

# **Keeping care support local part 2 - community health care: Summary of findings from regional forums**

September 2023

## About the National Care Service

The Scottish Government is working with people and organisations across the country to improve community health and social care support in Scotland.

We want everyone to have access to consistently high-quality local services across Scotland, whenever they might need them.

That's why we are introducing the National Care Service (NCS) and shaping it with the organisations and people who have experience of accessing and delivering community health and social care support.

## Introduction

Throughout the summer of 2023, we held a series of regional events across different communities in Scotland as part of our on-going work to co-design the National Care Service. These took place in areas from Stranraer to Shetland and were chosen to ensure we worked with both rural (mainland and island) areas as well as town and urban areas. We also ran online events for people who could not attend in person. This report is a summary of what we heard from people and what we will do next to continue to co-design the National Care Service with the people and organisations who need or deliver community health and social care support.

At each of these regional events we ran three co-design theme sessions as well as more informal drop-in lunchtime sessions. In some areas we also went out to local organisations to run additional events on their premises.

The sessions were all aimed at people:

- with lived experience of community health and social care support
- with lived experience of working (in a paid or an unpaid/carer capacity) or volunteering in community health and social care
- or who have an interest in community health and social care in Scotland

The total number of attendees at these events was 606.

The co-design sessions related to one of the five current co-design themes of the NCS:

- Information sharing
- Keeping care support local (part 1 local services and part 2 community health care)
- Making sure my voice is heard
- Valuing the workforce
- Realising rights and responsibilities

The first part of each session involved sharing our current understanding of:

- people's current experiences of community health and social care

- where people felt the changes to community health and social care in the National Care Service should be focussed

We wanted to check with people if our understanding was right and if we had missed asking any important questions.

In the second part of each session we then asked people to share their ideas about how to solve the problems or make the changes we had discussed in the first part of the session.

This report is a summary of the key things that we heard from people. We will use the full detailed feedback we have gathered to develop further co-design work with people and organisations over the next 18 months, as we move towards the final decisions about the design of the National Care Service.

We will also run additional sessions targeted at children and young people, as well as at people from groups who we know are currently under-represented in this work. This is to ensure that the National Care Service reflects and meets the needs of all the different kinds of people who need or deliver (whether paid, unpaid carers or volunteers) community health and social care support.

## **About Keeping care support local (Community Health)**

This report relates to the feedback we have gathered from the Keeping care support local sessions about public sector collaboration. This was collected at the events in:

- Glasgow
- Stranraer
- Skye

There were also two online events on this theme for Allied Health Professionals.

In total 80 people took part in Keeping care support local (Part 2) sessions.

Keeping care support local is one of five design themes for the National Care Service.

One of the aims of the design theme is to work out how a National Care Service can achieve the right balance between:

- providing the same standard of service across Scotland
- meeting the different needs of local areas

## **How we ran the sessions**

People who attended took part in group discussions and completed group exercises.

A week before each event, we sent participants a summary of the questions we would be asking during the session.

On the day, we explained the discussion topics and provided written information to make sure the questions were clear.

During these sessions, we asked people about how community health services work with social care support and healthcare services.

These part 2 sessions for Keeping care support local were aimed at mental health professionals, community nursing professionals, and general practitioners (GPs). The topics we covered were:

- creating a shared understanding of how professionals should approach community healthcare
- what works well and what could work better in relation to integration between community health, social care support, and other health services

We asked attendees to read a draft 'approach to community healthcare' (see Annex A) which had been developed by the Scottish Government community health project group and key organisations involved in community healthcare. The purpose of creating the 'approach to community healthcare' was to work towards a shared understanding between the Scottish Government and other organisations about how community healthcare should be delivered within the National Care Service. Participants were asked to use highlighter pens to highlight any words or sentences that they thought were important or that they thought were confusing or they disagreed with.

After a break, attendees were split into groups. Each group was given a different scenario to read. The scenarios were about:

- an older person who has early stage Alzheimer's disease and needs support with day-to-day tasks at home
- a person in their 50s who has had a stroke and needs support to return home from hospital and get back to work
- a young person who has learning disabilities and who needs support to transition into adult life

Each group was asked to write down:

- how the current system helps them in providing good quality care to the person in their scenario
- what challenges they might face when trying to provide good quality care to the person in their scenario
- what they would like to change about the system in order to provide better quality care to the person in their scenario

We also collected feedback about how people felt the session itself went at the end and used this information to improve how other sessions were planned.

This was to make the regional forums as accessible as possible for participants and to make sure we were asking the right questions. Because of this, the discussion questions changed slightly between the first regional forum and the last regional forum.

