



CAMBUSLANG Community Council

SOUTH LANARKSHIRE HEALTH & SOCIAL CARE STRATEGIC COMMISSIONING PLAN CONSULTATION

CCC CONSULTATION RESPONSE

General comments

The Strategic Commissioning Plan 2019 - 2022 intends to set out key priorities in the ongoing development of health and social care services in South Lanarkshire over the next three years and beyond. We recognise and support many of the key objectives set out by the Health & Social Care Partnership. Further, we acknowledge and applaud the hard work by health and social care professionals on the front line and in back office roles in achieving the performance set out in annual reports – especially in an environment of resource pressure.

However, we are concerned that the current consultation on the next Commissioning Plan is not designed to facilitate in-depth understanding and informed responses by lay-persons from the community. There is very limited scope for questioning any of the assumptions, arguments and conclusions which are in accompanying documents such as the current 2016-19 Strategic Commissioning Plan and the Annual Performance Reports. There is no draft of the proposed 2019-2021 Commissioning Plan (not even a preliminary one), nor indeed any hint of how the new Plan might learn from/build-upon/differ from the current Plan taking into account experience over the past three years, along with current and predicted future circumstances.

For example:

- in requesting respondents to state the perceived relevance of 10 priorities in developing health and social care, there is no information on the performance of SLC services in meeting these priorities, and specifically achievements, constraints and trade-offs that are involved as well as lessons learned;
- the same applies to the questions on future priorities (and a request to select three priorities from a list of ten). There is no information on the relative costs of meeting these priorities or their implications for service delivery.

Some of this information is contained in the annual performance reports and other sources on the HSCP website, and we recognise that the online consultation is only one part of the process of engaging local communities. However, many people are unlikely to go to the source documents and given that the online consultation has the potential to reach a much wider range of the population than other mechanisms, the design of the consultation exercise has been poorly designed if the intention is to maximise informed input to the Commissioning Plan.

On the substantive issues, we have the following comments, concerns and questions.

1. Implications of Demographic Changes

The 2016-19 Commissioning Plan provides demographic projections that imply significant increases in population in our community (Sections 2.1.1 & 2.4.1). In Cambuslang/Rutherglen, the 65+, 75+ and 85+ populations are expected to increase by 13.1%, 10.2% and 18.7%, respectively by 2021 compared with 2016. The Plan acknowledges that the increase in the ageing population will involve more complex health and care needs (Sections 2.1.6-7 and 2.4.2-4).

However, what is not clear in the 2016-19 Plan is how the health and social care budgets are to be 'reconfigured' to take these changes into account. The only budgetary information provided in the Commissioning Plan is the delegated revenue budgets for the Health and Social Care Integration Board (Sections 4.3.4 and Figs. 21 & 22). Fig.22 shows that these budgets have been completely static during the years 2016/17, 2017/18 and 2018/19. Not even inflation is allowed for. So our questions are: what services have had or will have to be cut to live within the available budgetary envelopes? What increases in the revenue budgets for Health and Social Care are anticipated as being required to cope with the increased demands (and complex needs) of age cohorts growing by up to a fifth over the next three years?

2. Carers

According to the Scottish Government document 'Scottish Carers 2015', it is estimated that c. 17% of the 16+ years population in Scotland act as carers to some extent or another. In Fig.7 of this document, it can be seen that this is made up of 5% providing 1-4 hours per week, 8% providing 5-34 hours per week, and 4% providing 35+hours per week. Without question, the health and social care support system is completely dependent on such persons. Some carers are full or part-time employees of public and private organisations. Others are family and friends working essentially in a voluntary capacity.

The HSCP Annual Performance Report indicates that almost 60% of carers in South Lanarkshire do not feel supported in their caring role.

A significant risk to the care system going forward is that recruitment, training and retention of 'professional' staff may not keep pace with the growing demand. This might be further prejudiced by post-Brexit curbs on immigration, given the widely publicised reports of rising vacancies in the NHS and wider social care system. The Commissioning Plan is not explicit on how these issues will be managed.

Concerning 'voluntary' Carers, it is alarming to note in the Scottish Carers document (Fig.38), that around 43% of voluntary carers entitled to the 'Carer's Allowance' do not actually receive it despite their entitlement. In the 65+ years age group, it is even worse with only about 2-3% of those entitled receiving it (Fig.39). The reasons for this are not discussed whether, for example, it is lack of awareness of entitlement or overly bureaucratic procedures.

In general, support systems for carers seem weak (Fig.40). In different surveys, the majority of carers report that they receive little or no support of any kind: financial, practical, emotional etc.

3. Respite Care

Reportedly, it has become increasingly difficult in recent years to arrange for respite care (according to CCC feedback from members of the community), but it is not too clear how serious a problem this is. There appears to be a Government commitment, if not an actual entitlement, that each person

should receive nine weeks respite care per year with a further three weeks if an assessment shows this is justified/necessary.

In the Scottish Government report 'Respite Care Scotland 2015', it is stated that in Scotland as a whole there were around 200,000 overnight and daytime respite weeks in 2014/15. Assuming that around 100,000 persons (the same number entitled to receive a Carer's Allowance as above, Fig.38) are entitled to benefit from respite care, then this implies that on average each only received two weeks respite care in 2014/15, well below the 'promised' level. Clearly this Scotland-wide average masks the fact that the situation will be far worse in some areas and far better in others. It can also be seen in the Respite Care report (Fig.1) that over the past couple of years the overall number of respite weeks has been declining.

4. Partnership with and Support to Private Sector Providers

There is very little in the 2016-19 Commissioning Plan on the key role of the private sector, particularly concerning the provision of residential care. The majority of care beds in South Lanarkshire are in the private sector and closures of private facilities have become common in recent years due to a variety of reasons e.g. financial difficulties, staffing issues etc. More analysis of this sector is needed to verify the availability and quality of current and ensure future capacity.

5. Changes underway in SLC-operated Residential Homes

There is very little information in the Plan on the impacts of these changes, i.e. on health and care delivery, operations & administration activities and financial matters as measured at present, and on predicted future outcomes. This is fundamental for making an informed judgement on the capacity and capability of the system to cope with current and projected demand. There is a need for close monitoring and publication of the above indicators to ensure accountability that the 'project' is on course and within budget.

We are particularly concerned that the rationale of encouraging more care in the home has not adequately been discussed and justified to the community of Cambuslang (outside the world of professional and specialist bodies); and that the local implications have not been discussed with our community before decisions are made.

Many of us are aware through personal experience that care often involves a complex mix of requirements, for which transitional and home-based provision needs to be properly resourced. Terms such as "self-management" and "re-enablement" may be good in principle but there are many questions of how they can work effectively in practice.

The HSCP annual report contains commitments to 'building and celebrating communities' with objectives of: supporting and promoting community development; enabling local communities to identify where and when public service organisations such as health and social care can add value to local assets; supporting local communities to understand and have knowledge of their local asset base; and utilising locality planning arrangements to facilitate a community development approach.

Unfortunately, the experience of Cambuslang Community Council is that these objectives have not been applied in practice. Despite our community council being the elected body to represent the community of Cambuslang in relation to South Lanarkshire Council and other public bodies, it has not been approached, consulted or involved in any of the decision-making processes to date.

Cambuslang Community Council
30 November 2018