

**Scottish Care Comments to Consultation on Draft Report on Public Health
Palliative Care in Scotland**

Scottish Care is the representative body for independent social care services in Scotland. This encompasses private and voluntary sector providers of care home, care at home and housing support services across the country. Scottish Care counts over 400 organisations as members, which totals over 830 individual services. Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. Our aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

In relation to older people's care, this sector provides 89% of the care home places in Scotland and over 50% of home care hours. There are more older people in care homes any night of the week than in hospitals - as at 31st March 2016 there were 873 care homes for older people providing support to 33,301 residents any night of the year, with 89% of these residents located within the independent sector.

The independent sector, which Scottish Care represents, employs over 100,000 professional paid staff which constitutes the largest health and care workforce in Scotland next to the NHS and around half of the total social services workforce.

We would like to thank the SPPC for their engagement with us on what we would want to state is an excellent report with an astonishingly wide range of subjects covered under the general theme.

We will specifically comment on areas of especial interest.

Section 1:

We would want in particular to commend the inclusive and accessible writing style throughout the report. At no time is there a presumption of a level of awareness or knowledge which might exclude the general reader and terms are explained in a plain manner. At times difficult concepts are explained well through the use of illustrative narrative and story – e.g. the girl walking the dog.

To aid this accessibility we would like to suggest that the Influencing Behaviour model on page 10 would benefit from some explanatory narrative so that there is no assumption that the reader is 'reading' a different interpretation of the model.

Section 3:

Compassionate workplaces:

This is an important area of work for an organisation like Scottish Care.

Our two reports in 2017, *'Trees that bend in the wind'*¹ and *'Fragile Foundations'*² illustrated the extent to which supporting staff who are engaged in care, especially palliative care, is critical. Given that 1 in 13 Scots is employed in social care, and that there is an above average likelihood that they will be engaged in familial as well as paid care, the impact of creating a workplace which enables confidence in relation to death and dying is critical.

We wonder if there might be some benefit in alluding to this in the text and indeed to our recommendations that further work needs to be undertaken both in understanding the particular needs of this workforce, who are frequently exposed to palliative and end of life care, together with the necessity of providing adequate bereavement support to them?

Section 4:

Once again, for care at home and care home providers the issue of creating compassionate communities is extremely important. The section already clearly and cogently notes the reality that for many individuals, who live on their own or who may no longer have family nearby, that loneliness is a real challenge. We agree wholeheartedly with the analysis within this chapter and would commend the action points. However, we wonder if there might also be some scope or attention given to groups who are hard to reach. This would include those with protected characteristics especially those from the BMAE communities who do not have a faith tradition. It would also, we would contend, include those who live in care homes, where there are particular challenges of exclusion even if living geographically and physically within the heart of communities.

Section 5:

Again, we believe this is an insightful section. Our research has shown that whilst many carers have knowledge of death and dying, the actual changes which take place in the body towards the end of life can often pose a challenge to the less experienced carer.

Section 6:

POAs are extremely important and understanding them properly is essential. We wonder if this section might better reflect some of the work in the new ACP tools which are being rolled out across Scotland? Might this section also allude to some of the proposals in the new Adults with Incapacity legislative changes?

¹ *Trees that bend in the wind: Exploring the experiences of front line support workers delivering palliative and end of life care* - <http://www.scottishcare.org/wp-content/uploads/2017/02/PEOLC-Report-final-.pdf>

² *Fragile Foundations: Exploring the mental health of the social care workforce and the people they support* - <http://www.scottishcare.org/wp-content/uploads/2017/11/Mental-Health-Report-November-2017-.pdf>



Section 8:

Socioeconomic issues are critical to effective support. Scottish Care would contend that the extent to which poverty impacts on the life of older individuals is often a marginal issue in this debate. Explicitly it would, from our perspective, be helpful to highlight what is often termed 'compounded poverty', i.e. a situation where an older person in order to avoid inability to pay for funeral expenses will limit their diet or choose not to use their heating in order to 'save.' This clearly relates to the next section. In general, we would suggest the level of real poverty experienced by those over 65 is often not recognised.

In general, as stated above we consider this to be an excellent report with extremely timely analysis and appropriate recommendations

Becca Gatherum
Scottish Care
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