## **What we learned**

We asked people who attended to tell us what they thought of the approach to community health we have developed. People told us we should:

- make reference to the third sector - participants were concerned that social care and third sector organisations were being forgotten about when it comes to community health
- change the ordering of paragraphs to make it easier to read
- remove jargon and defining terms to make it clearer

The second activity was about common scenarios in social care. A number of key themes were highlighted across all three geographic locations and the online sessions: Culture, Governance, Information Sharing and Resources. These themes are not limited to community health and the findings will be shared across other themes to maximise use.

### **Culture**

Culture and the need for continuous improvement were discussed in detail at all events. This included both workforce culture and person-centred care. People were very passionate when talking about culture both in terms of what is working well and also the areas they feel could be improved. These included:

#### **Communication:**

- the need to improve the way services communicate with each other to help improve the co-ordination of services. People said that it was important for professionals to understand what services are available in an area and the benefits of each service
- It was noted that connections to services can be lost when members of the workforce change roles and there is therefore a need to develop a more robust system for maintaining awareness of services
- making sure open, honest and transparent communication played a part in improving culture

#### **Collaboration:**

- people highlighted the challenge of working across two separate systems (health and social care) and the impact this had on continuity of care for people accessing services
- this was particularly emphasised in relation to child and adolescent mental health services (CAMHS) and children's services.

- people noted that in some areas multi-disciplinary teams were located in the same space which helped people understand their different disciplines and work together better
- People thought that putting effort into developing shared values was important in improving the culture in multi-disciplinary teams where not all workers report to the same employer.
- People told us it was important to look beyond the National Care Service and understand the interaction of workforce culture with the NHS, third sector and independent sector to ensure that we are developing good working relationships and open, honest and transparent communication to ultimately deliver person-centred care.

### **Person centred care:**

- Attendees were passionate about the importance of a culture of person-centred care
- The importance of early intervention was highlighted
- Some people felt that proper support and access to services only really occurs when people are at the crisis stage
- People wanted more involvement in early intervention to prevent people's care needs escalating
- The need for advocacy to facilitate person-centred care was highlighted by healthcare providers and unpaid carers. There was discussion around advocacy to support the person needing care to help them socialise their experience, especially where they are unable to do so themselves.
- People also highlighted the need for people to have access to advocates, especially where there might be a conflict between person-centred care and the easiest option for services, or to challenge professional opinion when it is at odds with the person's preferences.

### **Transitions between children's and adult services:**

- People talked about the benefits of transition teams and the need for joint service transition meetings which could help the development of personalised plans.
- The need for parental and individual engagement in the development of these plans was considered important.
- Service users and the people who support them need good information and support to understand the differences between adult and children's services was also considered as a requirement.
- Some people thought the rigidity with which the age for engaging with adult services is enforced by the NHS was problematic and they suggested that transitions needed to be planned for early and progressed at a person-centred pace.

### **Governance**

The need for improved governance was raised as one of the main ways to reduce the variation in community health and social care services.

Governance was discussed in each of the events with key themes emerging. They included:

- accountability – making sure everybody in the care journey understands their responsibilities
- transparency – specifically between services to support co-ordination
- responsibility – who and what

## **Accountability**

People raised the benefits of accountability:

- as community health and social care are influenced by numerous factors outside health and social care settings, efforts to understand accountability and roles and responsibilities will help ensure community health and social care services deliver as intended
- if each individual and organisation understands their accountability this builds trust and manages expectations
- people thought rather than a change to the current system this could simply be an improvement and 'enhancing what we already have'
- shadowing opportunities would help staff understand the systems and practice of other services and care disciplines
- legislation was discussed as a method to ensure accountability and assign statutory responsibility

## **Transparency**

People explored the importance of transparency, noting that:

- there are lots of examples of good transparency between organisations but this is often dependent on the workforce building and maintaining open lines of communication and trust
- there is a lack of consistency in policies and training for staff so people, agencies, and organisations don't know how to talk to each other
- improving communication amongst organisations and a method for sharing good practice would help
- some people also suggested the development of a central source of information that would allow the workforce to search for services and service availability in their local area so that they could signpost or refer service users to them, dependent on their needs
- people said it was important this was kept up to date and accurate

## **Information sharing**

People at the sessions discussed information sharing, both in terms of information being shared between service providers and also information about available services.

People said there are excellent services but if the person or care provider is unaware of them, or does not have the information available to share, then people will miss out on available support.

