

Scottish Care

Scottish Care welcomes this opportunity to contribute to the Health and Sport Committee's inquiry into Integration Authorities consultation with stakeholders.

Scottish Care is a membership organisation and the representative body for independent social care services in Scotland.

Scottish Care represents over 400 organisations, which totals almost 1000 individual services, delivering residential care, nursing care, day care, care at home and housing support services.

Our membership covers both private and voluntary sector provider organisations. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations.

Our members deliver a wide range of registered services for older people as well as those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

The independent sector has a significant contribution to make to health and social care in Scotland, and therefore to Integration Authorities and their decision-making and planning processes.

The Scottish independent social care sector contributes to:

- The employment of over 100,000 people
- The employment of over 5,000 nurses
- The provision of 85% of care home places in Scotland
- The delivery of over 50% of home care hours for older people.

In fact, this sector is the majority provider of social care for older people in most partnership areas. Yet aside from the sheer levels of care and support provision the independent sector delivers, which alone make its engagement essential, it offers a wide range of knowledge and skills which make it a valuable partner. With statutory bodies continuing to divest in social care, the independent sector provides a real option for maximising resource use and investment to provide innovative, quality services. However, it can only do so if it is involved and engaged in planning and decision-making.

For these reasons, Scottish Care has long argued that the independent care sector (covering, in the formal language of health and social care integration legislation, commercial and non-commercial providers of social care) must be meaningfully and consistently engaged in Integration Authorities. Disappointingly, the sector's representation on Integrated Joint Boards was not made a statutory requirement through the Public Bodies (Joint Working) (Scotland) Act 2014. However, it was made an explicit part of the accompanying guidance on Roles, Responsibilities and Membership of the Integration Joint Board¹:

Whilst there is a required minimum membership for inclusion on the Integration Joint Board, there is also local flexibility for the Integration Joint Board to add additional members. The Independent

¹ Roles, Responsibilities and Membership of the Integration Joint Board (Scottish Government, 2015). Available at: <http://www.gov.scot/Resource/0048/00484578.pdf>

Sector for example provide a significant proportion of social care services and will therefore play a key role in the successful delivery of integrated services in local areas.

It is also a statutory requirement that commercial and non-commercial providers of social care (the independent sector) are represented on the strategic planning groups of Integration Authorities.

However, our experience to date is that the independent sector is represented on only six of the 32 Integrated Joint Boards across Scotland.

We know from experience that instances where high level decisions regarding the direction and delivery of care and support are made without providers, barriers and concerns are often encountered at the implementation level which would have been easily surmountable had the independent sector been involved in the making of those early decisions. By failing to secure the sector's place on integration joint boards, the opportunity to make use of its knowledge, expertise, skills and resources is being missed. Not being at the table makes it extremely difficult for the independent sector to meaningfully contribute to the success of health and social care integration. What's more, disregard for the role of the independent sector in the planning of local care bestows a lack of value on its vast, skilled workforce and on the needs of older people, who comprise the majority of those supported by the independent sector.

It is only through the sector's full participation in planning and setting the strategic direction that the most effective local proposals can be agreed and effected to deliver positive outcomes – both for integration itself and for the health, wellbeing and lives of local people.

The independent sector has an established infrastructure to enable participation and engagement with Integration Authorities at both a local and national level. At present, local structures include both a network of care providers and a team of 22 independent sector Local Integration Leads, employed through Scottish Care but funded in collaboration with Health & Social Care Partnerships, who work in 25 of the 32 partnership areas to promote and facilitate independent sector engagement in relation to integration. It is important to recognise and make use of this valuable resource and the wealth of expertise these individuals can offer to Integration Authorities with regards to the independent sector. For instance in Argyll & Bute, strong working relationships have been established between the independent sector and the health and social care partnership, which has led to positive joint working around areas of quality, workforce development, joint shaping of services and new models of care delivery for homecare. This has led to increased joint training opportunities for the health and social care sector workforce within the health and social care partnership, including the recent successful placement of Allied Health Professional students in care homes as part of their training. However in other areas, Local Integration Leads are struggling to establish their seat at the table and to have the crucial role of the independent sector understood and valued. These difficulties are to the detriment of positive planning and delivery of services and delay the progress that can be made in improving the access, availability, sustainability and effective use of the overall resources and services in a locality.

