The IRASC, which reported on 3<sup>rd</sup> February 2021, was set up to recommend improvements to adult social care in Scotland. It focussed on the outcomes for people who use services, their carers and families and the experience of those working in the sector in all settings.</p> <p>East Lothian IJB provided its response to the IRASC consultation (appendix 1) in November 2020.</p> <p>The IRASC looked at three elements of change, to <i>‘Shift the Paradigm’</i>; to <i>‘Strengthen the Foundations’</i>; and to <i>‘Redesign the System’</i>. Under the last of these - Redesign the System, the review suggested that to develop social care support and to ensure consistency of delivery across Scotland a ‘National Care Service’ needed established. Such a service would, the review said:</p> <p><i>“...drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability...”</i></p> <p>This National Care Service would aim to provide transformational leadership for all those involved in the planning and delivery of social care support and give a voice to those with lived experience. It would seek to establish across the sector:</p> <ul style="list-style-type: none"> <li>• common purpose</li> <li>• trusting relationships rather than competition, and</li> <li>• partnerships, not marketplaces.</li> </ul> <p>Some IRASC recommendations focus on IJBs. These are greatly expanded on in the NCS consultation and concern:</p> <ul style="list-style-type: none"> <li>• delivering improvements in carer participation</li> <li>• reforming IJBs to give them new duties and powers (including for GP contracts)</li> <li>• providing direct funding from Scottish Government</li> <li>• working collaboratively with the National Care Service on various matters</li> <li>• taking on responsibility for planning, commissioning and procurement</li> </ul>

<sup>1</sup> <https://www.gov.scot/publications/independent-review-adult-social-care-scotland>



	<ul style="list-style-type: none"> <li>investing in preventative care and admission avoidance rather than crisis responses.</li> </ul>
<p><b>Assessment</b></p>	<p>The NCS consultation document<sup>2</sup> sets out the Scottish Government’s ambitious developments of the core IRASC recommendations. These go beyond the creation of a National Care Service for adult social care alone. The proposals seek to establish the NCS as an organisation to set strategic direction and quality standards for community health and social care in Scotland across a wide range of domains, in partnership with Community Health and Social Care Boards (CHSCBs, as successors to IJBs) as their delivery body and with other organisations.</p> <p>CHSCBs will be funded directly by the Scottish Government and will be accountable to ministers. They will work with the NHS, local authorities and third and independent sectors to plan, commission and deliver local support and services to meet the assessed needs of communities.</p> <p>Membership of the CHSCBs will include local elected members, professionals, and local representatives, including people with lived experience of service use and carers. All members are likely to have voting powers.</p> <p>Each CHSCB will employ its own Chief Executive and staff to plan, commission, and procure care and support, including the management of GP contractual arrangements.</p> <p>The NCS consultation contains 96 questions across several domains of health and social care delivery. East Lothian IJB members were invited to provide comments, if they wished, on the consultation to inform a response from the IJB. The response was limited. This may be because of the length of the consultation questionnaire and the broad range and at times technical nature of the questions.</p> <p>Members were also encouraged to reply direct, in their own right to the consultation.</p> <p>To engage more actively with IJB members in reflecting on the NCS consultation, it is proposed that a development session be arranged to discuss potential implications for the future delivery of health and social care services in East Lothian and across the country. This session would aim to reach consensus where possible, or to agree a range of view for inclusion in the IJB’s consultation response.</p>
<p><b>Recommendations</b></p>	<p>East Lothian IJB is asked to:</p> <ul style="list-style-type: none"> <li>Agree to a development session being arranged in late September/early October to provide IJB members with an opportunity to discuss the implications of the NCS consultation for health and social care services in East Lothian and more widely.</li> <li>Agree that the outputs of any development session should be used to prepare an East Lothian IJB response to the consultation on the establishment of a National Care Service.</li> </ul>

<sup>2</sup> <https://www.gov.scot/publications/national-care-service-scotland-consultation/documents/>



## Appendix 1

### East Lothian IJB Response to the Review of Adult Social Care in Scotland

#### Background on East Lothian

East Lothian IJB welcomes the opportunity to comment on the Review of Adult Social Care. All members were consulted in the preparation of this response.

This exercise arrives at a critical time when across Scotland demand for social care is increasing as the result of social and demographic change, primarily the ageing of our population. People are increasingly living with multiple conditions with associated increased care needs. Some people have limited family and support networks. In East Lothian, the population is increasing (projected to increase by around 23% up to 2041) and ageing, with the highest growth in the 65-74 and 75+ age bands.

East Lothian Health and Social Care Partnership faces current and future increasing demands from this ageing and growing population. It faces further challenges in meeting the needs of a range of different communities, some urban, some more rural.

#### East Lothian Strategic Plan

The East Lothian IJB's Strategic Plan (2019-2022) includes a focus on transformation of care for older people to provide client-focussed care options, including provision of housing with care and a review of community services for adults with complex needs. The transformation programmes will consider the role of all colleagues, including social care, in developing future care and service options.

The IJB's strategic objectives, aim to "*...support all people in East Lothian to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use.*" In support of this, the IJB has committed to:

- make health and social care services more sustainable and proportionate to need and to develop our communities
- explore new models of community provision which involve local communities and encourage less reliance on health and social care services
- improve prevention and early intervention
- reduce unscheduled care and delayed discharges
- provide care closer to home
- deliver services within an integrated care model
- enable people to have more choice and control
- reduce health inequalities
- build and support partnership working
- support change and improvement across our services.