Other themes that came up around information sharing included:

- person-led information – people talked about the variety of systems that are used in the NHS and said this makes it hard to share information across them
- people wanted better ways for people’s information to be shared between services
- service information – people said it was important that accurate and up to date information about local services and how to access them was available for staff and for people accessing support, and shared some examples of where this was happening
- they said it was important that this information was maintained at a local level
- people want to see the right information systems in place to make sure information sharing can happen
- the benefit of technology was also discussed in relation to accessing services, people said that following on from Covid-19 they have learned to use technology to their advantage
- people in rural areas are using digital technologies to provide access improvements to specialists in remote and rural locations that was not previously available.
- however, there was recognition that providing care via technology is not always the most appropriate method.
- people working in mental health highlighted the challenge some of their service users may have with using technology and the frustration that this was often their only route to receiving care and support.
- the cost of IT and the need for upskilling the workforce and providing relevant training was highlighted.

## **Resources**

The importance of having enough people and financial resource to drive improvements was a common theme in discussions.

People discussed the impact of resourcing on:

- recruitment and retention – staff shortages and recruitment challenges led to limited services
- pay – specifically the challenges around consistent pay across different sectors

People talked about:

- staff shortages having a knock on effect, with other services accommodating the shortfall to try to help the person requiring support
- staff shortages impacting people accessing services with long waiting lists, challenges accessing services, and people’s needs going unmet in the community identified as the main issues



- people talked about differences in pay scales made it harder for some organisations to recruit and retain staff
- people suggested a number of ways to improve recruitment and retention of staff such as longer term contracts, better alignment of pay scales across organisations and investment and opportunities for training and education.
- people agreed that better funding was needed to improve services
- people also thought that more investment in early interventions and preventative support was needed to improve outcomes for people

## **Next steps**

### **What's next for Keeping Care Support Local Part 2 – Community Health Care**

We will use what we have learned during the regional forums to continue to co-design with people and organisations how community health integrates with social care services, and how the National Care Service and NHS should work together.

We will update the definition of community health based on the feedback received, test it again with people who deliver and access services as well as with stakeholders, and publish it on the Scottish Government website.

### **What's next for the National Care Service**

The Scottish Government remains committed to delivering a National Care Service to improve quality, fairness and consistency of provision that meets individuals' needs. We are also working to make improvements to the social care system now.

What we have learned during the summer events will inform these early improvements, as well as the future structures and policies of the NCS, including the National Care Service (Scotland) Bill.

The Bill is currently at committee stage in the Scottish Parliament. In January 2024, MSPs will take their first vote on the general principles of the Bill. This is called Stage 1.

Over the next 18 months we will continue to co-design with people who have experience of accessing and delivering social care support to design the National Care Service.

We will be doing additional work with people from groups we know are currently under represented in our work so far.

In the meantime, we will continue to drive forward improvements across the social care sector, including improving terms and conditions for our valued workforce - making it an attractive profession and bringing even more talent into the sector.

## Getting involved

We want to hear from as many voices as possible as we shape and develop the new National Care Service. If you'd like to share your experience or views, you can join our [Lived Experience Expert Panel](#). If you join the panel, you'll be invited to take part in different things like:

- surveys
- interviews
- helping come up with ideas about what the NCS could look like
- helping us understand what our research is telling us  
helping us make sure we're designing the NCS to meet everyone's needs

For more information about the National Care Service, visit [gov.scot/ncs](http://gov.scot/ncs).

## **Annex A – Draft Approach to Community Health Care**

The following draft was shared with participants:

Community health is about relationships, person and family centred care and wellbeing support and provides the opportunity to access services in a range of settings; at health and care sites or agencies, in residential homes or peoples' own homes supported remotely by technology where appropriate.

People may need community health for many reasons, proactive care by a range of professions and services gives continuity that where needed wraps around the person throughout their life. The principles of Getting it Right for Every Child and Getting it Right for Everyone form the core approach of care provision for all ages including connecting people to other services and coordination with acute and specialist NHS services.

Community health services comprises at least 90% of all health contacts between people and the NHS. Many needs are identified, managed, or resolved within the community, making it one of the largest sectors of healthcare and one of the most crucial.

Community Health encourages shared decision making between communities, individuals and health professionals, combining personal and professional expertise to provide the most appropriate and best outcome for the person.

People often need more than one form of support at the same time and there is huge benefit by integrating services, ensuring a joined-up experience.

Most services that are accessed locally or are based in the community address the majority of health and wellbeing concerns without escalation and reduce harm by early identification of need through multidisciplinary team discussions. This helps multidisciplinary teams to support people living in the community with increasingly complex needs at any stage of life including care around death.



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Any enquiries regarding this publication should be sent to us at

The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-83521-348-3 (web only)

Published by The Scottish Government, September 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS1354702 (09/23)

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