## Briefing for the Public Petitions Committee

**Petition Number:** PE01710

**Main Petitioner:** Edward Archer

**Subject:** Community hospital and council care home services in Scotland

Calls on the Parliament to urge the Scottish Government to review the provision of services for the elderly and long-term sick in community and cottage hospitals as well as council care homes across Scotland.

## Background

This petition is based on a widespread concern about the diminishing provision of community and cottage hospitals as well as council-run care homes throughout Scotland. The petitioner traces the start of the closures and the shift to more care at home to a change in Scottish Government policy in 2012.

This briefing outlines how health and social care policy has changed over the past fifteen years, with its primary focus on shifting health and social care from residential settings whether care home or hospital, to non-residential community based care.

The changes to government policy go back much further than 2012, and the need for change in how healthcare and social care should be delivered was recognised in the 2005 Scottish Executive publication, a National Framework for Service Change in the NHS. The proposals laid down then, continue to provide the underpinnings for national policy in 2018. Its proposals included:

‘> All NHS Boards to put in place a systematic approach to caring for the most vulnerable (especially older people) with long term conditions with a view to managing their conditions at home or in the community and reducing the chance of hospitalisation.

> Shorten waiting times and inform patient choice by separating planned care from urgent cases, treating day surgery as the norm

(rather than inpatient surgery), enabling better community based access to diagnostics, developing referral management services and

> Set a clear agenda for Community Health Partnerships to work across barriers between primary and secondary care and engage with partners in social care to shift the balance of care.'

## Shifting the Balance of Care

In 2008 a major NHS Scotland initiative 'Shifting the Balance', which refers to and incorporates the 2006 community hospital strategy was established. The focus of Shifting the Balance was to make the main locus of care the community rather than large hospitals, dealing with expensive and unpredictable unscheduled care. Shifting the Balance ran in tandem with a number of initiatives and policy documents as well as a conference in June 2010 on unscheduled care.

Unscheduled care is the term used to cover the unexpected admissions into hospital care via Accident and Emergency for example. By its nature it is unpredictable, and the potential for an increase in unscheduled care is foreseen because of the rise in the number of elderly people and people with long-term conditions such as diabetes; people living longer and in poor health.

Scheduled care covers the pre-arranged operations and procedures that hospitals undertake where patients follow the usual referral route from GP to outpatients to treatment and home again. Unscheduled care is very costly to the NHS, and there is a recognition that elderly people especially can quickly lose physical capacity and independence once they are in hospital. For those unable to immediately look after themselves once back home, the requirement for social care support or some sort of 'interim' or intermediate care becomes essential.

## More recent policy and legislation

Further policy documents and initiatives, building on the National Framework have been published in the intervening years, as well as legislation seeking to both increase public participation in health services as well as to further the aim of moving care away from hospital and residential care.

These include:

- the 2020 Vision,
- The Quality Strategy, (actions needed to realise the 2020 Vision)
- Patient Rights (Scotland) Act 2011,
- Health and Social Care Delivery Plan (2016) and
- Health and Social Care Integration (The Public Bodies (Joint Working)(Scotland) Act 2014 sought to facilitate and speed up the pace of change by creating a much closer relationship between health boards and local authorities whereby budgets for health and social care lose their identity, and services become more seamless across both areas).

## Integration of health and social care and 'shifting the balance' to community services and person-centred care

Integration authorities, along with local authorities and NHS boards are seeking to reconfigure many of their services, in line with national policy and the integration agenda, to ensure that people are treated as close to home as possible in most circumstances. This includes primary care, rehabilitation, community care, reablement and prevention services. There is also an ambition to ensure that older people, and those with long-term conditions are able to stay in their own homes for as long as possible, with appropriate care they need designed with them. This care is underpinned by the principles of Self-directed Support and the new Health and Care standards. The presumption is that fewer long-term residential facilities and long-term NHS beds will be required because the local services will be in place to prevent hospital admission and possible consequential residential care. In addition, the Carers (Scotland) Act seeks to recognise the significant value and role of unpaid carers in the provision of care and support.

## Rethinking specialist care

Some tension exists in the system because there is also an ambition to centralise a number of acute services in particular hospitals - such as the National Waiting Times Centre where many cataract, hip and knee replacements (elective procedures) take place, rather than spread specialist clinical expertise (and shortages of suitably qualified staff exist in some specialties) thinly across Scotland. One argument is that better outcomes exist for patients when a clinician is carrying out a procedure often, rather than only infrequently, and so expertise is better concentrated in centres of excellence. All the right equipment is also available in one place, rather than being replicated across the country and perhaps being infrequently used.