It must be clearly noted that the sector is willing, able and committed to being a *positive* partner in local integration arrangements. In the six areas where the sector is represented on Integrated Joint Boards, namely Glasgow, Fife, Dumfries & Galloway, South Ayrshire, North Ayrshire and Argyll & Bute, it has demonstrated its ability to be a responsible partner. We know that this partnership has been welcomed and valued by colleagues in other sectors at a local level. Where the sector has been

fully involved and engaged, real partnership working has been nurtured and practical benefits have been explicitly realised for those who receive health and social care services.

Conversely, where there has been a failure to embed the independent sector's involvement in joint boards, we have seen progress, continuity and opportunities which would have resulted from constructive working relationships being at best, not maximised and at worst, jeopardised. The reasons for resistance to involvement have varied, but tend to centre on concerns of conflicts of interest in relation to the planning and delivery of services. This argument is undermined by the fact that local authorities and health boards are themselves both commissioners and providers of local services, and that the sector does not have voting rights on Integrated Joint Boards.

Scottish Care has welcomed the emphasis placed on the role of the independent sector in strategic planning within Integration Authorities. Indeed, as highlighted earlier, it is impossible to plan, develop and deliver efficient and effective care and support services without the central involvement of the majority provider of these services in Scotland and without utilising the capacity, skillset, resources and flexibility that this sector can offer to local partnerships. However, we remain concerned about the inconsistency which prevails in relation to the independent sector's involvement across different health and social care partnerships. Whilst the regulations state that Integration Authorities must 'treat the third and independent sectors as key partners', this is left open to local interpretation of what 'key partners' look like strategically and operationally. What is being experienced by the sector at a local level ranges from very positive and proactive engagement with the sector with mutually beneficial outcomes, to reluctant inclusion and in some cases, open hostility to the sector's involvement which is unhelpful and damaging not only for the sector but for the people it employs and supports. What we also find is that these variations are often determined by local personnel and their own views on the independent care sector's value – where these individuals change, there is often a resulting change in relation to the sector's engagement which creates uncertainty and instability.

Scottish Care therefore believes that, moving forward, there must be stronger guarantees in place that non-statutory partners will have a significant voice and contribution in the planning and delivery of integrated health and social care. In a time of constrained resources, it is essential that health and social care partnerships are able to work efficiently and effectively to achieve the best outcomes for local people. The independent sector provides a way to do this through supporting the preventative care agenda, addressing delayed discharge and inappropriate hospital admissions and by providing innovative solutions to local need, to name but a few. It can do this in a cost-effective, high quality way but only if it is involved in designing solutions – not by being excluded until the point of delivery.

What's more, the voices of those who work in social care services and those who access these supports must be engaged with more meaningfully in local planning processes, and the independent sector represents one conduit for this. Scottish Care has recently adopted a policy of ensuring front line worker engagement and presence on all of its strategic and operational planning groups, in recognition of the vital contribution of these experienced individuals. This has been evidenced in Scottish Care's recent reports, *Voices from the Nursing Front Line*² and *Trees that Bend in the Wind*³,

² *Voices from the Nursing Front Line* (Scottish Care, 2016). Available at: <http://www.scottishcare.org/wp-content/uploads/2016/11/SC-Voices-from-the-Nursing-Front-Line-.pdf>

which through the eyes of front line care staff present the reality of the challenges and opportunities in the care sector at present, and recommendations for strategic and operational improvement.

Additionally, our recently created Conventions on the Human Rights of adults and older people in receipt of independent sector social care services⁴ highlight how valuable the voices of people who access supports are in driving improvement and enabling focused attention to be paid to what matters to people. Scottish Care would like to see this principle of active partner contribution being adopted by Integrated Joint Boards to ensure that the particular issues pertaining to the independent care sector, the social care workforce and older people's care agendas are not being inadvertently ignored by Integration Authorities.

Scottish Care would welcome further opportunities to discuss our submission with the Health and Sport Committee and if further information is required, would be more than happy to supply this.

³ Trees that Bend in the Wind: Exploring the Experiences of Front Line Support Workers Delivering Palliative and End of Life Care (Scottish Care, 2017). Available at: <http://www.scottishcare.org/wp-content/uploads/2017/02/PEOLC-Report-final-.pdf>

⁴ Convention on the Rights of Adults and Older People Receiving Care at Home or Housing Support (Scottish Care, 2016). Available at: <http://www.scottishcare.org/wp-content/uploads/2016/06/Care-at-Home-Convention.pdf>

Convention on the Rights of Residents in Care Homes for Adults and Older People (Scottish Care, 2015). Available at: <http://www.scottishcare.org/wp-content/uploads/2016/06/Convention-on-the-Rights-of-Residents-in-Care-Homes-for-Adults-and-Older-People-3.pdf>