Many of these objectives can only be delivered with the full co-operation of local partners (including in the third and independent sectors) as well as East Lothian Council, NHS Lothian, primary care and colleagues in acute services. Planning for service change involves these partners and the public and community, and other representatives. This will



continue as services adapt to current COVID-19 related restrictions and future requirements and to deliver the outcomes of the Review of Adult Social Care.

### **Impacts of COVID-19 on Service Outcomes and Integration**

The arrival of COVID-19 has disrupted patient journeys and service delivery in health and care settings and is delaying access to secondary care treatment which might otherwise reduce care requirements for individuals. This places higher demands on the HSCP to provide care during the wait for treatment, while it is also increasing care to maintain its low delayed discharge numbers to take pressure off acute services. Added to this is the prospect of some patients requiring post-COVID rehabilitation which services had not planned for.

Colleagues across health and social care have risen to the challenge presented by COVID-19, showing a great deal of flexibility and inventiveness in how they have altered service delivery arrangements and in stepping up the use of IT and other technologies, to maintain support to patients and clients. Those staff remobilised to other services have quickly adapted to new demands. Through necessity, barriers between health and social care are being dismantled as teams work in a more integrated way, accelerating the wider adoption of ways of working that were in place before the arrival of COVID-19.

All staff have the gratitude of the IJB for their hard work in difficult circumstances and their innovative approaches to meeting patient and client needs while progressing integration.

The IJB is also grateful to the communities and the individuals who volunteered their support to local action.

The IJB supports local focussed work with East Lothian Council and NHS Lothian to further dismantle barriers to integration to deliver improved service outcomes for all. This work also needs to progress at national level through the development of supportive and ambitious policy to deliver integration within and across sectors.

### **Care Homes**

At the beginning of the pandemic East Lothian was in the fortunate position of having an established nurse-led Care Home Team. This already provided Nurse Practitioner support to anticipatory care, long-term conditions support and to respond to acute illness presentations in residents in a number of independent care homes and HSCP managed care homes. The team also provided training to care home staff.

The team liaises with those GP colleagues covering each Care Home for medical advice as required. This has greatly reduced the need for GPs to attend Care Homes and has reduced emergency admissions.

During the COVID-19 first wave the team was extended and restructured to support all care homes within East Lothian. A Care Home Operational Group monitors care home occupancy, staffing, infection control and outbreak status and initiates action as required.



Care homes are increasingly using telephone rather than face-to-face assessment. This is reducing time delays to assessment and reducing delays to discharge, and ultimately occupied bed days.

### **Maintaining Social Care Capacity**

In East Lothian access to social care, particularly care at home for all client groups, is monitored on a daily basis and action taken to direct resources to address issues.

National action is required to maintain and where required, increase capacity across social care. This requires work to make all roles in adult social care attractive in order to retain staff and to bring a new generation of workers into the sector. Any development of social care roles should include a move towards registration and professionalisation.

### **Discharge Planning**

The IJB supports prevention and early intervention approaches to avoid admission. East Lothian has invested in Hospital to Home (H2H) Discharge to Assess (D2A) and other services to expand this approach.

Where admission cannot be prevented, coordinated discharge planning involving the MDT and patients and relatives is moving towards 'home first' approaches and implementation of nurse-led discharge. This contributes towards good delayed discharge performance.

### **Mental Health and Community Support**

Colleagues are reporting increased presentations of mental health problems in the community. In response to this, new, primary care direct-access arrangements were quickly established.

Community Link Worker services are being remobilised to support people with a range of problems, including social isolation, which have been compounded by the pandemic.

### **Commentary on the Review**

#### **IJB Priority-Setting**

IJBs need to be closely involved in decision making at NHS Board, regional and national levels. Each IJB must remain free to decide how it will prioritise meeting assessed needs of local communities while delivering to agreed national standards. Work with partners should seek to simplify processes to deliver service change and to improve outcomes for patients while increasing the efficient use of public funds in the delivery of services.



## **Integration across IT Systems**

Although information technology has greatly assisted in continuing service delivery using new approaches through COVID, the continuation of separate IT systems by Health and Social Care is a limiting factor.

Current arrangements mean colleagues are either on one IT system and cannot communicate with the other system, or have to operate two systems simultaneously. This is particularly problematic when working from home. Partners should establish joint platforms for sharing of information and the joint datasets needed for service planning, activity and outcome monitoring. This will require technological solutions and Scottish Government support.

IT and telephony is providing new ways to assess, support and follow-up patients. For example, in East Lothian, a new direct access musculoskeletal (MSK) service provides video assessments and treatment plans without the need for an initial GP referral or attendance by patients at a clinic. This reduces demand on GPs and speeds up assessment and initiation of treatment. The approach has greatly reduced waiting times for patients.

The Scottish Government should support development of technological options for service delivery, taking into account the variability in knowledge and use of smartphone, tablet and computer devices across communities and age groups.

## **Acute Services**

Although the IJB has delegated responsibility for some services managed and delivered in acute hospitals it has proven difficult to engage with these to plan service delivery focussed on needs of HSCP residents. Too often decisions are made for the total population served rather than considering what individual IJBs have prioritised.

Existing relationships between social care, community services and acute must be built on further through the review of adult social care to develop a whole system approach to identifying and acting on social care needs for patients and families.