This policy means of course that patients have to travel some distance if they do not live near to the specialist centre, which appears to be counter to what is being promoted as the direction of health and care services. It would not be deemed appropriate to carry out such procedures in community hospitals.

## Reduction in hospital beds

As noted above, there has been a steady move away from keeping people in hospital or residential care settings over many years. According to the UK NHS Confederation, the number of hospital beds in the NHS has reduced since 1959. In addition, since 1984 there has been steady growth in the rate of day case procedures, whereby people do not stay overnight in hospital. The

Kings Fund published a report providing further data and explanation for the reduction, but the data relates to NHS England.

In Scotland, available staffed beds for acute services have been steadily reducing from 14,141 in June 2013 to 13,239 in June 2017, with a reduction of 1.9% since June 2016. This is in line with government policy.

## Reduction in residential care

NHS Information Services Division (ISD) carry out an annual census of care home places.

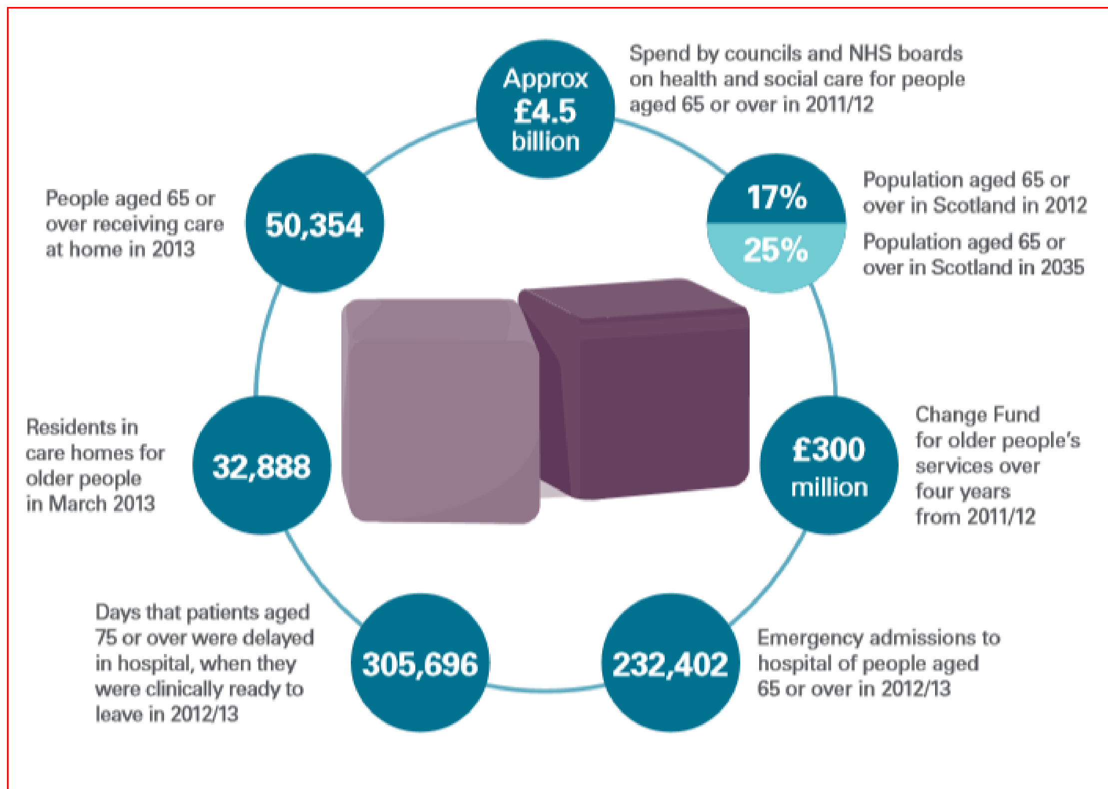
In the latest publication – 11 September 2018, the data for the past ten years (2007-17) was compared:

> 'There were 1,142 adult care homes on 31 March 2017, a decrease of 21% compared to 31 March 2007 (1,451).
>
> • There were 40,926 registered care home places available on 31 March 2017, which is 4% fewer than were available in 2007 (42,653).
>
> • On 31 March 2017, there were 35,989 adults in care homes, this is 5% lower than in 2007 (37,702).
>
> • On 31 March 2017, 91% (32,691 out of 35,989) of all care home residents (i.e. long stay, short stay and respite residents) were in Older people care homes.'

ISD also highlight the changing provision for older people, showing that there has been a sharp rise in short stay residents in the past ten years (96% from 750 short stay/respite residents to 1,468) and an increase in long-stay residents with dementia, meaning nearly two thirds of older people in residential care have dementia:

## Reshaping Care for Older People

In 2014, Audit Scotland published 'Reshaping Care for Older People', arguing that the current arrangements, mainly organised through local authorities, were unsustainable in financial terms given the demographic changes – a steady rise in the number of older people and continuing budget pressures. Audit Scotland summarised key facts through this infographic:




Audit Scotland stated that the government, local authorities, NHS boards and other partners needed to do more: to understand variation across the country, to track spending and monitor outcomes for people and for policy and to set out clear plans for how resources will shift to community (non-residential) services in the short and longer term. This last comment has been repeated by Audit Scotland in relation to the integration of health and social care:

> ‘Our subsequent report Reshaping care for older people found continuing slow progress in providing joined up health and social care services. This lack of progress in fundamentally shifting the balance of care from hospital to community settings, coupled with the unsustainability of current services, mean that there is a pressing need for this latest reform programme to succeed.’

‘Community settings’ could, of course, as noted above include the use of community hospitals. The call for more radical action is evident in Audit Scotland’s latest annual NHS Scotland review. A shift in the balance of care does not directly equate to a reduction of demand or costs in the acute sector, although, as Audit Scotland points out:

> ‘The framework sets out the three main ways in which the Scottish Government plans to bridge the (NHS funding) gap (of circa £2 billion in 2023/24 – see page 25 of review):
>
> • efficiency savings – a one per cent efficiency requirement across health and social care

• savings arising from shifting the balance of care – this includes A&E, inpatients and outpatients

• additional savings – from regional working, public health prevention, and back office efficiencies.

## Consultation and public engagement

The Scottish Health Council was established by secondary legislation in 2005, to support boards to increase public participation in the design and redesign of services. The duties on boards, overseen by the Scottish Health Council, to consult and document that consultation process and public participation has made the whole process of service change and the future of NHS properties much more evident in the press and public domain.

Many integration authorities, along with their partners – NHS boards and local authorities – are seeking to address the policies and pressures noted above. Some are building and planning interim care facilities and/or new community hospitals which are not intended to provide long-term care, but to provide care when necessary close to home to those with long-term conditions or who are elderly, as well as rehabilitation, reablement and prevention services.

The examples provided by the petitioner are typical of moves made by authorities to replace existing facilities and services and how integration authorities are responding to the call to change. The media, the public and politicians tend to respond negatively to many proposed service changes. Some believe that the consultation process is not adequate or transparent. (See for example: PE01628 and https://www.holyrood.com/articles/news/scottish-health-council-%E2%80%98too-close-government%E2%80%99-says-health-and-sport-committee for a critique of the role of the Scottish Health Council in ensuring health boards adequately consult and involve the public regarding the design and redesign of services).

## Costs to authorities of care for older people and who provides the care

It should be remembered that the private sector provides most of the residential services for older people, with some entering into the National Care Home Contract with local authorities. The Integrated Resource Framework findings were used by Audit Scotland in Reshaping Care for Older People which stated that:

> '64 per cent of combined council and NHS spending on care services for older people (over 65 years) is on institutional care: 19 per cent on planned and long-stay hospital care; 31 per cent on emergency

> hospital care; and 14 per cent on care homes'. The spending for 2011/12 was £4.5 billion on care services for people over 65

Care at home services are also increasingly being provided by the private and voluntary sectors. In the Social Care Services for Scotland statistical release for 2017, the Scottish Government stated:

> 'In March 2017, 47% of clients were receiving services provided solely by Local Authority staff. This proportion has been decreasing each year since 2008. The proportion of Home Care hours being provided by Local Authority staff was 30% in March 2017 and has again decreased every year since 2008'

## Community Hospitals – do they have a place?

In 2006, Developing Community Hospitals: a Strategy for Scotland, was published by the Scottish Executive. This strategy envisions a new type of community hospital, in rural and urban communities. It calls for health boards to consider the use and development of existing and new hospitals to:

> 'act as a local community resource centre and provide a bridge between home and specialist hospital care, through the delivery of both ambulatory and/or inpatient services closer to communities.'

Research conducted by the UK National Institute for Health Research more recently was published in June 2017 which looked at the evidence for community hospitals from the UK (Scotland) and abroad.

'findings show that community hospitals provide a wide range of services. They can bring together different parts of health, social and community care, but the way in which this is done within and across different countries varies. Community hospitals can provide effective care and are valued by patients and their families, but there is limited evidence to understand these benefits against the costs of community hospitals. Community hospitals could make an important contribution as the NHS develops new ways of working, but there are a number of challenges, including how they should be staffed, the degree of local control and how communities can best be involved.'

It is interesting to note that despite the focus of policy on delivering more care at home, Simon Stevens of NHS England said in an interview with the Daily Telegraph, soon after taking up office that more use should be made of smaller community and cottage hospitals.

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